

## CERTIFICATION OF DISABILITY FOR PROPERTY TAX EXEMPTION

Pursuant to Article IX, Section 2 of the Arizona Constitution, A.R.S. Title 42, Chapter 11, Article 3, § 42-11111 and Article 4, § 42-11151, 42-11152, 42-11153, and Arizona Administrative Code R15-4-116.

This form can be completed on-line and then printed, or it can be printed and completed manually. To assure that the exemption affidavit (DOR 82514) is processed for the current Tax Year, if hand-delivered, the copy of this form which has the applicant's and the physician's or psychiatrist's signatures **MUST** be filed along with the copy of the DOR 82514 Affidavit of Individual Tax Exemption form with the County Assessor of the county in which the applicant's property is located no later than the last business day in February. If this form and the DOR 82514 are mailed to the County Assessor, they must be postmarked on or before the last business day of February.

Applicant's Name: _____ (Type or Print) (Last, First and Initial)			
Street Address: _____			
City, State, Zip Code: _____			
Email Address _____	Date of Birth: _____	Marital Status: Single	Married
Applicant's Signature: _____		Date Signed: _____	

### Pursuant to Arizona Administrative Code R15-4-116: Exemption for Totally and Permanently Disabled Person

- A. For purposes of the property tax exemption in the Arizona Constitution Article 9, Section 2\* a person is "totally and permanently disabled" if the person is unable to engage in any substantial gainful activity, for pay or profit, by reason of any physical or mental impairment that is expected to:
1. Last for a continuous period of 12 months or more, or
  2. Result in death within 12 months.
- B. To qualify for the exemption, a disabled person shall be certified as totally and permanently disabled by a person licensed under:
1. A.R.S. Title 32, Chapters 8, 13, 14, 17, 19.1, or 29; or
  2. The laws of another state that are comparable to the laws governing persons qualifying under subsection (B)(1).

\*Arizona Constitution reference updated as amended in Proposition 130 in November election 2022.

### MEDICAL CERTIFICATION FOR TOTALLY AND PERMANENTLY DISABLED PERSONS THE FOLLOWING IS TO BE COMPLETED BY THE EXAMINING PHYSICIAN OR PSYCHIATRIST:

**I hereby certify the applicant's condition as stated below:**

The above-named applicant is unable to engage in any substantial gainful activity and therefore is considered to be totally and permanently disabled as defined above.    YES            NO

Type or Print	_____
	Physician or Psychiatrist's Name
	_____
	Business Address
	_____
	City, State, Zip Code
	_____
	Phone Number
	_____
	_____
	Physician or Psychiatrist's Signature
	Date

**Physician's or Psychiatrist's Office Stamp:**