

CERTIFICATION OF DISABILITY FOR PROPERTY TAX EXEMPTION

This form is applicable only for purposes of filing for Arizona Property Tax Exemptions

(VETERANS PLEASE CONTACT YOUR LOCAL COUNTY ASSESSOR FOR DISABILITY FILING REQUIREMENTS)

Pursuant to Article IX, Section 2 of the Arizona Constitution; A.R.S. Title 42, Chapter 11, Article 3, § 42-11111; and Article 4, §§ 42-11151, 42-11152, 42-11153.

This form can be completed online and then printed, or it can be printed and completed manually. To ensure that the exemption affidavit (ADOR 82514) is processed for the current Tax Year, if hand-delivered, the copy of this form that has the applicant's and the Medical Authority's signatures **MUST** be filed along with the copy of the ADOR 82514 Affidavit of Individual Tax Exemption form with the County Assessor of the county in which the applicant's property is located no later than the last business day in February. If this form and the ADOR 82514 are mailed to the County Assessor, they must be postmarked on or before the last business day of February.

Applicant's Name: (Type or Print)	(Last, First and Initial)			
Street Address:				
City, State, ZIP Code:				
Email Address	Date of Birth:	Marital Status:	Single	Married
Applicant's Signature:	Date Signed:			

Exemption for a Person with a Total and Permanent Disability

Pursuant to A.R.S. § 42-11111(N)(1) "Competent Medical Authority" means any of the following:

- (a) An individual licensed under Title 32, Chapter 8, 13, 14, 17, 19.1, 25, or 29 or comparable law of another state.
- (b) A registered nurse practitioner as defined in Section 32-1601.
- (c) The United States Department of Veterans Affairs, as evidenced by a disability award letter.

*Chiropractor, physician (allopath, homeopath, osteopath, naturopath), physician assistant, psychologist

Pursuant to A.R.S. § 42-11111(N)(4) "Person with a total and permanent disability" means:

A person who is unable to engage in any substantial gainful activity, for pay or profit, by reason of any physical or mental impairment that is expected to last for a continuous period of at least twelve months or result in death within twelve months as certified by a competent medical authority.

MEDICAL CERTIFICATION FOR A PERSON WITH A TOTAL PERMANENT DISABILITY

THE FOLLOWING IS TO BE COMPLETED BY THE EXAMINING MEDICAL AUTHORITY:

I hereby certify the applicant's condition as stated below:

The above-named applicant is unable to engage in any substantial gainful activity and therefore is considered to be totally and permanently disabled as defined above. YES NO

Type or Print

Medical Authority's Name

Business Address

City, State, ZIP Code

Phone Number

Medical Authority's Signature

Date

COUNTY ASSESSORS

01. Apache County Assessor 75 W. Cleveland Street St. Johns, AZ 85936 (928) 337-7624	09. Navajo County Assessor 100 Code Talkers Drive Holbrook, AZ 86025 (928) 524-4086
02. Cochise County Assessor 1415 W. Melody Lane, #B Bisbee, AZ 85603 (520) 432-8650	10. Pima County Assessor 240 N. Stone Avenue Tucson, AZ 85701 (520) 724-8630
03. Coconino County Assessor 110 East Cherry Avenue Flagstaff, AZ 86001 (928) 679-7962	11. Pinal County Assessor 31 N. Pinal St. #E Florence, AZ 85132 (520) 866-6361
04. Gila County Assessor 1400 E. Ash Street Globe, AZ 85501 (928) 402-8714	12. Santa Cruz County Assessor 2150 N. Congress Drive Suite 102 Nogales, AZ 85621 (520) 375-8030
05. Graham County Assessor 921 Thatcher Boulevard Safford, AZ 85546 (928) 428-2828	13. Yavapai County Assessor 1015 Fair Street Prescott, AZ 86305 (928) 771-3220
06. Greenlee County Assessor PO Box 777 Clifton, AZ 85533 (928) 865-5302	14. Yuma County Assessor 2550 S. 4th Avenue Yuma, AZ 85364 (928) 373-6040
07. Maricopa County Assessor 301 West Jefferson St. Phoenix, AZ 85003 (602) 506-3406	15. La Paz County Assessor 1112 Joshua Avenue Suite #204 Parker, AZ 85344 (928) 669-6165
08. Mohave County Assessor 700 W. Beale Street Kingman, AZ 86401 (928) 753-0703	