## STATE OF NORTH CAROLINA

## **CERTIFICATION OF DISABILITY**

for PROPERTY TAX EXCLUSION (G.S. 105-277.1)

Applicant's Name:	Last		First		MI	
Address:			Date of Birth: _	Mo	Day	Yr
			Social Security N	umber:		
Telephone Number:	(H)	(W)_		(C)		
Social Security Number (SSN) identification of the applicant. given by 42 U.S.C. Section 405 collection of property taxes if y property tax bill from any State addition, your SSN may be used	The SSN may be used for $S(c)(2)(C)(i)$ . The SSN arou do not timely and volue income tax refund that $S(c)$	r verification of inform and all income tax information containing pay the taxes. might otherwise be own	ation provided on this ap mation will be kept conf Using the SSN will allow ded to you. Your SSN m	plication. The authoridential. The SSN withe tax collector to the tax be shared with the share	ority to require this may also be used o claim payment o	s number is to facilitate f an unpaic
DO NOT USE THIS F						
(G.S. 105-277.1C). DISABILITY CERTII						
					2 11021 (01)	
Evidence that someone  Definition: G.S. 105-2 disabled if the person obtaining gainful empl throughout his or her	e receives disabilit 277.1(b)(4) Totally has a physical or loyment and appe	y payments is now y and permanen r mental impair	ot evidence of tota tly disabled. – A ment that substa	l and permand person is tota ntially preclud	lly and perm des him or h	nanently er from
CERTIFICATION on the date below, is as quoted above. I	is <u>totally and pe</u>	ermanently di	sabled as define	ed in G.S. 10	)5-277.1(b)	(4) and
Signature:			Da	te:		
Print Name:			Ph	one:		
Title:			Lic	cense No: _		
Name of Medical P	ractice or Gove	rnment Agen	cy:			

Please submit completed certification to your County Tax Assessor. Do not submit to the N. C. Department of Revenue.