

Physician's Certificate

I hereby certify that _____ of _____,
Applicant Mailing Address
_____, of _____ County is permanently and totally disabled.
City County

For the purposes of this certificate, "Permanently and totally disabled" means the inability 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 has lasted or can be expected to last for a continuous period of not less than twelve months as established by a certificate from a licensed physician." (North Dakota Century Code § 57-02-08.1(5) (e))

Name of Physician (please print)

Address

Signature of Physician

Date

Date of Disability

This certificate is required for applicants who are less than 65 years of age and who claim the permanently and totally disabled person's property tax credit or renter's refund pursuant to North Dakota Century Code § 57-02-08.1.

24746 (Rev.11/2005)

57-02-08.1 Homestead Credit. (Quoted in part):

1. a. Any person sixty-five years of age or older or permanently and totally disabled, in the year in which the tax was levied, with an income that does not exceed the limitations of subdivision c is entitled to receive a reduction in the assessment on the taxable valuation on the person's homestead. An exemption under this subsection applies regardless of whether the person is the head of a family.
2. a. Any person who would qualify for an exemption under subdivisions a and c of subsection 1 except for the fact that the person rents living quarters is eligible for refund of a portion of the person's annual rent deemed by this subsection to constitute the payment of property tax.
3. e. "Permanently and totally disabled" means the inability 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 has lasted or can be expected to last for a continuous period of not less than twelve months as established by a certificate from a licensed physician.