Form AV-9A
Web
11-07

STATE OF NORTH CAROLINA

CERTIFICATION OF DISABILITY UNDER N.C.G.S. §105-277.1 FOR PARTIAL AD VALOREM TAX EXCLUSION

Taxpayer / Applicant's information

Name: _____ _____ _____
Last First M.I.

Address: _____

_____

Telephone: (_____)_____ Social Sec. Num _____

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 any 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.

This section is to be completed only by a physician licensed to practice medicine in the State of North Carolina or from a governmental agency, which is authorized to determine qualification for disability benefits. This document serves as an official certification as described in §105-277.1(c)(2).

DEFINITION:

§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.

Note that because someone receives disability benefits does not necessarily mean they qualify as "totally and permanently disabled" under the definition above.

AFFIRMATION BELOW REQUIRED

I do hereby certify that the Taxpayer/Applicant named on this certification meets the definition of "totally and permanently disabled" which is defined above and in North Carolina General Statute §105-277.1(b)(4), and I do hereby affirm that I am qualified to make this determination.

Affirmation_____ Date_____

Print Name _____ Telephone_____

Title_____ License No._____

Name of Medical Practice or Government Agency_____

Please send completed form to the appropriate county tax office, not the NC Dept. of Revenue.