

YOLO COUNTY COUNTY ASSESSOR 625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 West Sacramento (916) 375-6496 Fax (530) 666-8213 assessor@yolocounty.org

## **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.	то	BE	COMPL	ETED.	BY A	PHYSICIAN	(please	print)
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Patient's Name:	Date of disability:
Description of patient's disability:	
dentify: (1) the specific reasons why the disability necessitates a mov related requirements, including any locational requirements, of a replacer	
am a licensedphysiciansurgeon. My specialty is:	
CERTIFICATION (	
I certify that in my medical opinion, the above-named patient does	DATE
PHYSICIAN OR SURGEON'S NAME (print or type)	DAYTIME PHONE NUMBER
I. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE, OR LI	EGAL GUARDIAN (please print)
JAME OF CLAIMANT	NAME OF SPOUSE OR LEGAL GUARDIAN
PROPERTY ADDRESS	ASSESSOR'S PARCEL/ID NUMBER
CERTIFICATION OF DISABILITY-RELA	
A: 1. The claimant, spouse, or legal guardian must describe the requirements identified in Part I (Part I must be completed by the complete	
AND 2. I certify (or declare) under penalty of perjury under the laws replacement primary residence is <b>to satisfy the identified d</b>	s of the State of California that the primary purpose of the move to <b>lisability-related requirements</b> described in Part I.
OR B: I certify (or declare) under penalty of perjury under the laws or replacement primary residence is <b>to alleviate the financial bur</b>	of the State of California that the primary purpose of the move to <b>rdens</b> caused by the disability.
Please explain:	
SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN	PRINTED NAME
	DATE
( ) EMAIL ADDRESS	