

Cooke County Appraisal District

201 N Dixon

Gainesville, TX 76240

Main (940)665-7651 Fax (940)668-2587

www.cookecad.org

Applicant's Name: _____ Property ID #: _____

Mailing Address: _____

Phone #: _____ Work #: _____

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

A completed Residential Homestead Exemption Application must be filed with this statement.

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

- (a) a person is **unable to engage in any substantial and gainful employment** 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 blind person over the age of 55 and due to blindness is unable 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 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 property owner identified at the top of this form has been examined by me, and based on the definition he or she was disabled **on January 1, _____**.

Physician's Printed Name

Physician's Signature

Physician License Number

Date Signed

Physician's Address:

Physician's Telephone #