

## Office of the Assessor Kings County

1400 W. Lacey Blvd. Hanford, CA. 93230 559-852-2486 fax 559-582-2794

## **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)

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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 related requirements, including any locational requirements, of a replacement.	
	ON OF DISABILITY
I certify that in my medical opinion, the abo <mark>ve</mark> -named patient o	<mark>lo</mark> es q <mark>ua</mark> lify as a disab <mark>led person</mark> a <mark>ccording to th</mark> e d <mark>efi</mark> nition above.
SIGNATURE OF PHYSICIAN OR SURGEON	DATE
PHYSICIAN OR SURGEON'S NAME (print or type)	DAYTIME PHONE NUMBER
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE, O	R L <mark>EGAL GUARDIAN</mark> (please pri <mark>nt)</mark>
NAME OF CLAIMANT	NAME OF SPOUSE OR LEGAL GUARDIAN
PROPERTY ADDRESS	ASSESSOR'S PARCEL/ID NUMBER
CERTIFICATION OF DISABILITY-R	ELATED REQUIREMENTS (check A or B)
A: 1. The claimant, spouse, or legal guardian must describe requirements identified in Part I (Part I must be complete)	be how the replacement primary residence meets the disability-related by a physician or surgeon):
	ND
replacement primary residence is to satisfy the identifie	
B: I certify (or declare) under penalty of perjury under the law replacement primary residence is <b>to alleviate the financial</b>	<b>R</b> vs of the State of California that the primary purpose of the move to the <b>burdens</b> caused by the disability.
Please explain:	
SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN	PRINTED NAME
DIGITAL OF CLAIMINN, GEOGGE, OK ELGAL GUARDIAN	FRINTED INAME
DAYTIME PHONE NUMBER	DATE
( )	
EMAIL ADDRESS	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

