

If you are claiming homestead benefits because of disability, this form must be completed by a duly licensed physician and enclosed with your Homestead Claim, Form K-40H. Instead of this schedule, you may enclose a copy of your Social Security certification of disability letter that shows you are receiving benefits based upon a **total** and permanent disability which prevented you from being engaged in any substantial gainful activity during the entire calendar year of 2015. You may enclose a copy of your original Veterans Disability Statement or request a letter from your regional Veterans Administration that includes your disability date and percentage of permanent disability. Annual income derived from any substantial gainful activity during 2015 must not exceed the limits set by the Social Security Administration for 2015: \$13,080 if the impairment is other than blindness; \$21,840 if the individual is blind.

NAME OF PERSON EXAMINED \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street or RR (Include apartment number or lot number)

City

State

Zip Code

1. Does the individual qualify as having a disability preventing them from engaging in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death and/or has lasted for the entire year of 2015?

YES

NO

2. Nature of disability. \_\_\_\_\_

3. When was the condition originally diagnosed? \_\_\_\_\_

## CERTIFICATION OF PHYSICIAN

I, \_\_\_\_\_, certify that I have personally examined the physical and mental condition of the above named individual.

I declare under the penalties of perjury that to the best of my knowledge and belief, this is a true, correct and complete statement.

SIGNATURE OF PHYSICIAN \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_

Please type or print

BUSINESS ADDRESS \_\_\_\_\_

Street or RR

City

State

Zip Code

PHONE \_\_\_\_\_

DATE \_\_\_\_\_