DISABLED PERSONS CLAIM FOR EXCLUSION OF NEW CONSTRUCTION



Office of the Assessor Kings County 1400 W. Lacey Blvd. Hanford, CA. 93230 559-852-2486 fax 559-582-2794

This claim is for the exclusion from reassessment of any construction to make an existing dwelling more accessible to a severely and permanently disabled person who is a permanent resident of the dwelling. Only construction completed on or after June 6, 1990 is eligible. The exclusion does not apply to accessibility improvements and features that are usual or customary for comparable properties not occupied by disabled persons.

E-MAIL ADDRESS	TO BE COMPLETED BY THE CLAIMANT (DISAB	BLED PERSON, SPOUSE OR LEGAL GUARDIAN)
DESCRIBE THE IMPROVEMENTS MADE DESCRIPTION COMPLETED I Certify (or declare) under pendity of perfury under the laws of the State of California that the disabled person named above permanently resides at the property address and that the construction was to make the residence more accessible to the disabled person. LIMMARY SIGNATURE DYNEE COMPLETED BY PHYSICIAN TO BE COMPLETED BY PHYSICIAN TO BE COMPLETED BY PHYSICIAN TO BE COMPLETED BY PHYSICIAN The claimant named above is applying to have a portion or all of the construction, installation or modification of a dwelling excluded for residence as severely and permanently disabled person. For purposes of this tax bene the law defines a severely and permanently disabled persons, and which has been diagnosed as permanently affecting the person's ability to function. WHECO FUSALEED PERSON (plasse prive) LEARNER LIMMARY FILE STRUCTION COMPLETED REQUIREMENTS NECCESSTRUMY ADROVEMENTS OR FEATURES LIMMARY LEARSE IDENTIFY THE SPECIFIC DISABILITY-RELATED REQUIREMENTS NECCESSTRUMY ADROVEMENTS OR FEATURES LIMMARY LEARSE IDENTIFY THE SPECIFIC DISABILITY-RELATED REQUIREMENTS NECCESSTRUMY ACCESSIBILITY INPROVEMENTS OR FEATURES LIMMARY LIMMARY FILE STRUCTURE CONSTRUCTION CONSTRUCTION makes the dwelling more accessible to that person. LIMMARY LIMMARY FILE STRUCTURE CONSTRUCTION CONSTRUCTION TO MARY ADDROVEMENTS OR FEATURES LIMMARY LIMMARY LIMMARY LIMMARY LIMMARY LIMMARY LIMMARY LIMMARY LIM	RINT NAME OF CLAIMANT	PRINT NAME OF DISABLED PERSON (if different)
ARE CONSTRUCTION COMPLETED CERTIFICATION Certify (or declare) under pendity of perjury under the laws of the State of California that the disabled person named above permanently resides at the property address and that the construction was to make the residence more accessible to the disabled person. CHIMANT'S SIGNATURE DATE TO BE COMPLETED BY PHYSICIAN The claimant named above is applying to have a portion or all of the construction, installation or modification of a dwelling excluded for eappraisal because it makes the dwelling more accessible to a severely and permanent disabled person. For purposes of this tax bene he law defines a severely and person have a portion or all of the construction, installation or modification of a dwelling excluded for eappraisal because it makes the dwelling more accessible to a severely and permanent disabled person. For purposes of this tax bene he law defines a severely and person have a portion or all of the construction installation or modification of a dwelling excluded for eappraisal because it makes the dwelling more accessible to a severely and permanent disabled person. For purposes of this tax bene he law defines a severely and person have a portion or all of the construction installation or substantially limits one or me major life activity of that person, and which has been diagnosed as permanently affecting the person's ability to function. WAVE OF DISABLED FERSON (paper print) LEASE IDENTIFY THE SPECIFIC DISABLITY-RELATED REQUIREMENTS NECESSITATIVE ACCESSIBILITY MEROVEMENTS OR FEATURES am a licensed Physician Surgeon My specialty is <u>DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person. PMYSICIANY SIGNATURE </u>	DDRESS OF PROPERTY WITH NEW CONSTRUCTION	ASSESSOR'S PARCEL NUMBER
SATE CONSTRUCTION COMPLETED ACTIVITY (or declare) under penalty of perjany under the laws of the State of California that the disabled person named above permanently resides at the property address and that the construction was to make the residence more accessible to the disabled person. CHIMANT'S SOUNTURE COMPLETED BY PHYSICIAN TO BE COMPLETED TO BE COMPLETED TO BE COMPLETED BY PHYSICIAN TO BE COMPLETED TO BE COMPLETED		
	ESCRIBE THE IMPROVEMENTS MADE	
I certify (or declare) under penalty of perjury under the laws of the State of California that the disabled person named above permanently resides at the property address and that the construction was to make the residence more accessible to the disabled person. DATE DATE DATE DATE DATE DATE TO BE COMPLETED BY PHYSICIAN The claimant named above is applying to have a portion or all of the construction, installation or modification of a dwelling excluded frr reappraisal because it makes the dwelling more accessible to severely and permanent disabled person. For purposes of this tax bene the law defines a severely and permanently disabled person as any person who has a physical disability or impairment which affects sig speech, hearing, or the use of any limbs and which results in a functional limitation as to employment or substantially limits one or me major life activity of that person, and which has been diagnosed as permanently affecting the person's ability to function. WAME OF DISABLED PERSON (please print) PLEASE IDENTIFY THE SPECIFIC DISABILITY-RELATED REQUIREMENTS NECESSITIATING ACCESSIBILITY MPROVEMENTS OR FEATURES DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person. PHYSICAN'S SIGNATURE	ATE CONSTRUCTION COMPLETED	
Presides at the property address and that the construction was to make the residence more accessible to the disabled person. DANTIME PHONE NUMBER DATE DATE DATE DATE DATE DATE DATE DATE	CERTIFI	ICATION
CLAIMANT'S SIGNATURE DAYTIME PHONE NUMBER DATE E-MAIL ADDRESS TO BE COMPLETED BY PHYSICIAN Date The claimant named above is applying to have a portion or all of the construction, installation or modification of a dwelling excluded from reappraisal because it makes the dwelling more accessible to a severely and permanent disabled person. For purposes of this tax bene the law defines a severely and permanently disabled person as any person who has a physical disability or impairment which affects sig speech, hearing, or the use of any limbs and which results in a functional limitation as to employment or substantially limits one or more major life activity of that person, and which has been diagnosed as permanently affecting the person's ability to function. NAME OF DISABLED PERSON (please print) PLEASE IDENTIFY THE SPECIFIC DISABILITY-RELATED REQUIREMENTS NECESSITATING ACCESSIBILITY IMPROVEMENTS OR FEATURES I am a licensed Physician Surgeon My specialty is DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person.		
The claimant named above is applying to have a portion or all of the construction, installation or modification of a dwelling excluded fror eappraisal because it makes the dwelling more accessible to a severely and permanent disabled person. For purposes of this tax bene the law defines a severely and permanently disabled person as any person who has a physical disability or impairment which affects sig speech, hearing, or the use of any limbs and which results in a functional limitation as to employment or substantially limits one or modificativity of that person, and which has been diagnosed as permanently affecting the person's ability to function. NAME OF DISABLED PERSON (please print) PLEASE IDENTIFY THE SPECIFIC DISABILITY-RELATED REQUIREMENTS NECESSITATING ACCESSIBILITY IMPROVEMENTS OR FEATURES I am a licensed Physician Surgeon My specialty is DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person. PHYSICIANYS SIGNATURE		
TO BE COMPLETED BY PHYSICIAN The claimant named above is applying to have a portion or all of the construction, installation or modification of a dwelling excluded fra reappraisal because it makes the dwelling more accessible to a severely and permanent disabled person. For purposes of this tax bene the law defines a severely and permanent disabled person. For purposes of this tax bene the law defines a severely and permanently disabled person as any person who has a physical disability or impairment which affects sig speech, hearing, or the use of any limbs and which results in a functional limitation as to employment or substantially limits one or more major life activity of that person, and which has been diagnosed as permanently affecting the person's ability to function. NAME OF DISABLED PERSON (please print) PLEASE IDENTIFY THE SPECIFIC DISABILITY-RELATED REQUIREMENTS NECESSITATING ACCESSIBILITY IMPROVEMENTS OR FEATURES I am a licensed Physician Surgeon My specialty is DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person.		
The claimant named above is applying to have a portion or all of the construction, installation or modification of a dwelling excluded fror eappraisal because it makes the dwelling more accessible to a severely and permanent disabled person. For purposes of this tax bene the law defines a severely and permanently disabled person as any person who has a physical disability or impairment which affects sig speech, hearing, or the use of any limbs and which results in a functional limitation as to employment or substantially limits one or modificativity of that person, and which has been diagnosed as permanently affecting the person's ability to function. NAME OF DISABLED PERSON (please print) PLEASE IDENTIFY THE SPECIFIC DISABILITY-RELATED REQUIREMENTS NECESSITATING ACCESSIBILITY IMPROVEMENTS OR FEATURES I am a licensed Physician Surgeon My specialty is DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person. PHYSICIANYS SIGNATURE	-MAIL ADDRESS	
The claimant named above is applying to have a portion or all of the construction, installation or modification of a dwelling excluded from reappraisal because it makes the dwelling more accessible to a severely and permanent disabled person. For purposes of this tax bene the law defines a severely and permanently disabled person as any person who has a physical disability or impairment which affects sig speech, hearing, or the use of any limbs and which results in a functional limitation as to employment or substantially limits one or modification (please print) NAME OF DISABLED PERSON (please print) PLEASE IDENTIFY THE SPECIFIC DISABILITY-RELATED REQUIREMENTS NECESSITATING ACCESSIBILITY IMPROVEMENTS OR FEATURES I am a licensed Physician Surgeon My specialty is DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person.		
reappraisal because it makes the dwelling more accessible to a severely and permanent disabled person. For purposes of this tax benefite law defines a severely and permanently disabled person as any person who has a physical disability or impairment which affects signeech, hearing, or the use of any limbs and which results in a functional limitation as to employment or substantially limits one or major life activity of that person, and which has been diagnosed as permanently affecting the person's ability to function. NAME OF DISABLED PERSON (please print) PLEASE IDENTIFY THE SPECIFIC DISABILITY-RELATED REQUIREMENTS NECESSITATING ACCESSIBILITY IMPROVEMENTS OR FEATURES I am a licensed Physician Surgeon My specialty is DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person.		
Speech, hearing, or the use of any limbs and which results in a functional limitation as to employment or substantially limits one or major life activity of that person, and which has been diagnosed as permanently affecting the person's ability to function. NAME OF DISABLED PERSON (please print) PLEASE IDENTIFY THE SPECIFIC DISABILITY-RELATED REQUIREMENTS NECESSITATING ACCESSIBILITY IMPROVEMENTS OR FEATURES I am a licensed Physician Surgeon My specialty is DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person. PHYSICIANYS SIGNATURE	eappraisal because it makes the dwelling more accessible to a seve	rely and permanent disabled person. For purposes of this tax bene
Major life activity of that person, and which has been diagnosed as permanently affecting the person's ability to function. NAME OF DISABLED PERSON (please print) PLEASE IDENTIFY THE SPECIFIC DISABILITY-RELATED REQUIREMENTS NECESSITATING ACCESSIBILITY IMPROVEMENTS OR FEATURES I am a licensed Physician Surgeon My specialty is DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person. PHYSICIAN'S SIGNATURE DATE		
NAME OF DISABLED PERSON (please print) PLEASE IDENTIFY THE SPECIFIC DISABILITY-RELATED REQUIREMENTS NECESSITATING ACCESSIBILITY IMPROVEMENTS OR FEATURES I am a licensed Physician Surgeon My specialty is DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person. PHYSICIAN'S SIGNATURE DATE		
PLEASE IDENTIFY THE SPECIFIC DISABILITY-RELATED REQUIREMENTS NECESSITATING ACCESSIBILITY IMPROVEMENTS OR FEATURES I am a licensed Physician Surgeon My specialty is DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person. PHYSICIAN'S SIGNATURE DATE		permanently anecting the person's ability to function.
I am a licensed Physician Surgeon My specialty is DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person. DATE	AWE OF DISABLED FERSON (Diease plinit)	
DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person. PHYSICIAN'S SIGNATURE	LEASE IDENTIFY THE SPECIFIC DISABILITY-RELATED REQUIREMENTS NECESSITATING ACC	CESSIBILITY IMPROVEMENTS OR FEATURES
DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person. PHYSICIAN'S SIGNATURE		
DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person. PHYSICIAN'S SIGNATURE		
DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person. PHYSICIAN'S SIGNATURE		
DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person. PHYSICIAN'S SIGNATURE		
DECLARATION I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person. PHYSICIAN'S SIGNATURE		
I declare that the disabled person named above is severely and permanently disabled according to the definition above and that the construction, installation or modification makes the dwelling more accessible to that person. PHYSICIAN'S SIGNATURE DATE	am a licensed 🗌 Physician 🗌 Surgeon My specialty is	
above and that the construction, installation or modification makes the dwelling more accessible to that person. PHYSICIAN'S SIGNATURE DATE DATE	DECLAI	RATION
PHYSICIAN'S NAME (print or type) PHYSICIAN'S PHONE NUMBER ()	HYSICIAN'S SIGNATURE	DATE
	HYSICIAN'S NAME (print or type)	PHYSICIAN'S PHONE NUMBER
		()
		()

GENERAL INFORMATION

California law provides that certain construction, installations, or modifications of **existing** single- or multiplefamily dwellings can be excluded from increases in property taxation if the work is performed to make the dwelling more accessible to a severely and permanently disabled person who is a permanent resident of the dwelling. This exclusion does **not** apply to accessibility improvements and features that are usual or customary for comparable properties not occupied by disabled persons, but will apply only to those improvements or features that specifically adapt a dwelling for accessibility by a severely disabled person.

Revenue and Taxation Code section 74.3(b) defines a severely and permanently disabled person as any person who has a physical disability or impairment, whether from birth or by 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 activity of that person, and which has been diagnosed as permanently affecting the person's ability to function.

To qualify for this exclusion:

- The construction, installations, or modifications must be completed on or after June 6, 1990;
- The disabled person must be a permanent resident (not necessarily the owner) of the dwelling; and
- The dwelling must be occupied by the owner and therefore eligible for the homeowners' exemption.

To claim the exclusion, the disabled person, his or her spouse, or legal guardian must submit to the Assessor the following:

- A statement signed by a licensed physician or surgeon of appropriate specialty which certifies that the person is severely and permanently disabled as defined above. The statement must identify specific disability-related requirements necessitating accessibility improvements or features, and
- A statement that identifies the construction, installation, or modification that was in fact necessary to make the structure more accessible to the disabled person.

The Assessor may charge a fee to the disabled person or his or her spouse or legal guardian sufficient to reimburse the Assessor for the costs of processing and administering the statement.



