

## **CERTIFICATE OF DISABILITY**

The claimant listed below has applied to transfer their property tax base to a replacement primary residence. In order to qualify for this tax benefit, a licensed physician or surgeon of appropriate specialty must certify that the disability of the claimant is severe and permanent. The definition of a severely and permanently disabled person is, "... any person who has a physical disability or impairment, whether from birth or by reason of accident or disease, that results in a functional limitation as to employment or substantially limits one or more major life activities of that person, and that has been diagnosed as permanently affecting the person's ability to function, including, but not limited to, any disability or impairment that affects sight, speech, hearing, or the use of any limbs." (Revenue and Taxation Code section 74.3)

## I. TO BE COMPLETED BY A PHYSICIAN (please print)

Patient's Name:	Date of disability:
Description of patient's disability:	
dentify: (1) the specific reasons why the disability ne elated requirements, including any locational requirem	ecessitates a move to the replacement primary residence, and (2) the disability- nents, of a replacement primary residence:
am a licensedphysiciansurgeon. My	specialty is:
	CERTIFICATION OF DISABILITY
I certify that in my medical opinion, the above-r	named patient does qualify as a disabled person according to the definition above.
SIGNATURE OF PHYSICIAN OR SURGEON	DATE
PHYSICIAN OR SURGEON'S NAME (print or type)	DAYTIME PHONE NUMBER
I. TO BE COMPLETED BY CLAIMANT, CLAIMANT'	S SPOUSE, OR LEGAL GUARDIAN (please print)
JAME OF CLAIMANT	NAME OF SPOUSE OR LEGAL GUARDIAN
PROPERTY ADDRESS	ASSESSOR'S PARCEL/ID NUMBER
	ASSESSOR'S PARCEL/ID NUMBER DISABILITY-RELATED REQUIREMENTS (check A or B)
CERTIFICATION OF I	
CERTIFICATION OF I	DISABILITY-RELATED REQUIREMENTS (check A or B)
CERTIFICATION OF I CERTIFICATION OF I CERTIFICATION OF I A: 1. The claimant, spouse, or legal guardiar requirements identified in Part I (Part I mu Cartify (or declare) under penalty of perj replacement primary residence is to satis B: I certify (or declare) under penalty of perjury replacement primary residence is to alleviate Please explain:	DISABILITY-RELATED REQUIREMENTS (check A or B)  In must describe how the replacement primary residence meets the disability-relevant be completed by a physician or surgeon):  AND  ury under the laws of the State of California that the primary purpose of the move to fy the identified disability-related requirements described in Part I.  OR  y under the laws of the State of California that the primary purpose of the move to the financial burdens caused by the disability.
CERTIFICATION OF I CERTIFICATION OF I CERTIFICATION OF I A: 1. The claimant, spouse, or legal guardiar requirements identified in Part I (Part I mu Certify (or declare) under penalty of perj replacement primary residence is to satis B: I certify (or declare) under penalty of perjury replacement primary residence is to alleviate	DISABILITY-RELATED REQUIREMENTS (check A or B)  n must describe how the replacement primary residence meets the disability-release be completed by a physician or surgeon):  AND ury under the laws of the State of California that the primary purpose of the move to fy the identified disability-related requirements described in Part I. OR
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