

KANSAS

CERTIFICATE OF DISABILITY

2003

If you are claiming homestead benefits because of disability, this form must be completed by a duly licensed physician and enclosed with your Homestead Claim, Form K-40H. Instead of this schedule, you may enclose a copy of your Social Security certification of disability letter that shows you are receiving benefits based upon a **total** and permanent disability which prevented you from being engaged in any substantial gainful activity during the entire calendar year of 2003. The annual income derived from any gainful activity must not exceed limits set by the Social Security Administration.

NAME OF PERSON EXAMINED _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

Street or RR (Include apartment number or lot number)

City

State

Zip

1. Does the individual qualify as having a disability preventing them from engaging in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death and/or has lasted for the entire year of 2003?

YES NO

2. Nature of disability. _____

3. When was the condition originally diagnosed? _____

CERTIFICATION OF PHYSICIAN

I, _____, certify that I have personally examined the physical and mental condition of the above named individual.

SIGNATURE OF PHYSICIAN _____

PHYSICIAN'S NAME _____

Please type or print

BUSINESS ADDRESS _____

Street or RR

City

State

Zip

PHONE () _____

DATE _____