EF-19-DC-R02-0522-36000096-1 BOE-19-DC (P1) REV. 02 (05-22)



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)

	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 related requirements, including any locational requirements, of a repla	
	ON OF DISABILITY oes qualify as a disabled person 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, OF	R LEGAL GUARDIAN (please print)
NAME OF CLAIMANT	NAME OF SPOUSE OR LEGAL GUARDIAN
PROPERTY ADDRESS	ASSESSOR'S PARCEL/ID NUMBER
CERTIFICATION OF DISABILITY-RI	ELATED REQUIREMENTS (check A or B)
A: 1. The claimant, spouse, or legal guardian must describ requirements identified in Part I (Part I must be complete	e how the replacement primary residence meets the disability-related d by a physician or surgeon):
replacement primary residence is to satisfy the identifie	aws of the State of California that the primary purpose of the move to the od disability-related requirements described in Part I.
B: I certify (or declare) under penalty of perjury under the law replacement primary residence is to alleviate the financial	k s of the State of California that the primary purpose of the move to the burdens caused by the disability.
Please explain:	
SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN	PRINTED NAME
<u> </u>	
DAYTIME PHONE NUMBER	DATE
MAIL ADDRESS	

