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	Date of disability:	
Description of patient's disability:			
Identify: (1) the specific reasons why the disability necessitates a r including any locational requirements, of a replacement dwelling:	nove to the replacement dwelling a	nd (2) the disability-related requirements,	
I am a licensed physician surgeon. My specialty is:			
	RTIFICATION		
I certify that in my medical opinion the above named patien	t 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, CLAIMANT'S SPOUSE	OR LEGAL GUARDIAN (please pr	int)	
CLAIMANT'S NAME	SPOUSE'S NAME		
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER	
CERTIFICATE OF	DISABILITY (check A or B)		
A: 1. The claimant or spouse must describe in his or her own identified in Part I (<i>Part I must be completed by a phys</i>	words how the replacement dwellin	g meets the disability-related requirements	
	AND		
I certify (or declare) under penalty of perjury under the replacement dwelling is to satisfy the identified disabili	e laws of the State of California the ity-related requirements described in		
B: I certify (or declare) under penalty of perjury under the replacement dwelling is to alleviate the financial burdens		t 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			

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



