

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)

_____ Date of disability: ____

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 sur

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, CLAIMANT	'S SPOUSE OR LEGAL GUARDIAN (ple	ease print)			
CLAIMANT'S NAME	SPOUSE'S NAME				
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER			
CER	TIFICATE OF DISABILITY (check A or B))			
A: 1. The claimant or spouse must describe in identified in Part I (Part I must be completed)		elling meets the disability-related requirements			

		AND			
	I certify (or declare) under penalty of perjury replacement dwelling is to satisfy the identified	under the laws of the State of California that the d disability-related requirements described in Parl			
		OR			
□ B:	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 replacement dwelling is to alleviate the financial burdens caused by the disability.				
	RE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE		
SIGNATU					
		()			
	RE OF SPOUSE	() DAYTIME PHONE NUMBER	DATE		
		() DAYTIME PHONE NUMBER ()	DATE		