

## **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:		D	ate of disability:
Description of patient's disability:			
dentify: (1) the specific reasons wh elated requirements, including any l			primary residence, and (2) the disabilit
am a licensedphysician	surgeon. My specialty is	5:	
	CERTIFIC	ATION OF DISABILITY	
I certify that in my medical op	pinion, the above-named pati	ent does qualify as a disabled p	person according to the definition above
SIGNATURE OF PHYSICIAN OR SURGEON			DATE
PHYSICIAN OR SURGEON'S NAME (print or type	ne)		DAYTIME PHONE NUMBER
I. TO BE COMPLETED BY CLAIM	IANT, CLAIMANT'S SPOUSI	E, OR LEGAL GUARDIAN (ple	ase print)
NAME OF CLAIMANT		NAME OF SPOUSE OR LEGA	L GUARDIAN
PROPERTY ADDRESS			ASSESSOR'S PARCEL/ID NUMBER
	RTIFICATION OF DISABILIT	Y-RELATED REQUIREMENT	
CER	or legal guardian must de		<b>S</b> (check A or B) primary residence meets the disability
CER	or legal guardian must de in Part I ( <i>Part I <b>must</b> be com</i> der penalty of perjury under sidence is <b>to satisfy the ide</b>	AND the laws of the State of Californ <b>OR</b>	<b>S</b> (check A or B) primary residence meets the disability n):
CER A: 1. The claimant, spouse, requirements identified i 2. I certify (or declare) und replacement primary reside B: I certify (or declare) under replacement primary reside Please explain:	or legal guardian must de in Part I ( <i>Part I must be com</i> der penalty of perjury under s sidence is <b>to satisfy the ide</b> r penalty of perjury under the ence is <b>to alleviate the finan</b>	AND the laws of the State of Californ ntified disability-related requi OR e laws of the State of Californ icial burdens caused by the dis	<i>S</i> (check A or B) primary residence meets the disability n): nia that the primary purpose of the move rements described in Part I.
CER A: 1. The claimant, spouse, requirements identified i 2. I certify (or declare) under replacement primary res B: I certify (or declare) under replacement primary reside	or legal guardian must de in Part I ( <i>Part I must be com</i> der penalty of perjury under s sidence is <b>to satisfy the ide</b> r penalty of perjury under the ence is <b>to alleviate the finan</b>	AND the laws of the State of Californ <b>OR</b>	<i>S</i> (check A or B) primary residence meets the disability n): nia that the primary purpose of the move rements described in Part I.
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