



Grayson Central Appraisal District

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DISABLED HOMESTEAD QUALIFICATIONS

* INDICATES A REQUIRED FIELD

Property ID#: _____ Site Address: _____

For purposes of gaining a Residential Homestead Disability Exemption benefit as provided by the Texas Property Tax Code section 11.13 (c) and individual owner of property must meet the following definition of disabled:

Texas Property Tax Code, Section 11.13(L)(1) defines “disability” as being under a disability for purposes of payment of disability insurance benefits under the Federal Old-Age, Survivors, and Disability Insurance.

Federal Old-Age, Survivors, and Disability Insurance payments are administered through the Social Security Commission according to the Social Security Act.

The Social Security Act, Title II, Section 223 (d)(1)(a) defines “disability” as 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.

The Social Security Act, Title II, Section 223 (d)(2)(a) declares that an individual shall be determined to be under a disability only if his physical or mental impairments are of such severity that he is not only unable to do his previous work but cannot, considering his age, education, and work experience, engage in any other kind of substantial gainful work which exists in the national economy, regardless of whether such work exists in the immediate area or is available.

The Social Security Act, Title II, Section 223 (d)(3) defines” physical or mental impairment” as an impairment that results from anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.

I, _____,
*(PHYSICIAN’S NAME, ADDRESS, PHONE NUMBER)

do attest that the individual named herein as, _____, does meet the
*(PATIENT’S NAME)

above definition of disability, and such disability became effective on _____.
*(DATE)

*(PHYSICIAN’S SIGNATURE)

*(DATE)