EF-19-DC-R02-0522-01000508-1 BOE-19-DC (P1) REV. 02 (05-22)



## 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:   | Name: Date of disability:                  |  |                             |                                |  |
| Description of patient's disability:  |  |  |                             |                                |  |
| Identify: (1) the specific reasons why the disability necessitates related requirements, including any locational requirements, of a        |  |  | residence                   | e, and (2) the disability-     |  |
| I am a licensed physician surgeon. My specialty is  |  |  |                             |                                |  |
|   | ATION OF DISA                              |  | ooordina                    | to the definition chave        |  |
| I certify that in my medical opinion, the above-named patient does qualify as a disabled person according SIGNATURE OF PHYSICIAN OR SURGEON |  |  |                             | DATE DATE                      |  |
| PHYSICIAN OR SURGEON'S NAME (print or type)   |  |  |                             | DAYTIME PHONE NUMBER           |  |
| II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE  | E, OR LEGAL G                              | UARDIAN (please prin   | t)                          |                                |  |
| NAME OF CLAIMANT NAME OF SPOUSE OR LEGAL GUARDIA  |  |  | AN                          |                                |  |
| PROPERTY ADDRESS  |  |  | ASSESSOR'S PARCEL/ID NUMBER |                                |  |
| CERTIFICATION OF DISABILIT  | Y-RELATED RE                               | EQUIREMENTS (check   | A or B)                     |                                |  |
| A: 1. The claimant, spouse, or legal guardian must de requirements identified in Part I (Part I must be com                                 |  |  | residenc                    | e meets the disability-related |  |
| I certify (or declare) under penalty of perjury under the replacement primary residence is to satisfy the idea.                             | ntified disability                         | State of California that t   | the prima<br>s describe     | ary purpose of the move to the |  |
| B: I certify (or declare) under penalty of perjury under the replacement primary residence is <b>to alleviate the finan</b>                 | OR<br>e laws of the St<br>ocial burdens ca | ate of California that the subsection of the contract that the disability. | ne primai                   | ry purpose of the move to the  |  |
| Please explain:   |  |  |                             |                                |  |
| SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN  |  | PRINTED NAME   |                             |                                |  |
| DAYTIME PHONE NUMBER  ( )  EMAIL ADDRESS  | 1  |  |                             | DATE                           |  |

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

