

Pierce County  
2401 S. 35<sup>th</sup> St., Rm 142  
Tacoma WA 98409

Assessor-Treasurer  
Dale Washam

***PROOF OF DISABILITY STATEMENT***

***NAME OF DISABLED TAXPAYER:*** \_\_\_\_\_

***DATE OF BIRTH:*** \_\_\_\_\_ ***PARCEL #*** \_\_\_\_\_

Your claim for property tax exemption under the provisions of RCW 84.36.381 - .389 as a disabled person must include this statement **completed and signed by your physician** as proof of disability.

TAXPAYER is considered to be disabled and is ***unable to be gainfully employed*** due to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

He/She has been unable to be gainfully employed due to this disability since

\_\_\_\_\_, and is expected to continue until \_\_\_\_\_  
**(Date)** **(Expected Term of Disability)**

\_\_\_\_\_  
(Signature of Physician)

PRINT NAME OF PHYSICIAN \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

W.A.C. 458-16-010

“Physical or Mental Disability” means the condition of being disabled, resulting in the **INABILITY TO PURSUE AN OCCUPATION BECAUSE OF PHYSICAL OR MENTAL IMPAIRMENT**. A doctor’s signed statement constitutes proof of such disability and shall be required before the exemption may be granted. **This statement shall indicate the expected period or term of the disability.**