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)

Patient's Name:		Date of disa	Date of disability:	
Descript	tion of patient's disability:			
	(1) the specific reasons why the disability ne g any locational requirements, of a replaceme	cessitates a move to the replacement dwelling and (nt dwelling:	2) the disability-related requirements,	
l am a li	censed 🗌 physician 🗌 surgeon. My	y specialty is:		
		CERTIFICATION		
	I certify that in my medical opinion the above i vis signature	named patient does qualify as a disabled person acco	DATE	
			D. T. L	
PHYSICIAN'S NAME (print or type)			DAYTIME PHONE NUMBER	
II. TO E	BE COMPLETED BY CLAIMANT, CLAIMANT	'S SPOUSE OR LEGAL GUARDIAN (please print)		
CLAIMANT'S NAME		SPOUSE'S NAME		
PROPERTY ADDRESS		A	ASSESSOR'S PARCEL NUMBER	
	CER	TIFICATE OF DISABILITY (check A or B)		
☐ A:		nis or her own words how the replacement dwelling me	eets the disability-related requirements	
		AND rjury under the laws of the State of California that the ntified disability-related requirements described in Pa		
B:		OR ry under the laws of the State of California that the ncial burdens caused by the disability.	primary purpose of the move to the	
SIGNATURE OF CLAIMANT		DAYTIME PHONE NUMBER	DATE	
			DATE	
SIGNATURE OF SPOUSE		DAYTIME PHONE NUMBER	DATE	
E-MAIL ADDRESS			1	







Joaquín Torres Assessor-Recorder 1 Dr. Carlton B. Goodlett Place City Hall - Room 190 San Francisco, CA 94102-4698