

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:	
Descripti	ion of patient's disability:		
	(1) the specific reasons why the disability necess equirements, including any locational requirements,		
am a lio	censedphysiciansurgeon. My specia	alty is:	
	CERI	TIFICATION OF DISABILITY	
1	certify that in my medical opinion, the above-named	l patient does qualify as a disable	d person according to the definition above.
	E OF PHYSICIAN OR SURGEON		DATE
PHYSICIAN OR SURGEON'S NAME (print or type)			DAYTIME PHONE NUMBER
I. ТО В	E COMPLETED BY CLAIMANT, CLAIMANT'S SPO	OUSE, OR LEGAL GUARDIAN (#	please print)
NAME OF CLAIMANT		NAME OF SPOUSE OR LEGAL GUARDIAN	
PROPERTY ADDRESS			ASSESSOR'S PARCEL/ID NUMBER
	CERTIFICATION OF DISA	BILITY-RELATED REQUIREMEN	ITS (check A or B)
A:	CERTIFICATION OF DISA 1. The claimant, spouse, or legal guardian mus requirements identified in Part I (Part I must be	st describe how the replacemen	t primary residence meets the disability-relat
□ A:	1. The claimant, spouse, or legal guardian mus	at describe how the replacemen completed by a physician or surg AND ader the laws of the State of Calif a identified disability-related req OR	nt primary residence meets the disability-relative teon): fornia that the primary purpose of the move to the quirements described in Part I.
	 The claimant, spouse, or legal guardian must requirements identified in Part I (Part I must be I certify (or declare) under penalty of perjury un replacement primary residence is to satisfy the 	at describe how the replacemen completed by a physician or surg AND ader the laws of the State of Calif a identified disability-related req OR	nt primary residence meets the disability-relative teon): fornia that the primary purpose of the move to the quirements described in Part I.
□ B:	 The claimant, spouse, or legal guardian must requirements identified in Part I (Part I must be I certify (or declare) under penalty of perjury un replacement primary residence is to satisfy the I certify (or declare) under penalty of perjury und replacement primary residence is to alleviate the in 	at describe how the replacemen completed by a physician or surg AND ader the laws of the State of Calif a identified disability-related req OR	nt primary residence meets the disability-relative teon): fornia that the primary purpose of the move to the quirements described in Part I.
	 The claimant, spouse, or legal guardian must requirements identified in Part I (Part I must be I certify (or declare) under penalty of perjury under replacement primary residence is to satisfy the replacement primary residence is to alleviate the replacement primary res	AND AND AND ader the laws of the State of Calif a identified disability-related req OR er the laws of the State of Califo financial burdens caused by the	nt primary residence meets the disability-relative teon): fornia that the primary purpose of the move to the quirements described in Part I.