

# 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 Proof of Disability Statement. This statement shall indicate the extent of the disability and the expected period or term of the disability. The statement must be completed and signed by a licensed physician or certified physician assistant (medical or osteopath), a licensed or certified psychologist for disabling mental impairments, or a licensed podiatrist for impairments of the foot.

**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.**

---

Applicant: \_\_\_\_\_

- I certify that the person named above became disabled on \_\_\_\_\_, and is unable to engage in any substantial gainful activity. The disability is expected to continue until \_\_\_\_\_.
- I certify that the person named above became disabled on \_\_\_\_\_, 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

To ask about the availability of this publication in an alternate format for the visually impaired, please call 360-705-6705. Teletype (TTY) users may use the Washington Relay Service by calling 711.