

2012 KANSAS

130318

CERTIFICATE OF DISABILITY

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 2012. You may enclose a copy of your original Veterans Disability Statement or request a letter from your regional Veterans Administration that includes your disability date and percentage of permanent disability. Annual income derived from any substantial gainful activity during 2012 must not exceed the limits set by the Social Security Administration for 2012: \$12,120 if the impairment is other than blindness; \$20,280 if the individual is blind.

NAME OF PERSON EXAMINED		
SOCIAL SECURITY NUMBER		
ADDRESS Street of		
Street of	or RR (Include apartment number or lot number)	
City	State	Zip Code
 Does the individual qualify as having a disabili reason of any medically determinable physical lasted for the entire year of 2012? 		
	YES 🛛 NO	
2. Nature of disability		
 When was the condition originally diagnosed? CERTIFIC 	CATION OF PHYSICIAN	
I,	certify that I have perso	nally examined the physical and
mental condition of the above named individual.	, co,	
SIGNATURE OF PHYSICIAN		
PHYSICIAN'S NAME		
	Please type or print	
BUSINESS ADDRESS	Street or RR	
City	State	Zip Code
PHONE ()	DATE	