

TAX APPRAISAL DISTRICT

Of
BELL COUNTY



P.O. Box 390
Belton, Texas 76513-0390

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

A COMPLETED DISABLED PERSON'S RESIDENTIAL HOMESTEAD EXEMPTION APPLICATION MUST BE FILED WITH THIS STATEMENT.

Applicant's Name: _____ Property ID: _____
Mailing Address: _____
Daytime Phone Number: _____

Disability for the purpose of this exemption means that:

- 1) 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
- 2) A person 55 years of age or older and blind 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 or time.

Physician, please provide the following information:

- 1) How long have you treated the applicant for the disabling condition? _____
- 2) When did the applicant last work? _____
- 3) When do you expect the applicant to be able to return to work? _____
- 4) Please state in layman's terms the condition for which the applicant is being or has been treated?

The applicant identified on this form has been examined by me and based on the above definition he or she is totally disabled.

Physician's Signature: _____
Print Name: _____
Phone Number: _____
Date: _____