# Proof of Disability Statement

Date: _____ Account or Parcel No: _____

RCW (Revised Code of Washington) 84.36.383(7) defines "Disability" as having the same meaning as provided in 42 U.S.C. Sec. 423(d)(1)(A): "The inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months."

In the absence of a written acknowledgment or decision by the Social Security Administration or Veterans Administration of a permanent disability, or if requested by the Assessor, a taxpayer applying for property tax exemption as a disabled person must provide a statement completed and signed by a licensed physician. This statement shall indicate the extent of the disability and the expected period or term of the disability.

**This completed and signed certification must be returned to the applicant's County Assessor's Office before a property tax exemption or deferral can be approved.**

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Applicant Name: _____
first middle last

☐ I certify that the person named above became disabled on _____ (mm/dd/yyyy), and is unable to engage in any substantial gainful activity. The disability is expected to continue until _____ (mm/dd/yyyy).

☐ I certify that the person named above became disabled on _____ (mm/dd/yyyy), and is unable to engage in any substantial gainful activity. The disability is expected to be permanent.

☐ I certify that the person named above, although affected by a disability, is currently able to engage in substantial gainful activity.

☐ I certify that the person named above is not disabled.

**Declaration**

I declare under penalty of perjury under the laws of the State of Washington that the foregoing statements are true and correct to the best of my knowledge and belief.

Dated this _____ day of _____, _____ at _____, Washington.

_____
Signature of Doctor

_____
Printed Name and Address of Doctor

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