

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:			
Descripti	ion of patient's disability:				
	(1) the specific reasons why the disability necess equirements, including any locational requirements,			residence,	, and (2) the disability-
am a lio	censedphysiciansurgeon. My specia	alty is:			
	CER	TIFICATION OF DISAE	BILITY		
1	certify that in my medical opinion, the above-named	d patient does qualify a	s a disabled person a	according to	o the definition above.
	E OF PHYSICIAN OR SURGEON			E	DATE
PHYSICIAN	N OR SURGEON'S NAME (print or type)			C	
I. ТО В	E COMPLETED BY CLAIMANT, CLAIMANT'S SP	OUSE, OR LEGAL GU	ARDIAN (please prii	nt)	
IAME OF (CLAIMANT	NAME OF SF	POUSE OR LEGAL GUARD	IAN	
ROPERTY	ADDRESS			ASSESSOR'S PARCEL/ID NUMBER	
	CERTIFICATION OF DISA	BILITY-RELATED REC	QUIREMENTS (check		
A:	CERTIFICATION OF DISA 1. The claimant, spouse, or legal guardian mus requirements identified in Part I <i>(Part I must be</i>	st describe how the r	eplacement primary	k A or B)	e meets the disability-relate
□ A:	1. The claimant, spouse, or legal guardian mus	st describe how the r completed by a physic AND nder the laws of the Sta c identified disability-in OR	eplacement primary ian or surgeon): ate of California that related requirement	k A or B) residence the primar	ry purpose of the move to th d in Part I.
□ B:	 The claimant, spouse, or legal guardian musc 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 Please explain: 	st describe how the r completed by a physic AND nder the laws of the State identified disability-r OR er the laws of the State financial burdens cau	eplacement primary ian or surgeon): ate of California that related requirement sed by the disability.	k A or B) residence the primar	ry purpose of the move to the din Part I.
□ 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 r completed by a physic AND nder the laws of the State identified disability-r OR er the laws of the State financial burdens cau	eplacement primary ian or surgeon): ate of California that related requirement	k A or B) residence the primar	ry purpose of the move to th d in Part I.
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