



City of Port Orchard
 216 Prospect Street, Port Orchard, WA 98366
 (360) 876-4407 • FAX (360) 895-9029

Proof of Disability Statement

Date: _____ Cable T.V. Account No. _____

RCW (Revised Code of Washington) 84.36.383(7) defines “Disability” as having the same meaning as provided in 42 U.S.C. Sec. 423(d)(1)(A): “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 which has lasted or can be expected to last for a continuous period of not less than 12 months.”

In the absence of a written acknowledgment or decision by the Social Security Administration or Veterans Administration of a permanent disability, or if requested by the City, a taxpayer applying for Cable TV Discount as a disabled person must provide a statement completed and signed by a licensed physician. This statement shall indicate the extent of the disability and the expected period or term of the disability.

The completed and signed certification must be returned to the City Clerk’s Office before a property tax exemption can be approved.

Applicant’s Name: _____

- I certify that the person named above became disabled on _____, and is unable to engage in any substantial gainful activity. The disability is expected to continue until _____.
- I certify that the person named above became disabled on _____, and is unable to engage in any substantial gainful activity. The disability is expected to be permanent.
- I certify that the person named above, although affected by a disability, is currently able to engage in substantial gainful activity.
- I certify that the person named above is not disabled.

Declaration

I declare under penalty of perjury under the laws of the State of Washington that the foregoing statements are true and correct to the best of my knowledge and belief.

Dated this _____ day of _____, 20__ at _____, Washington.

 Signature of Doctor

 Please Print Name of Doctor

 Address of Doctor

 Telephone