## **CERTIFICATE OF DISABILITY**

The claimant listed below has applied to transfer his or her 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 dis	Date of disability:	
Description of patient's disability:			
Identify: (1) the specific reasons why the disability necessitates a movincluding any locational requirements, of a replacement dwelling:	ve to the replacement dwelling and	(2) the disability-related requirements,	
I am a licensed physician surgeon. My specialty is:			
	FICATION		
I certify that in my medical opinion the above named patient do	pes qualify as a disabled person ac	cording 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	LEGAL GUARDIAN (please print)		
CLAIMANT'S NAME	SPOUSE'S NAME		
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER	
CERTIFICATE OF DI	SABILITY (check A or B)		
A: 1. The claimant or spouse must describe in his or her own wo identified in Part I ( <i>Part I must</i> be completed by a physicial	ords how the replacement dwelling m	neets the disability-related requirements	
AN 2. I certify (or declare) under penalty of perjury under the la replacement dwelling is to satisfy the identified disability-r OF	ws of the State of California that the end of the state of California that the end of the state		
<ul> <li>B: I certify (or declare) under penalty of perjury under the law replacement dwelling is to alleviate the financial burdens cau</li> </ul>	s of the State of California that the	e primary purpose of the move to the	
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE	
	( )		
SIGNATURE OF SPOUSE		DATE	
E-MAIL ADDRESS	( )		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



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