

Tom Green County Appraisal District Exemption Department 2302 Pulliam San Angelo, Texas 76905 (325)658-5575	Physician's Statement Verifying Eligibility for Disability Homestead Exemption	
	Account Number:	Tax Year:
INSTRUCTIONS: Part A Completed by Applicant Part B. Must be COMPLETED BY YOUR PHYSICIAN		
Part A (to be completed by the Property Owner)		
Name of Property Owner Claiming Exemption		
Property Address or Legal Description	Year(s) to which this form applies	
Part B (to be completed by Physician)		

"The information provided in these responses will be used in making a determination of the property owner's right to a property tax exemption.

Please answer the following as pertaining to the property owner identified in Part A of the form:

1. Describe in layman's terms the medically diagnosable physical or mental impairment for which you are treating the property owner.
2. Is the impairment described above expected to cause the death of the property owner?
3. When did the impairment begin?
4. How long do you expect the impairment to last?
5. Does the impairment described above prevent the property owner from performing the kind of work they performed prior to the impairment?
6. Does the impairment described above prevent the property owner from performing work that requires comparable skills or abilities to those they performed prior to the impairment?
7. Can the property owner engage in any kind of substantial gainful activity?

For purposes of the exemption in question, disability is defined as:

(A) 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; or

(B) in the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time.

I _____ (Physician's Name) examined _____ (property owner identified in Part A) on _____ (date) and the property owner's impairment as described in response to No 1., above, meets the definition of disability as described by Subsection _____ (choose A or B) of the definition provided.

Physician's Printed Name

Physician's Signature

Physician's License Number

Date Signed

Physician's Address

Physician's Telephone Number