

Claude Parrish Orange County Assessor 500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512 or P. O. Box 22000 Santa Ana, CA 92702-2000

(714) 834-2746

_____ Date of disability: ____

www.ocassessor.gov

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: _

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:

I am a licensed physician

surgeon. My specialty is:

	CERTIFICATION		
I certify that in my medical opinion the above	named patient does 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, CLAIMAN	T'S SPOUSE OR LEGAL GUARDIAN (pl	ease print)	
CLAIMANT'S NAME	SPOUSE'S NAME	E'S NAME	
PERTY ADDRESS		ASSESSOR'S PARCEL NUMBER	
CER	RTIFICATE OF DISABILITY (check A or B))	
A: 1. The claimant or spouse must describe in identified in Part I (Part I must be compl	•	elling meets the disability-related requirements	
	AND		
	erjury under the laws of the State of Califo entified disability-related requirements des	ornia that the primary purpose of the move to th cribed 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 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	•	

