EF-62-A-R04-0810-42000243-1 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)



Joseph E. Holland County Clerk, Recorder and Assessor

P.O. Box 159, Santa Barbara, CA 93102-0159 Santa Barbara (805) 568-2550 Santa Maria (805) 346-8310

I. TO BE COMPLETED BY A PHYSICIAN (please print)			
Patient's Name:	Date of disability: _	Date of disability:	
Description of patient's disability:	C / C		
Identify: (1) the specific reasons why the disability necessitates including any locational requirements, of a replacement dwelling		isability-related requirements	
I am a licensed physician surgeon. My specialty	(is:		
I certify that in my medical opinion the above named pa		o the definition above	
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 print)		
CLAIMANT'S NAME	SPOUSE'S NAME		
PROPERTY ADDRESS	ASSESSOF	S'S PARCEL NUMBER	
CERTIFICATE	OF DISABILITY (check A or B)		
A: 1. The claimant or spouse must describe in his or her identified in Part I (Part I must be completed by a	own words how the replacement dwelling meets the	disability-related requirements	
I certify (or declare) under penalty of perjury under replacement dwelling is to satisfy the identified dis		ry purpose of the move to the	
B: I certify (or declare) under penalty of perjury under replacement dwelling is to alleviate the financial burde	the laws of the State of California that the primar	y purpose of the move to the	
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE	
)	()		
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE	
F-MAIL ADDRESS	()		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

