

MEDICAL STATEMENT
FOR DISABLED PERSONS

Date:_____

Patients Name:_____

Please describe briefly the nature and extent of the patients disability. Also, it is important to specify whether or not the disability is permanent.

I hereby certify that the above mentioned patient is disabled and may qualify for tax relief.

Physician's Signature

Physician's Name (Please Print)

Office Address:_____

City, State, Zip Code:_____

Phone Number:_____

ASSETS

(Assets are those items that you own even if you are still making payments.)

<u>Items</u>	<u>Value</u>
House	\$ _____
Other Properties (List location of any land or buildings you own below)	\$ _____
Motor Vehicles: (List year & make)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Balance in Accounts:	
Checking	\$ _____
Savings	\$ _____
Bonds	\$ _____
Monthly Income (Include gross income for all people living in home)	\$ _____

LIABILITIES

(Liabilities are things that you owe money for.)

<u>Items</u>	<u>Monthly Payment</u>
House	\$ _____
Motor Vehicles	\$ _____
Credit Cards	\$ _____
Utilities	\$ _____
Household Items (food, gas, clothing, etc.)	\$ _____
Other Loans	\$ _____
Insurance (home, car, medical, etc.)	\$ _____
Stocks or	
Other (List any other debts you may have and state type of debt.)	\$ _____

Additional Information:

Number of people living in the home at this time _____

If you have transferred any assets to someone else or to a Trust in the preceding three years, attach a statement explaining the details of the transfer.

In order to qualify for the Abatement exemption under an extreme hardship you must provide a letter addressed to the Weber County Commission explaining the nature of the hardship. An outline has been provided for that letter on the back of this document.

