

Social Security Number (SSN) is mandatory for approval of the Elderly or Disabled Exclusion and the Circuit Breaker Property Tax Deferment Program and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on the 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 on an unpaid property tax bill from any State income refund tax that might otherwise be owed to you. Your SSN may be shared with the State for this purpose. In addition, your SSN maybe used to garnish wages or attach bank accounts for failure to timely pay taxes.

Requirements:

1. You must provide a copy of the first page of you individual Federal Income Tax Return for the previous calendar year (unless you do not file a Federal Income Tax Return). Married applicants filing separate returns should submit both returns. If you have not filed your Federal Income Tax Return at the time you submit this application, submit a copy of the first page when you file your return. Your income tax returns are confidential and will be treated as such. **Your application will not be processed until the income tax information is received.** Please check the appropriate box concerning the submission of your Federal Income Tax Return.

- Federal Income Tax Return submitted with this application.
- Federal Income Tax Return will be submitted when filed with the IRS.
- I will not file a Federal Income Tax Return with the IRS for the previous calendar year.

2. Provide the income information requested below for the previous calendar year. Provide the total amount for both spouses. **You must attach documentation of the income that you report below (W-2, SSA-1099, 1099-R, 1099-INT, 1099-DIV, financial institution statements, etc).**

	<u>Applicant</u>	<u>Spouse</u>
a. Wages, Salaries, Tips, etc.	\$ _____	\$ _____
b. Interest (Taxable and Tax Exempt)	\$ _____	\$ _____
c. Dividends	\$ _____	\$ _____
d. Capital Gains	\$ _____	\$ _____
e. IRA Distributions	\$ _____	\$ _____
f. Pensions	\$ _____	\$ _____
g. Disability Payments (not included in Pensions and Annt	\$ _____	\$ _____
h. Social Security Benefits (Taxable and Tax Exempt)	\$ _____	\$ _____
i. All other moneys received (ex: alimony, rents, gifts)	\$ _____	\$ _____
<u>TOTAL</u>	\$ _____	\$ _____

INFORMATION IS SUBJECT TO VERIFICATION WITH THE NORTH CAROLINA DEPARTMENT OF REVENUE

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
Spouse's Name (please print)	Spouse's Signature	Date