COUNTY OF WAKE
STATE OF NORTH CAROLINA
Tax Year **2025**

APPLICATION FOR DISABLED VETERAN EXCLUSION

Owner Name:

Mailing Address:

Account Number:

DUE BY: JUNE 1, 2025

Applications received after June 1, 2025 are deemed late. Late applications may be considered for good cause through December 31, 2025 and apply only to property taxes levied in the calendar year in which the late application is filed. If filing a late application, be certain to provide information supporting your opinion of good cause.

Account Number:

Property Address:

This program excludes up to the first $45,000 of the appraised value of the permanent residence of a veteran discharged under honorable conditions 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 a veteran discharged under honorable conditions**.**

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 **919-856-5400.**

Name of Applicant: _____
Last First MI

Date of birth: _____ **Social Security Number:** _____

The Social Security Number (SSN) 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.

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 a veteran discharged under honorable conditions from 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 a veteran discharged under honorable conditions? 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

Are you submitting this application after the filing deadline of June 1, 2025? Yes No

If yes, you must provide information to support your opinion of good cause.

Determination of good cause is made on a case-by-case basis, taking into account all pertinent facts and circumstances. Upon a showing of verifiable good cause by the applicant, an application for exemption or exclusion filed after the due date may be considered by the Board of Equalization and Review. Examples of good cause may include: physical or mental illness, infirmity or disability that would reasonably affect the taxpayer's ability to apply timely, death of the taxpayer or an immediate family member and active duty military deployment. Taxpayer neglect, oversight or lack of awareness regarding due dates will not constitute good cause for a late exemption or exclusion application.

Please explain your opinion of good cause: *(Attach additional sheets and supporting documentation if necessary)*

SECTION D

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)

Return completed application with required documentation to:

Wake County Tax Administration
P.O. Box 2331
Raleigh NC 27602