

Office of the Assessor-Treasurer

MIKE LONERGAN Assessor-Treasurer

2401 South 35th Street, Room 142 Tacoma, Washington 98409-7498 (253) 798-2169 • FAX (253) 798-3705 www.piercecountywa.org/atr

Proof of Disability Statement

Applicant:		Date of Birth	:	Parcel Number:
				ude this statement completed and signed by r podiatrist as proof of disability.
A Signature from a Nur	se Practit	ioner (ARNP)	or Physic	cian's Assistant (PAC) is NOT VALID
substantial gainful activ I certify that the person substantial gainful activ	ity. The disa named abo ity. The disa named abo	ability is expect ve became disa	ed to conting the delay oned to be perfected by a continuous fected fected by a continuous fected fected by a continuous fected fect	, and is unable to engage in any nue until DATE, and is unable to engage in any name and is unable to engage in any rmanent. disability, is currently able to engage in
I declare under penalty of perjury		vs of the State of he best of my kno		that the foregoing statements are true and correct belief.
Dated this day of	MONTH	, at	CITY	, Washington.
PRINTED NAME OF DOCTOR				ADDRESS OF DOCTOR
SIGNATURE OF DOCTOR				TELEPHONE NUMBER OF DOCTOR

RCW (Revised Code of Washington) 84.36.383(7) defines "Disability" as having the same meaning 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 acknowledgement 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.