EF-63-R04-0518-21000634-1 BOE-63 (FRONT) REV. 4 (05-18)

DISABLED PERSONS CLAIM FOR EXCLUSION OF NEW CONSTRUCTION FOR OCCUPIED DWELLING

Coun

SHELLY SCOTT ASSESSOR-RECORDER-COUNTY CLERK

VALUATION DIVISION PO Box C, Civic Center Branch San Rafael, CA 94913 PH (415) 473-7215 FAX (415) 473-6542 www.marincounty.gov

This claim is for the exclusion from reassessment of any construction to make an existing dwelling more accessible to a severely and permanently disabled person who is a permanent resident of the dwelling. Only construction completed on or after June 6, 1990 is eligible. The exclusion does not apply to accessibility improvements and features that are usual or customary for comparable properties not occupied by disabled persons.

PRINT NAME OF CLAMANT ADDRESS OF PROPERTY WITH NEW CONSTRUCTION Certify (or declare) under penalty of perjury under the laws of the State of California that the disabled person named above permanently resides at the property address and that the construction was to make the residence more accessible to the disabled person. Cartify (or declare) under penalty of perjury under the laws of the State of California that the disabled person named above permanently resides at the property address and that the construction was to make the residence more accessible to the disabled person. CAMMANNER DATE	TO BE COMPLETED BY THE CLAIMAI	NT (DISABLED PERSON, SPOUSE OR LEGAL	GUARDIAN)
CERTIFICATION Certify (or declare) under penalty of perjury under the laws of the State of California that the disabled person named above permanently resides at the property address and that the construction was to make the residence more accessible to the disabled person. CLAIMANTS SIGNATURE	PRINT NAME OF CLAIMANT	PRINT NAME OF DISABLED PERSON ((if different)
CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that the disabled person named above permanently resides at the property address and that the construction was to make the residence more accessible to the disabled person. EAMMANTS SIGNATURE TO BE COMPLETED BY PHYSICIAN The claimant named above is applying to have a portion or all of the construction, installation or modification of a dwelling excluded from reappraisal because it makes the dwelling more accessible to a severely and permanent disabled person. For purposes of this tax benefit the law defines a severely and permanently disabled person as any person who has a physical disability or impairment which affects sight speech, hearing, or the use of any limbs and which results in a functional limitation as to employment or substantially limits one or more major life activity of that person, and which has been diagnosed as permanently affecting the person's ability to function. NAME OF DISABLED PERSON (please print) PLEASE IDENTIFY THE SPECIFIC DISABILITY RELATED REQUIREMENTS NECESSITATING ACCESSIBILITY IMPROVEMENTS OR FEATURES DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person. PHYSICIANYS SIGNATURE DATE	ADDRESS OF PROPERTY WITH NEW CONSTRUCTION	ASSESSOR'S PARCEL NUMBER	
CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that the disabled person named above permanently resides at the property address and that the construction was to make the residence more accessible to the disabled person. CLAIMANT'S SIGNATURE DAYTIME PHONE NUMBER TO BE COMPLETED BY PHYSICIAN The claimant named above is applying to have a portion or all of the construction, installation or modification of a dwelling excluded from reappraisal because it makes the dwelling more accessible to a severely and permanent disabled person. For purposes of this tax benefit the law defines a severely and permanently disabled person as any person who has a physical disability or impairment which affects sight speech, hearing, or the use of any limbs and which results in a functional limitation as to employent or substantially limits one or more major life activity of that person, and which has been diagnosed as permanently affecting the person's ability to function. NAME OF DISABLED PERSON (phease penal) PLEASE IDENTIFY THE SPECIFIC DISABILITY-RELATED REQUIREMENTS NECESSITATING ACCESSIBILITY IMPROVEMENTS OR FEATURES DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person.	DESCRIBE THE IMPROVEMENTS MADE		
CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that the disabled person named above permanently resides at the property address and that the construction was to make the residence more accessible to the disabled person. CLAIMANT'S SIGNATURE DAYTIME PHONE NUMBER TO BE COMPLETED BY PHYSICIAN The claimant named above is applying to have a portion or all of the construction, installation or modification of a dwelling excluded from reappraisal because it makes the dwelling more accessible to a severely and permanent disabled person. For purposes of this tax benefit the law defines a severely and permanently disabled person as any person who has a physical disability or impairment which affects sight speech, hearing, or the use of any limbs and which results in a functional limitation as to employent or substantially limits one or more major life activity of that person, and which has been diagnosed as permanently affecting the person's ability to function. NAME OF DISABLED PERSON (phease penal) PLEASE IDENTIFY THE SPECIFIC DISABILITY-RELATED REQUIREMENTS NECESSITATING ACCESSIBILITY IMPROVEMENTS OR FEATURES DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person.			
Certify (or declare) under penalty of perjury under the laws of the State of California that the disabled person named above permanently resides at the property address and that the construction was to make the residence more accessible to the disabled person. CLAIMANT'S SIGNATURE	DATE CONSTRUCTION COMPLETED		
Certify (or declare) under penalty of perjuny under the laws of the State of California that the disabled person named above permanently resides at the property address and that the construction was to make the residence more accessible to the disabled person. CLAMMATS SIGNATURE		CERTIFICATION	
TO BE COMPLETED BY PHYSICIAN The claimant named above is applying to have a portion or all of the construction, installation or modification of a dwelling excluded from reappraisal because it makes the dwelling more accessible to a severely and permanent disabled person. For purposes of this tax benefit the law defines a severely and permanently disabled person as any person who has a physical disability or impairment which affects sight speech, hearing, or the use of any limbs and which results in a functional limitation as to employment or substantially limits one or more major life activity of that person, and which has been diagnosed as permanently affecting the person's ability to function. NAME OF DISABLED PERSON (please print) PLEASE IDENTIFY THE SPECIFIC DISABILITY-RELATED REQUIREMENTS NECESSITATING ACCESSIBILITY IMPROVEMENTS OR FEATURES Declaration Declar		ws of the State of California that the disabled person	
TO BE COMPLETED BY PHYSICIAN The claimant named above is applying to have a portion or all of the construction, installation or modification of a dwelling excluded from reappraisal because it makes the dwelling more accessible to a severely and permanent disabled person. For purposes of this tax benefit the law defines a severely and permanently disabled person as any person who has a physical disability or impairment which affects sight speech, hearing, or the use of any limbs and which results in a functional limitation as to employment or substantially limits one or more major life activity of that person, and which has been diagnosed as permanently affecting the person's ability to function. NAME OF DISABLED PERSON (please print) PLEASE IDENTIFY THE SPECIFIC DISABILITY-RELATED REQUIREMENTS NECESSITATING ACCESSIBILITY IMPROVEMENTS OR FEATURES I am a licensed Physician Surgeon My specialty is DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person.			•
The claimant named above is applying to have a portion or all of the construction, installation or modification of a dwelling excluded from reappraisal because it makes the dwelling more accessible to a severely and permanent disabled person. For purposes of this tax benefit the law defines a severely and permanently disabled person as any person who has a physical disability or impairment which affects sight speech, hearing, or the use of any limbs and which results in a functional limitation as to employment or substantially limits one or more major life activity of that person, and which has been diagnosed as permanently affecting the person's ability to function. NAME OF DISABLED PERSON (please print) PLEASE IDENTIFY THE SPECIFIC DISABILITY-RELATED REQUIREMENTS NECESSITATING ACCESSIBILITY IMPROVEMENTS OR FEATURES I am a licensed Physician Surgeon My specialty is DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person.	E-MAIL ADDRESS		
The claimant named above is applying to have a portion or all of the construction, installation or modification of a dwelling excluded from reappraisal because it makes the dwelling more accessible to a severely and permanent disabled person. For purposes of this tax benefit the law defines a severely and permanently disabled person as any person who has a physical disability or impairment which affects sight speech, hearing, or the use of any limbs and which results in a functional limitation as to employment or substantially limits one or more major life activity of that person, and which has been diagnosed as permanently affecting the person's ability to function. NAME OF DISABLED PERSON (please print) PLEASE IDENTIFY THE SPECIFIC DISABILITY-RELATED REQUIREMENTS NECESSITATING ACCESSIBILITY IMPROVEMENTS OR FEATURES I am a licensed Physician Surgeon My specialty is DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person.	TO DE (COMPLETED BY DUVELCIAN	
I am a licensed Physician Surgeon My specialty is DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person. PHYSICIAN'S SIGNATURE DATE	the law defines a severely and permanently disabled personable, hearing, or the use of any limbs and which result major life activity of that person, and which has been diag	on as any person who has a physical disability or i ts in a functional limitation as to employment or s	mpairment which affects sight, ubstantially limits one or more
DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person. PHYSICIAN'S SIGNATURE DATE	PLEASE IDENTIFY THE SPECIFIC DISABILITY-RELATED REQUIREMENTS NECE	SSITATING ACCESSIBILITY IMPROVEMENTS OR FEATURES	
DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person. PHYSICIAN'S SIGNATURE DATE			
I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person. PHYSICIAN'S SIGNATURE DATE	I am a licensed Physician Surgeon My specia	alty is	
above and that the construction, installation or modification makes the dwelling more accessible to that person. PHYSICIAN'S SIGNATURE DATE		DECLARATION	
PHYSICIAN'S NAME (print or type) PHYSICIAN'S PHONE NUMBER ()	PHYSICIAN'S SIGNATURE	DATE	
	PHYSICIAN'S NAME (print or type)	PHYSICIAN'S PHONE NUMBER	



GENERAL INFORMATION

California law provides that certain construction, installations, or modifications of **existing** single- or multiple-family dwellings can be excluded from increases in property taxation if the work is performed to make the dwelling more accessible to a severely and permanently disabled person who is a permanent resident of the dwelling. This exclusion does **not** apply to accessibility improvements and features that are usual or customary for comparable properties not occupied by disabled persons, but will apply only to those improvements or features that specifically adapt a dwelling for accessibility by a severely disabled person.

Revenue and Taxation Code section 74.3(b) defines a severely and permanently disabled person as any person who has a physical disability or impairment, whether from birth or by 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 activity of that person, and which has been diagnosed as permanently affecting the person's ability to function.

To qualify for this exclusion:

- The construction, installations, or modifications must be completed on or after June 6, 1990;
- The disabled person must be a permanent resident (not necessarily the owner) of the dwelling;
 and
- The dwelling must be occupied by the owner and therefore eligible for the homeowners' exemption.

To claim the exclusion, the disabled person, his or her spouse, or legal guardian must submit to the Assessor the following:

- A statement signed by a licensed physician or surgeon of appropriate specialty which certifies that
 the person is severely and permanently disabled as defined above. The statement must identify
 specific disability-related requirements necessitating accessibility improvements or features, and
- A statement that identifies the construction, installation, or modification that was in fact necessary to make the structure more accessible to the disabled person.

The Assessor may charge a fee to the disabled person or his or her spouse or legal guardian sufficient to reimburse the Assessor for the costs of processing and administering the statement.

