

2012 KANSAS 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			
ADDRESS	Street or RR (Include apa	artment number or lot number)	
City		State	Zip Code
Does the individual qualify as having reason of any medically determinable lasted for the entire year of 2012?			
·	☐ YES	□ NO	
Nature of disability			
When was the condition originally d	liagnosed?		
C	ERTIFICATION (OF PHYSICIAN	
l,		, certify that I have persona	lly examined the physical and
mental condition of the above named in	dividual.	-,	
SIGNATURE OF PHYSICIAN			
PHYSICIAN'S NAME			
PHYSICIAN'S NAME	Р	lease type or print	
BUSINESS ADDRESS		Street or RR	
City		State	Zip Code
PHONE ()		DATE	