## DISABLED PERSONS CLAIM FOR EXCLUSION OF NEW CONSTRUCTION FOR OCCUPIED DWELLING



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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.

PRINT NAME OF DIGABLED PERSON if different ADDRESS OF PROPERTY WITH NEW CONSTRUCTION ADDRESS OF PROPERTY WITH NEW CONSTRUCTION DESCRIBE THE IMPROVEMENTS MADE  DATE CONSTRUCTION COMPLETED  DATE CONSTRUCTION COMPLETED  To DETUPY (or declare) under panalty of parjuny under the laws of the State of California that the disabled person named above parmanently resides at the property address and that the construction was to make the residence more accessible to the disabled person.  CAMMATE'S SIGNATURE  TO DET COMPLETED BY PHYSICIAN  The claimant named above is applying to have a poting or accessible to a severely and permanent disabled person. For purposes of this take benefit, the law defines a severely and permanent disabled person. For purposes of this take benefit, hearing, or the use of any limbs and which has been diagnosed as permanently affecting the person's ability to function.  NAME OF DISABLED PERSON (please print)  Lease itemper to subclassible to a severely and permanent which affects sight speech, hearing, or the use of any limbs and which has been diagnosed as permanently affecting the person's ability to function.  NAME OF DISABLED PERSON (please print)  Lease itemper to subclassible to a severely and permanent which affects sight percent of the disabled person as any person who has a physical disability or impairment which affects sight percent of the advect of the severely and permanent where accessible to a severely and permanent where a substantial limits on or more major line activities of that person, and which has been diagnosed as permanently affecting the person's ability to function.  NAME OF DISABLED PERSON (please print)  Lease IDENTPY THE SPECIFIC DISABLITY RELATED REQUIRINGENT MEDICESTIATING ACCESSIBILITY MEDICESTIATING ACCESSIBI	TO BE COMPLETED BY THE CLAIMANT (DISABLED PERSON, SPOUSE OR LEGAL GUARDIAN)	
DESCRIBE THE IMPROVEMENTS MADE CONSTRUCTION COMPLETED  CERTIFICATION  CERTIF	PRINT NAME OF CLAIMANT	PRINT NAME OF DISABLED PERSON (if different)
DATE CONSTRUCTION COMPLETED  CERTIFICATION  CERTIFICATION  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.  CALMANT'S SIGNATURE	ADDRESS OF PROPERTY WITH NEW CONSTRUCTION	ASSESSOR'S PARCEL NUMBER
CERTIFICATION  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.  CLIMANT'S SIGNATURE  DATE  ATTER  DATE  ATTER  DATE  ATTER  DATE  ATTER  DATE  ATTER  DATE  ATTER  DATE  DATE DATE	DESCRIBE THE IMPROVEMENTS MADE	C / C / T
CERTIFICATION  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.  CLIMANT'S SIGNATURE  DATE  ATTER  DATE  ATTER  DATE  ATTER  DATE  ATTER  DATE  ATTER  DATE  ATTER  DATE  DATE DATE		J I J A
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.     CLIMMAT'S SIGNATURE      DAYTIME PHONE NUMBER     ( )      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 modifi cation of a dwelling excluded from     reappraisal because it makes the dwelling more accessible to a severely and permanently disabled person. For purposes of this tax benefit,     the law defines a severely and permanently disabled person as any person who has a physical disability or impairment twich affects sight     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 activities 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 NEDESSITATING ACCESSIBILITY IMPROVEMENTS OR PERTURES  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 or modification accessible to that person.	DATE CONSTRUCTION COMPLETED	
resides at the property address and that the construction was to make the residence more accessible to the disabled person.     DATIME PHONE RUMBER     DATE		
CLAIMANT'S SIGNATURE		
E-MAIL ADDRESS	claimant's 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 from reappraisal because it makes the dwelling more accessible to a severely and permanent disabled person. For purposes of this tax benefit, the law defines a severely and permanently disabled person as any person who has a physical disability or impairment which facts sight 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 activities 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 INFORMETING 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 from reappraisal because it makes the dwelling more accessible to a severely and permanent disabled person. For purposes of this tax benefit, the law defi nes a severely and permanently disabled person as any person who has a physical disability or impairment which affects sight 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 activities 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	E-MAIL ADDRESS	
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 reappraisal because it makes the dwelling more accessible to a the law defi nes a severely and permanently disabled person as speech, hearing, or the use of any limbs and which results in a major life activities of that person, and which has been diagno NAME OF DISABLED PERSON (please print)	of the construction, installation or modifi cation of a dwelling excluded from a severely and permanent disabled person. For purposes of this tax benefit, s any person who has a physical disability or impairment which affects sight a functional limitation as to employment or substantially limits one or more used as permanently affecting the person's ability to function.
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	I declare that the disabled person named above is	s severely and permanently disabled according to the definition
	PHYSICIAN'S SIGNATURE	DATE

PHYSICIAN'S PHONE NUMBER

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(



PHYSICIAN'S NAME (print or type)

## **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, their 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 their spouse or legal guardian sufficient to reimburse the Assessor for the costs of processing and administering the statement.



