Form AV-9A
(Rev. 8-01)

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 _____

The disclosure of the social security number is voluntary. This number is needed to establish the identification of individuals. The authority to require this number for the administration of a tax is given by United States Code Title 42, Section 405(c)(2)(C)(i) and N.C.G.S. 105-309

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".

AFFIRMATION BELOW REQUIRED

I do hereby affirm that I am qualified to determine that _____
Meets the definition of "totally and permanently disabled" which is defined above and in North Carolina General Statute §105-277.1(b)(4).

Affirmation _____ Date _____

Title _____ License No. _____

Telephone _____