

PROOF OF DISABILITY STATEMENT

Date: _____

Account No: _____

Your claim for property tax exemption under the provisions of RCW 84.36.381 - .389 as a disabled person must include this statement as proof of disability.

WAC 458-16-010 provides:

(11) "Physical disability" means the condition of being disabled, resulting in the **inability to pursue an occupation because of physical or mental impairment**. A doctor's signed statement constitutes proof of such disability and shall be required before the exemption may be granted. The statement shall indicate the expected period or term of the disability.

The following information must be completed and signed by your doctor and returned to this office along with your exemption forms before the exemption will be considered.

_____ (name of claimant) is disabled, and is unable to pursue regular, gainful employment because of the disability.

The disability occurred on _____ (month and year) and,

1. Is expected to continue until _____ (month and year)

OR

2. The disability is considered permanent. Yes No

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

For tax assistance, visit <http://dor.wa.gov> or call (800) 647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 486-2342. Teletype (TTY) users may call (800) 451-7985.