

COUNTY OF FRANKLIN  
STATE OF NORTH CAROLINA  
Tax Year 2010

**APPLICATION FOR DISABLED VETERAN EXCLUSION**

**Name/Mailing Address:**

**Tax Parcel ID:**

The deadline to submit an  
Application is June 1, 2010.

Property Address:  
List All Owners:

This program excludes up to the first \$45,000 of the appraised value of the permanent residence of an honorably discharged veteran who has a total and permanent disability that is service-connected or who receives benefits for specially adapted housing under 38 U.S.C. 2101. There is no age or income limitation on this program. This benefit is also available to the unmarried surviving spouse of an honorably discharged disabled veteran.

Benefit limitations may apply when there are multiple owners. If eligible, each owner may receive benefits under either the Disabled Veteran Exclusion or the Elderly or Disabled Exclusion. Unmarried joint property owners must apply separately and benefit limitations may apply based on the percent of ownership.

For questions or assistance in completing this application, please call the Franklin County Tax Department at **(919) 497-1397**.

**Name of Applicant:** \_\_\_\_\_  
Last First MI

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

Social Security Number (SSN) disclosure is mandatory for approval of the Elderly or Disabled Exclusion and the Circuit Breaker Tax Deferment Program and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on the application. The authority to require this number is given by 42 U.S.C. Section 405(c)(2)(C)(i). The SSN and all income tax information will be kept confidential. The SSN may also be used to facilitate collection of property taxes if you do not timely and voluntarily pay the taxes.

**SECTION A**

Do you and your spouse (if applicable) own 100% interest in the property? **Yes No**

If you answered **No**, list all owners and their ownership percentage: (Attach an additional sheet if necessary)

Owner _____ %	Owner _____ %
Owner _____ %	Owner _____ %
Owner _____ %	Owner _____ %

**SECTION B**

- 1. **Yes No** Is this property your permanent legal residence?
- 2. **Yes No** Are you an honorably discharged veteran of a branch of the U.S. Armed Forces?  
If you answer **Yes**, enter name of branch: \_\_\_\_\_
- 3. **Yes No** Are you the unmarried surviving spouse of an honorably discharged disabled veteran?  
If you answer **Yes**, complete Section B and provide the documentation based on your spouse's status on the date of death: \_\_\_\_\_
- 4. **Yes No** Are you currently residing in a health care facility?  
If you answer Yes, indicate the length of stay: \_\_\_\_\_
- 5. **Yes No** Do you have a veteran's disability certification from the Veterans Administration or another federal agency that certifies that you have a total and permanent disability that is service-connected? If you answer **Yes**, submit a copy with your application.
- 6. **Yes No** Do you have documentation that you receive benefits for specially adapted housing under 38 U.S.C. 2101? If you answer **Yes**, submit a copy with your application.

**SECTION C**

AFFIRMATION OF APPLICANT – Under penalties prescribed by law, I hereby affirm that, to the best of my knowledge and belief, all information furnished by me in connection with this application is true and complete.

Applicant's Name (please print)	Applicant's Signature
Date	Daytime Telephone Number

**Required Documentation**

In addition to a copy of your Honorable Discharge Certificate, one of the following must be submitted with this application:

- a copy of your veteran's disability certification if you are claiming a total and permanent service-connected disability (obtain the certification from the appropriate federal agency).

**or**

- documentation that shows you receive benefits for specially adapted housing under 38 U.S.C. 2101 (obtain the documentation from the appropriate federal agency).

**Did you remember to:** Complete all sections? Sign the application? Include documentation?

**Return completed application to:**  
 Franklin County Tax  
 215 E Nash St  
 Louisburg, NC 27549

**The deadline to submit an application is June 1, 2010.**

For Office Use Only: \_\_\_\_\_ Approved \_\_\_\_\_ Denied because \_\_\_\_\_ Date: \_\_\_\_\_