



Habersham County Board of Tax Assessors
130 Jacobs Way, Suite 201, Clarkesville, GA 30523
706-839-0100 Fax: 706-754-8079
www.habershamga.com

**Homestead Exemption
Physician's Disability Certification**

Claimant's Name: _____

Address: _____

Map/Parcel: _____ Phone #: _____

This is to certify that in my opinion _____ is mentally or
Patient Name
physically incapacitated to the extent that he/she is unable to be gainfully employed and that such incapacity is
likely to be permanent.

I further certify that I am licensed to practice medicine under Chapter 34 of Title 43 of the O.C.G.A., relative to
medical practitioners, as now or hereafter amended.

I understand that a representative from the Habersham County Assessors Office may contact my office to verify
this information.

Doctor's Name (Please Print)

Doctor's Signature

Office Address

Office Phone Number

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____ SEAL