#### CERTIFICATION OF DISABILITY FOR PROPERTY TAX EXEMPTION

#### (VETERANS PLEASE CONTACT YOUR LOCAL COUNTY ASSESSOR FOR DISABILITY FILING REQUIREMENTS)

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.

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 Medical Authority'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:	Mari	tal Status:	Single	Married
A I'			D . t . O'	1		
Applicant's Signature	:		Date Sign	ed:		
Exemption for Total	ly and Permanently Disabl	led Person				
-	42-11111 (K)(1) "Competent		s any of the fol	lowing:		

- (a) An individual licensed under Title 32, Chapter 8, 13, 14, 17, 19.1, 25 or 29 or comparable law of another state.
- (b) A registered nurse practitioner as defined in Section 32-1601.
- (c) The United States Department of Veterans Affairs, as evidenced by a disability award letter.

A.R.S. § 42-11111 (K)(3) "Person with a total and permanent disability" means:

A person who 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 last for a continuous period of at least twelve months or result in death within twelve months as certified by a competent medical authority.

## MEDICAL CERTIFICATION FOR TOTALLY AND PERMANENTLY DISABLED PERSONS

### THE FOLLOWING IS TO BE COMPLETED BY THE EXAMINING MEDICAL AUTHORITY:

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

	isabled as defined above. TES INO			
Type or Print	Medical Authority's Name			
	Business Address			
	City, State, Zip Code			
	Phone Number			
	Medical Authority's Signature	Date		
Medical Authorit	y's Office Stamp:			

# **COUNTY ASSESSORS**

- 01. Apache County Assessor 75 W. Cleveland Street St. Johns, AZ 85936 (928) 337-7624
- 02. Cochise County Assessor 1415 W. Melody Lane, #B Bisbee, AZ 85603 (520) 432-8650
- 03. Coconino County Assessor 110 East Cherry Avenue Flagstaff, AZ 86001 (928) 679-7962
- 04. Gila County Assessor 1400 E. Ash Street Globe, AZ 85501 (928) 402-8714
- 05. Graham County Assessor 921 Thatcher Boulevard Safford, AZ 85546 (928) 428-2828
- 06. Greenlee County Assessor PO Box 777 Clifton, AZ 85533 (928) 865-5302
- 07. Maricopa County Assessor 301 West Jefferson St., Suite 330 Phoenix, AZ 85003 (602) 506-3406
- 08. Mohave County Assessor 700 W. Beale Street Kingman, AZ 86401 (928) 753-0703

- 09. Navajo County Assessor 100 Code Talkers Drive Holbrook, AZ 86025 (928) 524-4086
- 10. Pima County Assessor 240 N. Stone Avenue Tucson, AZ 85701 (520) 724-8630
- 11. Pinal County Assessor 31 N. Pinal St. #E Florence, AZ 85132 (520) 866-6361
- 12. Santa Cruz County Assessor 2150 N. Congress Drive Suite 102 Nogales, AZ 85621 (520) 375-8030
- 13. Yavapai County Assessor 1015 Fair Street Prescott, AZ 86305 (928) 771-3220
- 14. Yuma County Assessor 2550 S. 4th Avenue Yuma, AZ 85364 (928) 373-6040
- 15. La Paz County Assessor 1112 Joshua Avenue Suite #204 Parker, AZ 85344 (928) 669-6165