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## **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 sur

surgeon. My specialty is:

replacement dwelling is to alleviate the financial burdens caused by the disability.

CERTIFICATION		
I certify that in my medical opinion the above named patient doe	es qualify as a disabled 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, CLAIMANT'S SPOUSE OR I	EGAL GUARDIAN (please print)	
CLAIMANT'S NAME	SPOUSE'S NAME	
PROPERTY ADDRESS	ASSESSOR'S PARCEL NUMBER	
CERTIFICATE OF DIS	ABILITY (check A or B)	
A: 1. The claimant or spouse must describe in their own words h identified in Part I ( <i>Part I must</i> be completed by a physicial	ow the replacement dwelling meets the disability-related requirements <i>n</i> ):	
ANE	)	
<ol><li>I certify (or declare) under penalty of perjury under the law replacement dwelling is to satisfy the identified disability-re</li></ol>	vs of the State of California that the primary purpose of the move to the lated requirements described in Part I.	
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	

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

