

CERTIFICATE OF DISABILITY

The claimant listed below has applied to transfer their property tax base to a replacement property as provided by section 69.5 of the Revenue and Taxation Code. In order to qualify for this one-time tax benefit, a licensed physician or surgeon of appropriate specialty must certify the disability of the claimant, or claimant's spouse, is both severe and permanent. The definition for a severely and permanently disabled person is, ". . . any person who has a physical disability or impairment, whether from birth or reason of accident or disease, including, but not limited to, any disability or impairment which affects sight, speech, hearing or use of any limbs and which results in a functional limitation as to employment or substantially limits one or more major life activities of that person, and which has been diagnosed as permanently affecting the person's ability to function." (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:

Identify: (1) the specific reasons why the disability necessitates a move to the replacement dwelling and (2) the disability-related requirements, including any locational requirements, of a replacement dwelling:

CEDTIFIC ATION

I am a licensed physician surg

surgeon. My specialty is:

	CERTIFICATION		
I certify that in my medical opinion the a	bove named patient does qualify as a disabled p	person according to the definition above.	
PHYSICIAN'S SIGNATURE		DATE	
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER	
II. TO BE COMPLETED BY CLAIMANT, CLAIM	MANT'S SPOUSE OR LEGAL GUARDIAN (p/e	ase print)	
CLAIMANT'S NAME	SPOUSE'S NAME		
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER	
	CERTIFICATE OF DISABILITY (check A or B)		
A: 1. The claimant or spouse must descri identified in Part I (Part I must be c	ibe in their own words how the replacement dwe completed by a physician):	lling meets the disability-related requirements	
	AND		
	of perjury under the laws of the State of Califor ne identified disability-related requirements desc		
	OR		

B: I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to the replacement dwelling is to alleviate the financial burdens caused by the disability.

SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE
	()	
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE
	()	
E-MAIL ADDRESS		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION