

LOUDOUN COUNTY TAX RELIEF AFFIDAVIT OF DISABILITY

Robert S. Wertz, Jr.
Commissioner of the Revenue
1 Harrison Street, S.E., 1st Floor
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Leesburg, VA 20177-9804
703-737-8557
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I, _____, M.D.,
Licensed Practitioner Name

do solemnly swear and on my oath do state that I am licensed to practice medicine in the Commonwealth of Virginia, or am a Military Officer on active duty who practices medicine with the United States Armed Forces, and that I have either physically examined or reviewed the medical records contained in the records of the Civil Service Commission of _____,

Patient / Applicant Name

and I find him/her to be permanently and totally disabled which, as defined by State and Loudoun County Code, is a person who is "unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or deformity which can be expected to result in death or can be expected to last for the duration of such person's life."

Date disability began: _____

I certify that the statements contained in this affidavit are true and correct.

Doctor's Signature

Address of Practice

Date Signed

Telephone

STATE OF VIRGINIA, COUNTY OF LOUDOUN, to Wit:

I hereby certify that _____, M.D. personally appeared before me in my County and State aforesaid who being first duly sworn by me acknowledged the signature to the foregoing affidavit to be his/her own and affirmed the said statements are true and correct.

Subscribed and sworn before me, the undersigned Notary Public in the County and State aforesaid the _____ day of _____, _____.

Notary Public

My commission expires