



HUNT COUNTY APPRAISAL DISTRICT

P O BOX 1339 4801 KING STREET
GREENVILLE, TEXAS 75403-1339
(903) 454-3510 FAX (903) 454-4160
exemptions@hunt-cad.org

PROPERTY ID: _____

PROPERTY OWNER NAME: _____

PROPERTY ADDRESS: _____

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

A COMPLETED DISABLED PERSON'S RESIDENTIAL HOMESTEAD EXEMPTION APPLICATION MUST BE FILED WITH THE HUNT COUNTY APPRAISAL DISTRICT ALONG WITH ALL REQUIRED DOCUMENTS.

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

- (a) A person is **unable to engage in any substantial gainful activity** 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.

My name is _____, and I am a physician licensed to practice in Texas.

1. Applicant meets the disability definition requirement above **A** or **B** (circle one)
2. How long have you treated the applicant for the disabling condition? _____
3. When was the last date of examination? _____
4. When did the applicant last work? _____
5. When do you expect the applicant to be able to return to work? _____
6. Please state in layman's term the condition for which the applicant is being or has been treated.

Based on the definition above, _____ became 100% disabled and unable to be gainfully employed as of _____.

Physician's Printed Name

Physician's Signature

Physician's License Number

Date Signed

Physician's Address

Physician's Telephone Number

**YOUR PHYSICIAN MUST MAIL THIS COMPLETED FORM TO THE
HUNT COUNTY APPRAISAL DISTRICT AT PO BOX 1339 GREENVILLE, TX 75403-1339
OR FAX WITH A COVER SHEET TO OUR OFFICE AT 903-454-4160**