

2023 KANSAS CERTIFICATE OF DISABILITY





If you are claiming homestead benefits because of disability, this form must be completed by a duly licensed physician and enclosed with your Homestead Claim, Form K-40H. Instead of this schedule, you may enclose a copy of your Social Security certification of disability letter that shows you are receiving benefits based upon a total and permanent disability which prevented you from being engaged in any substantial gainful activity during the entire calendar year of 2023. You must enclose a copy of your original Veterans Disability Statement or letter with all required information, including your disability date and percentage of permanent disability, from the V.A. when claiming a Disabled Veterans disability for homestead and SVR. Annual income derived from any substantial gainful activity during 2023 must not exceed the limits set by the Social Security Administration for 2023: \$17,640 if the impairment is other than blindness; \$29,520 if the individual is blind.

NAME OF PERSON EXAMINED			
SOCIAL SECURITY NUMBER			
ADDRESS			
	Street or RR (Include	e apartment number or lot number)	
City		State	Zip Code
Does the individual qualify as har of any medically determinable p			
for the entire year of 2023?	☐ YES	□ NO	
2. Nature of disability			
3. When was the condition original	ly diagnosed?		
	CERTIFICATION	OF PHYSICIAN	
I,and mental condition of the above na	amed individual.	, certify that I have pe	rsonally examined the physical
I declare under the penalties of perjui	ry that to the best of my know	wledge and belief, this is a true,	correct and complete statement.
SIGNATURE OF PHYSICIAN			
PHYSICIAN'S NAME			
	Please typ	pe or print	
BUSINESS ADDRESS	Street	or RR	
City		State	Zip Code
PHONE		DATE	