

**ORANGE COUNTY 3R FEE ASSISTANCE PROGRAM APPLICATION  
YEAR 2014-2015**

Supplement Application when Applying for Homestead Exemption

---

This application must be completed in full and supporting documents provided as requested with the Homestead Exemption Application Form for this application to be processed.

---

	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
1. Full Name	_____	_____
2. Residence Address	_____ _____ _____	_____ _____ _____
3. Telephone #	_____	_____
4. What percentage of ownership does applicant(s) have in the property? ____ If not 100%, list the name of other owner(s). _____		
5. Is the property the permanent residence of the applicant(s)? _____		

---

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

**AFFIRMATION OF CLAIMANT – 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.**

**Date submitted** \_\_\_\_\_ **Applicant's Signature** \_\_\_\_\_

**Return completed application to:**  
Orange County Tax Office  
PO Box 8181  
Hillsborough, NC 27278-8181

---

FOR OFFICE USE ONLY

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

\_\_\_\_\_  
Tax Administration Director's Signature

\_\_\_\_\_  
Verified/Approved by

\_\_\_\_\_  
Parcel Identification Number

\_\_\_\_\_  
Account #