

GREGG APPRAISAL DISTRICT
4367 W. Loop 281.
LONGVIEW, TEXAS 75604
903-238-8823

<u>APPLICANT'S NAME:</u>	
<u>MAILING ADDRESS:</u>	
<u>PROPERTY ID #:</u>	

**PHYSICIAN'S STATEMENT
FOR DISABILITY HOMESTEAD EXEMPTION
FOR THE TAX YEAR _____**

A completed residential homestead exemption application must be filed with this statement.

Disability for the purpose of this exemption **means** that:

- (a) a person is **unable 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) a person 55 or older is unable, due to blindness, to engage in substantial gainful activity in which he has previously engaged with some regularity and over a substantial period of time.

Physician, please provide the following information.

1. Does the applicant meet the definition of disability as described above?
2. How long have you treated the applicant for the disabling condition?

3. When did the applicant last work? _____
4. When do you expect the applicant to be able to return to work? _____
5. Please state in layman's terms the condition for which the applicant is being or has been treated.

The property owner identified at the top of this form has been examined by me, and based on the above definition he or she was disabled on January 1, 20____.

Physician's Printed Name: _____

Physician's Signature: _____

Date Signed: _____

Physician's Address & Phone Number: _____