



APPLICATION FOR PROPERTY TAX RELIEF

Elderly or Disabled Exclusion (G.S. 105-277.1)

Property ID Number: _____

Name of Applicant: _____ Date of Birth _____

Name of Spouse: _____ Date of Birth _____

Residence Address: _____

Telephone Number: (Home) _____ (Work) _____ (Cell) _____

Circle One:

Yes No Do you reside in this home?

Yes No Does your spouse (if applicable) live with you in this residence?
If you answer no, provide your spouse's address: _____

Yes No Do you own other real estate? If Yes, please provide address(s) _____

Yes No Do you have rental property? If Yes, please list rental income _____

SOCIAL SECURITY NUMBER AND INCOME INFORMATION

Social Security Number (SSN) disclosure is mandatory for approval of 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.

SOCIAL SECURITY NUMBER: _____ Applicant _____ Spouse _____

REQUIREMENTS:

You must provide a copy of the first page of your individual Federal Income Tax Return for the 2015 tax year, including all associated schedules. Married applicants filing separate returns should submit both returns. If you do not file a Federal Income Tax Return, please attach documentation of your income including your spouse, if married, such as but not limited to the following:

(W-2, SSA-1099, 1099-R, 1099-INT, 1099-DIV, financial institution statements, etc.)

Your income tax returns are confidential and will be treated as such.

You must submit proof of income with application.

If proof of income is not received, you will not qualify for this exemption.

Information is subject to verification with the North Carolina Department of Revenue

AFFIRMATION AND SIGNATURE

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 application is true and complete.

Applicant's Name (please print)

Applicant's Signature

Date

Spouse's Name (please print)

Spouse's Signature

Date

*****APPLICATION MUST BE RECEIVED BY JUNE 1ST, 2016 TO BE TIMELY FILED*****

This application must be filed with the County Tax Assessor.

Do not send this application to the NC Dept of Revenue

Please mail to:

DAVIDSON COUNTY TAX OFFICE, PO BOX 1617, LEXINGTON NC 27293

Any questions please call 336-242-2977 or 336-242-2160

*** You will not be informed of decision, if qualified,
the adjustment will appear on your July 2016 Davidson County tax bill ***