

# DIS

## 2025 KANSAS CERTIFICATE OF DISABILITY

DIS  
Attach  
130325



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 2025. 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 2025 must not exceed the limits set by the Social Security Administration for 2025: \$19,440 if the impairment is other than blindness; \$32,400 if the individual is blind.

NAME OF PERSON EXAMINED \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street or RR (Include apartment number or lot number)

City

State

Zip Code

1. Does the individual qualify as having a disability preventing them from engaging in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death and/or has lasted for the entire year of 2025?

☐ YES

☐ NO

2. Nature of disability \_\_\_\_\_

3. When was the condition originally diagnosed? \_\_\_\_\_

### CERTIFICATION OF PHYSICIAN

I, \_\_\_\_\_, certify that I have personally examined the physical and mental condition of the above named individual.

I declare under the penalties of perjury that to the best of my knowledge and belief, this is a true, correct and complete statement.

SIGNATURE OF PHYSICIAN \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_

Please type or print

BUSINESS ADDRESS \_\_\_\_\_

Street or RR

City

State

Zip Code

PHONE \_\_\_\_\_ DATE \_\_\_\_\_