EF-62-A-R04-0810-51000699-1 BOE-62-A REV. 04 (08-10)

## **CERTIFICATE OF DISABILITY**

The claimant listed below has applied to transfer his or her property tax base to a replacement property as provided by section 69.5 of the Revenue and Taxation Code. In order to qualify for this one time tax benefit, a licensed physician or surgeon of appropriate specialty must certify the disability of the claimant, or claimant's spouse, is both severe and permanent. The definition for a severely and permanently disabled person is, ". . . any person who has a physical disability or impairment, whether from birth or 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 activities of that person, and which has been diagnosed as permanently affecting the person's ability to function." (Revenue and Taxation Code section 74.3)

## KATHY SCRIVEN SUTTER COUNTY ASSESSOR

1190 Civic Center Blvd. Yuba City, CA 95993

**SUTTER** 

Phone: (530) 822-7160 Fax: (530) 822-7198 www.suttercounty.org/assessor

E-mail: assessor@co.sutter.ca.us

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 including any locational requirements, of a replacement dwelling		nd (2) the disability-related requirements,
I am a licensed physician surgeon. My specialty	is:CERTIFICATION	
I certify that in my medical opinion the above named pa	tient does qualify as a disabled person a	
PHYSICIAN'S SIGNATURE		DATE
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOU	SE OR LEGAL GUARDIAN (please prin	nt)
CLAIMANT'S NAME	SPOUSE'S NAME	
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER
CERTIFICATE	OF DISABILITY (check A or B)	
A: 1. The claimant or spouse must describe in his or her of identified in Part I (Part I must be completed by a part I)	own words how the replacement dwelling	meets the disability-related requirements
2. I certify (or declare) under penalty of perjury under replacement dwelling is to satisfy the identified disc.  B: I certify (or declare) under penalty of perjury under the state of th	ability-related requirements described in OR the laws of the State of California that	Part I.
replacement dwelling is to alleviate the financial burde	DAYTIME PHONE NUMBER	DATE
<b>&gt;</b>	()	
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE
E-MAIL ADDRESS	( )	

