

STATE OF NORTH CAROLINA

YEAR 2012

COUNTY OF HARNETT

APPLICATION FOR EXCLUSION UNDER G.S. 105-277.1

PROPERTY TAX RELIEF FOR ELDERLY AND PERMANENTLY DISABLED PERSONS

North Carolina excludes from property taxes the greater of twenty-five thousand dollars (\$25,000) or fifty percent (50%) of the appraised value of a permanent residence owned and occupied by a qualifying owner. A qualifying owner is an owner who meets all of the following requirements as of January 1 preceding the taxable year for which the benefit is claimed:

- (1) Is at least 65 years of age or totally and permanently disabled as of January 1, 2012.
- (2) Has an income for the preceding calendar year of not more than twenty-seven thousand one hundred dollars (\$27,100).
- (3) Is a North Carolina resident.

Income is defined as all moneys received from every source other than gifts or inheritances received from a spouse, lineal ancestor, or lineal descendant. For married applicants residing with their spouses, the income of both spouses must be included, whether or not the property is in both names.

Income Example:

If a claimant's income for 2011 was \$4,000.00 and this person had \$6,000.00 in social security benefits which were not taxable, his income for 2011 would be \$10,000.00. Assuming this was all of the claimant's income for 2011 and he was at least 65 years of age or totally and permanently disabled, he would qualify for the Homestead Exclusion for tax year 2012.

CLAIMANT

SPOUSE

- | | | |
|--|---|-----------------------|
| 1. Full name (as shown on abstract): | _____ | _____ |
| 2. Marital Status: S M | Widowed- Date: _____ | Divorced- Date: _____ |
| 3. Residence Address: | _____ | _____ |
| | _____ | _____ |
| 4. Date of Birth: | _____ | _____ |
| 5. Telephone # | H- _____ | C- _____ |
| 6. Description of property (i.e. House/Mobile Home & Acreage) : | _____ | |
| 7. What percentage of ownership does claimant have in property?_____. | If not 100%, list the name of other owner(s) and their percentage of ownership. _____ | |
| 8. Is the property the claimant's permanent residence? | | |
| 9. If claimant is not at least 65 years old but is totally and permanently disabled, attach a certificate (AV-9A) from a physician licensed to practice medicine in North Carolina or from a government agency authorized to determine qualification for disability benefits and place an "X" in the space provided. | _____ | |

Form Must Be Signed On Back.

10. Attach a copy of the first two pages of your individual Federal Income Tax Returns for the preceding calendar year. Married applicants filing separate Federal Income Tax Returns should submit both returns. Your income tax returns are confidential and will be treated as such. Your application for exclusion will not be processed until the income tax information is received.

Social Security Number (SSN) disclosure, by way of your Federal Income Tax Returns, is mandatory for approval of this application and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on this 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 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. Using the SSN will allow the tax collector to claim payment of an unpaid property tax bill from any state income tax refund that might otherwise be owed to you. Your SSN may be shared with the state for this purpose. In addition, your SSN may be used to attach wages or garnish bank accounts for failure to timely pay taxes.

11. If your income level is low enough that you are not required to file a Federal Income Tax Return, please place an "X" in the space provided, _____ and complete Page 3.

VERIFICATION OF ALL INCOME IS REQUIRED.
Please provide documentation that verifies all income with application at time of filing.

AFFIRMATION OF CLAIMANT – 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.

Claimant's Name (please print)

Claimant's Signature

Date

Application must be received by June 1st.

Office Use Only:

APPROVED _____ DISAPPROVED _____

County Assessor's Signature

Date

Remit to:
Harnett County Tax Department, 305 W. Cornelius Harnett Blvd., Lillington NC 27546
Phone: 910-893-7520

STATE OF NORTH CAROLINA

YEAR 2012

COUNTY OF HARNETT

SUPPLEMENTAL APPLICATION FOR EXCLUSION UNDER G.S. 105-277.1

If your income level is low enough that you are not required to file a Federal Income Tax Return, please complete the following and attach to Page 1.

	<u>Claimant</u>	<u>Spouse</u>
1. Full Name:	_____	_____
2. Social Security Number:	_____	_____
<small>Social Security Number (SSN) disclosure is mandatory for approval of this application and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on this 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 information will be kept confidential. The SSN may also be used to facilitate collection on property taxes if you do not timely and voluntarily pay the taxes. Using the SSN will allow the tax collector to claim payment of an unpaid property tax bill from any state income tax refund that might otherwise be owed to you. Your SSN may be shared with the state for this purpose. In addition, your SSN may be used to attach wages or garnish bank accounts for failure to timely pay taxes.</small>		
3. Wages, Salaries, Tips, etc.:	\$ _____	\$ _____
4. Interest:	\$ _____	\$ _____
5. IRA Distributions:	\$ _____	\$ _____
6. Pensions & Annuities:	\$ _____	\$ _____
7. Social Security Benefits:	\$ _____	\$ _____
8. Capital Gains:	\$ _____	\$ _____
9. All Other Moneys Received:	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

VERIFICATION OF ALL INCOME IS REQUIRED.
Please provide documentation that verifies all income with application at time of filing.

AFFIRMATION OF CLAIMANT - 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.

Claimant's Name (please print)

Claimant's Signature

Date

Application must be received by June 1st.

Remit to:
Harnett County Tax Department, 305 W. Cornelius Harnett Blvd., Lillington NC 27546
Phone: 910-893-7520

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 Number: _____ - _____ - _____

Telephone Number: (H) _____ (W) _____ (C) _____

Social Security Number (SSN) disclosure is mandatory for approval of the Property Tax Exclusion under G.S. 105-277.1 and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on this 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. Using the SSN will allow the tax collector to claim payment of an unpaid property tax bill from any State income tax refund that might otherwise be owed to you. Your SSN may be shared with the State for this purpose. In addition, your SSN may be used to garnish wages or attach bank accounts for failure to timely pay taxes.

DO NOT USE THIS FORM TO CERTIFY DISABILITY FOR THE DISABLED VETERAN EXCLUSION (G.S. 105-277.1C). IT IS A DIFFERENT PROGRAM. YOU MUST OBTAIN A VETERAN'S DISABILITY CERTIFICATION DIRECTLY FROM THE APPROPRIATE FEDERAL AGENCY.

This section can only be completed by a physician licensed to practice medicine in North Carolina or by a governmental agency authorized to determine qualification for disability benefits.

Evidence that someone receives disability payments is not evidence of total and permanent disability.

Definition: G.S. 105-277.1(b)(4) Totally and permanently disabled. – A person is totally and permanently disabled if the person has a physical or mental impairment that substantially precludes him or her from obtaining gainful employment and appears reasonably certain to continue without substantial improvement throughout his or her life.

CERTIFICATION OF DISABILITY: I affirm that I am qualified and authorized to make this determination.

Circle: YES NO I certify that the applicant is currently **totally and permanently disabled** as defined above in G.S. 105-277.1(b)(4).

Circle: YES NO I certify that the applicant was under my care as of January 1 of this year and was **totally and permanently disabled** on that date.

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Title: _____ License No: _____

Name of Medical Practice or Government Agency: _____

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