



CHRISTINA WYNN
SACRAMENTO COUNTY ASSESSOR
REAL PROPERTY DIVISION
3636 American River Drive, Suite 200
Sacramento, CA 95864-5952
Phone (916) 875-0700
FAX (916) 875-0705
https://assessor.saccounty.gov

BOE-63 (P1) REV. 06 (07-25)

DISABLED PERSONS CLAIM FOR
EXCLUSION OF NEW CONSTRUCTION
FOR OCCUPIED DWELLING

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.

TO BE COMPLETED BY THE CLAIMANT (DISABLED PERSON, SPOUSE OR LEGAL GUARDIAN)

Form section for claimant completion with fields: PRINT NAME OF CLAIMANT, PRINT NAME OF DISABLED PERSON (if different), ADDRESS OF PROPERTY WITH NEW CONSTRUCTION, ASSESSOR'S PARCEL NUMBER, DESCRIBE THE IMPROVEMENTS MADE, DATE CONSTRUCTION COMPLETED

CERTIFICATION

I certify (or declare) under penalty of the laws of the State of California that the foregoing, and all information herein, is true, correct,
and complete to the best of my knowledge and belief, 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.

Additionally, if this form is submitted with an electronic signature, I also certify (or declare) under penalty of perjury under the laws of
the State of California that the foregoing, and all information herein, including any accompanying statements or materials, is
true, correct, and complete to the best of my knowledge and belief.

Form section for signature and contact info with fields: CLAIMANT'S SIGNATURE, DAYTIME PHONE NUMBER, DATE, E-MAIL ADDRESS

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 permanently 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 activities of that person, and which has been diagnosed as permanently affecting the person's ability to function.

Form section for physician completion with fields: 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 \_\_\_\_\_

CERTIFICATION

I certify 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.

Form section for physician signature and contact info with fields: 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, their 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 their spouse or legal guardian sufficient to reimburse the Assessor for the costs of processing and administering the statement.

