



**Joaquín Torres**  
**Assessor-Recorder**  
1 Dr. Carlton B. Goodlett Place  
City Hall - Room 190  
San Francisco, CA 94102-4698

**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, or claimant's spouse, is severe. The definition of a severely disabled person is any person having a great degree of impairment or who is greatly limited by a physical, mental, cognitive, or developmental condition.

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

Patient's Name: \_\_\_\_\_ Date of disability: \_\_\_\_\_

Description of patient's disability: \_\_\_\_\_

Identify: (1) the specific reasons why the disability necessitates a move to the replacement primary residence and (2) the disability-related requirements, including any locational requirements, of a replacement primary residence:

\_\_\_\_\_  
\_\_\_\_\_

I am a licensed  physician  surgeon. My specialty is: \_\_\_\_\_

**CERTIFICATION OF DISABILITY**

*I certify that in my medical opinion, the above-named patient does qualify as a disabled person according to the definition above.*

SIGNATURE OF PHYSICIAN OR SURGEON ▶	DATE
PHYSICIAN OR SURGEON'S NAME (print or type)	DAYTIME PHONE NUMBER ( )

**II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE OR LEGAL GUARDIAN (please print)**

NAME OF CLAIMANT	NAME OF SPOUSE OR LEGAL GUARDIAN
PROPERTY ADDRESS	ASSESSOR'S PARCEL/ID NUMBER

**CERTIFICATE OF DISABILITY-RELATED REQUIREMENTS (check A or B)**

A: 1. The claimant, spouse, or legal guardian must describe how the replacement primary residence meets the disability-related requirements identified in Part I (Part I **must** be completed by a physician or surgeon):

\_\_\_\_\_  
\_\_\_\_\_

**AND**

2. I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to the replacement primary residence is **to satisfy the identified disability-related requirements** described in Part I.

**OR**

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 the replacement primary residence is **to alleviate the financial burdens** caused by the disability.

Please explain: \_\_\_\_\_

SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN ▶	PRINTED NAME
DAYTIME PHONE NUMBER ( )	DATE
EMAIL ADDRESS	

**THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION**

