

COUNTY OF ALAMEDA PHONG LA, ASSESSOR

1221 Oak St., Rm 145 Oakland, Ca. 94612-4288 (510) 272-3787 Fax (510) 272-3803 www.acgov.org/assessor

CERTIFICATE OF DISABILITY

The claimant listed below has applied to transfer their property tax base to a replacement primary residence. In order to qualify for this tax benefit, a licensed physician or surgeon of appropriate specialty must certify that the disability of the claimant is severe and permanent. The definition of a severely and permanently disabled person is, "... any person who has a physical disability or impairment, whether from birth or by reason of accident or disease, that results in a functional limitation as to employment or substantially limits one or more major life activities of that person, and that has been diagnosed as permanently affecting the person's ability to function, including, but not limited to, any disability or impairment that affects sight, speech, hearing, or the use of any limbs." (Revenue and Taxation Code section 74.3)

I. TO BE COMPLETED BY A PHYSICIAN (please print)

Patient's Name:		Date of disability:	
Descript	ion of patient's disability:		
	(1) the specific reasons why the disability necess equirements, including any locational requirements,		
am a lio	censedphysiciansurgeon. My specia	alty is:	
	CER	TIFICATION OF DISABILITY	
1	certify that in my medical opinion, the above-named	d patient does qualify as a disabl	led person according to the definition above.
	E OF PHYSICIAN OR SURGEON		DATE
PHYSICIAN OR SURGEON'S NAME (print or type)			DAYTIME PHONE NUMBER
I. ТО В	E COMPLETED BY CLAIMANT, CLAIMANT'S SP	OUSE, OR LEGAL GUARDIAN	(please print)
NAME OF CLAIMANT		NAME OF SPOUSE OR LEGAL GUARDIAN	
PROPERTY ADDRESS			ASSESSOR'S PARCEL/ID NUMBER
	CERTIFICATION OF DISA	BILITY-RELATED REQUIREME	ENTS (check A or B)
☐ A:	CERTIFICATION OF DISAI 1. The claimant, spouse, or legal guardian must requirements identified in Part I (Part I must be	st describe how the replaceme	ent primary residence meets the disability-rela
□ A:	 The claimant, spouse, or legal guardian must requirements identified in Part I (Part I must be I certify (or declare) under penalty of perjury un replacement primary residence is to satisfy the 	st describe how the replacement completed by a physician or sur- AND Inder the laws of the State of Ca is identified disability-related re OR	ent primary residence meets the disability-rel rgeon): alifornia that the primary purpose of the move to equirements described in Part I.
	 The claimant, spouse, or legal guardian must requirements identified in Part I (Part I must be I certify (or declare) under penalty of perjury un replacement primary residence is to satisfy the I certify (or declare) under penalty of perjury und replacement primary residence is to alleviate the 	st describe how the replacement completed by a physician or sur- AND Inder the laws of the State of Ca is identified disability-related re OR	ent primary residence meets the disability-rela rgeon): alifornia that the primary purpose of the move to equirements described in Part I.
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□ B:	 The claimant, spouse, or legal guardian must requirements identified in Part I (Part I must be I certify (or declare) under penalty of perjury un replacement primary residence is to satisfy the I certify (or declare) under penalty of perjury und replacement primary residence is to alleviate the 	st describe how the replacement completed by a physician or sur- AND Inder the laws of the State of Ca is identified disability-related re OR	ent primary residence meets the disability-rela rgeon): alifornia that the primary purpose of the move to equirements described in Part I. ifornia that the primary purpose of the move to be disability.
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