

2023 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 2023. You must enclose a copy of your original Veterans Disability Statement or letter with all required information, including your disability date and percentage of permanent disability, from the V.A. when claiming a Disabled Veterans disability for homestead and SVR. Annual income derived from any substantial gainful activity during 2023 must not exceed the limits set by the Social Security Administration for 2023: \$17,640 if the impairment is other than blindness; \$29,520 if the individual is blind.

NΑ	ME OF PERSON EXAMINED					
SC	OCIAL SECURITY NUMBER					
ΑD	DRESS					
		Street or RR (Include	e apartment number or lot number)			
	City		State	Zip Code		
1.	of any medically determinable physical of			m from engaging in any substantial gainful activity by reason which can be expected to result in death and/or has lasted		
	for the entire year of 2023?	☐ YES	□ NO			
2.	Nature of disability					
3.	When was the condition originally diagnosed?					
	CER	RTIFICATION	OF PHYSICIAN			
Ι,			, certify that I have pe	rsonally examined the physical		
an	d mental condition of the above named inc	lividual.				
Ιde	eclare under the penalties of perjury that to	the best of my know	wledge and belief, this is a true, o	correct and complete statement.		
SIC	GNATURE OF PHYSICIAN					
PH	IYSICIAN'S NAME					
		Please typ	pe or print			
BU	JSINESS ADDRESS	Street				
	City		State	Zip Code		
PΗ	IONE		DATE			