EF-62-A-R04-0810-27000189-1 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)

## **Xochitl Marina Camacho Monterey County Assessor**

P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435 assessor@co.monterey.ca.us

I. TO BE COMPLETED BY A PHYSICIAN (please print)	
Patient's Name:	Date of disability:
Description of patient's disability:	$C/C/\Lambda$
Identify: (1) the specific reasons why the disability necessitates including any locational requirements, of a replacement dwelling	a move to the replacement dwelling and (2) the disability-related requirements
I am a licensed physician surgeon. My specialty	is:
	CERTIFICATION
	tient 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 SPOU	SE OR LEGAL GUARDIAN (please pri <mark>nt)</mark>
CLAIMANT'S NAME	SPOUSE'S NAME
PROPERTY ADDRESS	ASSESSOR'S PARCEL NUMBER
	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 wo <mark>rds how</mark> the replacement dwelling meets the disability-related requirement ohysician):
	AND
<ol><li>I certify (or declare) under penalty of perjury under replacement dwelling is to satisfy the identified disc</li></ol>	r the laws of the State of California that the primary purpose of the move to th
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 primary purpose of the move to thens caused by the disability.
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER DATE
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER DATE
SIGNALURE OF SPOUSE	DAT TIME PRONE NUMBER DATE
E MAIL ADDDESO	[\ ]

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

