

**Complete only if you are or were under 61 years of age and are applying for a reduction in property taxes based on disability**

**PROOF OF DISABILITY  
KING COUNTY DEPARTMENT OF ASSESSMENTS  
EXEMPTIONS UNIT**

500 - 4TH AVENUE, ROOM 709F, SEATTLE, WASHINGTON 98104-2384  
206-296-3920

PROPERTY TAX (PARCEL) NUMBER \_\_\_\_\_

CLAIMANT: \_\_\_\_\_

CLAIMANT'S DATE OF BIRTH: \_\_\_\_\_

Claims for property tax exemption under the provisions of RCW 84.36.381 -.389 and WAC 458-16-010 as a disabled person must have this proof of disability certified by attending physician before the exemption may be granted.

“PHYSICAL DISABILITY” as defined by legislation: **THE CONDITION OF BEING DISABLED, RESULTING IN THE INABILITY TO PURSUE AN OCCUPATION BECAUSE OF PHYSICAL IMPAIRMENT.**

Erroneous information can be subject to penalties

**PHYSICIAN STATEMENT:**

I am the attending physician for the above named claimant who is considered to be disabled due to:

\_\_\_\_\_  
Briefly describe disability

Choose only one category:

- Claimant became **temporarily** disabled on \_\_\_\_\_ and disability is expected to cease as of \_\_\_\_\_.
- Claimant became **permanently** disabled and cannot be regularly/gainfully employed based on such disability as of \_\_\_\_\_.

I certify or declare as attending physician, under the penalties of perjury, that all the foregoing statements are true in regards to above claimant.

\_\_\_\_\_  
Print Name of Physician

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Address

DATE: \_\_\_\_\_