

Phong La ALAMEDA COUNTY ASSESSOR

1221 Oak St., Rm 145 Oakland, Ca. 94612-4288 (510) 272-3787 / FAX (510) 272-3803 www.acgov.org/assessor

CERTIFICATE OF DISABILITY

The claimant listed below has applied to transfer their 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)

Code section 74.3)	
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 including any locational requirements, of a replacement dwelling:	to the replacement dwelling and (2) the disability-related requirements,
I am a licensed physician surgeon. My specialty is:	PIFI
CERTIFIC	CATION
I certify that in my medical opinion the above named patient does	qualify as a disabled person according to the definition above.
PHYSICIAN'S SIGNATURE	DATE
PHYSICIAN'S NAME (print or type)	DAYTIME PHONE NUMBER ()
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE OR L	GAL GUARDIAN (please print)
CLAIMANT'S NAME	SPOUSE'S NAME
PROPERTY ADDRESS CERTIFICATE OF DISA	ASSESSOR'S PARCEL NUMBER BILITY (check A or B)
A: 1. The claimant or spouse must describe in their own words how the replacement dwelling meets the disability-related requirements identified in Part I (Part I must be completed by a physician):	
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 dwelling is to satisfy the identified disability-rela	
B: I certify (or declare) under penalty of perjury under the laws or replacement dwelling is to alleviate the financial burdens cause	of the State of California that the primary purpose of the move to the d by the disability.
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER DATE
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER DATE
E-MAIL ADDRESS	