

**Tarrant Appraisal District**

2500 Handley-Ederville Rd  
Fort Worth, TX 76118-6909  
(817) 284-4063

Applicant's Name \_\_\_\_\_

TAD Account # \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

**PHYSICIAN'S STATEMENT  
FOR DISABILITY HOMESTEAD EXEMPTION  
FOR TAX YEAR \_\_\_\_\_**

*A completed residential homestead exemption application (Form 5200) must be filed with this statement.*

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

- (a) a person is **unable to engage in any substantial gainful activity** by reason of any medically determined 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 person 55 or older and blind is unable, due to blindness, to engage in substantial gainful activity in which he had previously engaged with some regularity and over a substantial period of time.

Physician, please provide the following information.

1. How long have you treated the applicant for the disabling condition? \_\_\_\_\_
2. When did the applicant last work? \_\_\_\_\_
3. When do you expect the applicant to be able to return to work? \_\_\_\_\_
4. Please state in layman's terms the condition for which the applicant is being or has been treated.

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

The property owner identified at the top of this form has been examined by me, and based on the above definition he or she was disabled on January 1, \_\_\_\_\_.

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Physician's Telephone #