BOE-62-A REV. 04 (08-10)

**CERTIFICATE OF DISABILITY** 

and Taxation Code section 74.3)

SIGNATURE OF CLAIMANT

SIGNATURE OF SPOUSE

E-MAIL ADDRESS

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

Kristen Spears, Placer County Assessor 2980 Richardson Drive Auburn, CA 95603-2640 Phone: (530) 889-4300 Email: assessor@placer.ca.gov

. TO BE COMPLETED BY A PHYSICIAN (please print)		
Patient's Name:	Date of disability:	
		·
Description of patient's disability:		
dentify: (1) the specific reasons why the disability necessitates a move ncluding any locational requirements, of a replacement dwelling:	to the replacement dwelling and	(2) the disability-related requirements
am a licensed physician surgeon. My specialty is:		
	ICATION	
I certify that in my medical opinion the above named patient doe	es qualify as a disabled person ac	cording to the definition above.
PHYSICIAN'S SIGNATURE		DATE
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER
I. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE OR L	EGAL GUARDIAN (please print)	
CLAIMANT'S NAME	SPOUSE'S NAME	
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER
CERTIFICATE OF DIS	ABILITY (check A or B)	
A: 1. The claimant or spouse must describe in his or her own word identified in Part I (Part I must be completed by a physician		neets the disability-related requirements
AND		
I certify (or declare) under penalty of perjury under the law replacement dwelling is to satisfy the identified disability-relations.	s of the State of California that t	

B: I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to the

DAYTIME PHONE NUMBER

DAYTIME PHONE NUMBER

DATE

replacement dwelling is to alleviate the financial burdens caused by the disability.