



## Jacob Tate, Assessor

128 N 2<sup>nd</sup> St • Room 112 • Yakima, WA 98901 • (509) 574-1100  
Toll-Free 800-572-7354 • Fax (509) 574-1101  
<https://www.yakimacounty.us/Assessor>

### PHYSICIAN'S CERTIFICATION OF DISABILITY FOR PROPERTY TAX EXEMPTION

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 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. The completed and signed certification must be returned to this office before a property tax exemption can be approved by the Assessor.

Applicant Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Parcel Number \_\_\_\_\_

- I certify that the person named above became disabled on \_\_\_\_\_, resulting in the inability to engage in any substantial gainful activity and that the expected term of the disability is \_\_\_\_\_.
- 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.

**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.**

Physician's Signature \_\_\_\_\_  
Physician's Printed Name \_\_\_\_\_  
Physician's Street Address \_\_\_\_\_  
City / State / Zip Code \_\_\_\_\_  
Physician's Phone Number \_\_\_\_\_  
Date \_\_\_\_\_

PLEASE RETURN THE ORIGINAL TO:

JACOB TATE, YAKIMA COUNTY ASSESSOR  
128 N 2ND STREET ROOM 112  
YAKIMA WA 98901