

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:
Description of patient's disability:	
Identify: (1) the specific reasons why the disability necessitat related requirements, including any locational requirements, of	ates a move to the replacement primary residence, and (2) the disability- f a replacement primary residence:
I am a licensedphysiciansurgeon. My specialty	
	b <mark>ati</mark> ent d <mark>o</mark> es q <mark>ua</mark> lify 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 <mark>CL</mark> AIMANT, <mark>C</mark> LAI <mark>M</mark> ANT'S SPOU	
NAME OF CLAIMANT	NAME OF SPOUSE OR LEGAL GUARDIAN
PROPERTY ADDRESS	ASSESSOR'S PARCEL/ID NUMBER
CERTIFICATION OF DISABIL	LITY-RELATED REQUIREMENTS (check A or B)
A: 1. The claimant, spouse, or legal guardian must requirements identified in Part I (Part I must be co	describe how the replacement primary residence meets the disability-re ompleted by a physician or surgeon):
	AND ler the laws of the State of California that the primary purpose of the move t identified disability-related requirements described in Part I. OR
B: I certify (or declare) under penalty of perjury under replacement primary residence is to alleviate the fin	r the laws of the State of California that the primary purpose of the move to nancial burdens caused by the disability.
Please explain:	
SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN	PRINTED NAME
	DATE
() EMAIL ADDRESS	