

Josie Gonzales Assessor-Recorder-County Clerk

County of San Bernardino Assessor's Office 222 W. Hospitality Lane - 4th Floor San Bernardino, CA 92415-0311 www.sbcounty.gov/arc Phone: (909) 387-8307

Toll Free: (877) 885-7654

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 necessitates a move related requirements, including any locational requirements, of a replacement	
I am a licensed physician surgeon. My specialty is:	OF DISABILITY
I certify that in my medical opinion, the above-named patient does	qualify as a disab <mark>led person</mark> 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 CLAIMANT, CLAIMANT'S SPOUSE, OR LE	GAL GUARDIAN (please pri <mark>nt)</mark>
NAME OF CLAIMANT	IAME OF SPOUSE OR LEGAL GUARDIAN
PROPERTY ADDRESS	ASSESSOR'S PARCEL/ID NUMBER
CERTIFICATION OF DISABILITY-RELA	TED REQUIREMENTS (check A or B)
A: 1. The claimant, spouse, or legal guardian must describe he requirements identified in Part I (Part I must be completed by	ow the replacement primary residence meets the disability-related a physician or surgeon):
AND	
I certify (or declare) under penalty of perjury under the laws replacement primary residence is to satisfy the identified di	of the State of California that the primary purpose of the move to the sability-related requirements described in Part I.
OR B: I certify (or declare) under penalty of perjury under the laws of replacement primary residence is to alleviate the financial burd	the State of California that the primary purpose of the move to the dens caused by the disability.
Please explain:	
SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN	PRINTED NAME
DAYTIME PHONE NUMBER ()	DATE
EMAIL ADDRESS	

