



CAMERON APPRAISAL DISTRICT

P.O. Box 1010 • 2021 Amistad Dr.
San Benito, Texas 78586
Phone: (956) 399-9322
Fax: (956) 399-6969
Email: public@cameroncad.org

SOCIAL SECURITY DISABILITY VERIFICATION FORM

FOR THE PURPOSE OF DISABILITY EXEMPTION “DISABLED” MEANS EITHER (1) YOU CANNOT ENGAGE IN GAINFUL WORK BECAUSE OF PHYSICAL OR MENTAL DISABILITY OR (2) YOU ARE 55 YEARS OLD AND BLIND AND CANNOT ENGAGE IN YOUR PREVIOUS WORK BECAUSE OF YOUR BLINDNESS: OR IF YOU RECEIVE DISABILITY BENEFITS UNDER THE FEDERAL OLD AGE, SURVIVORS AND DISABILITY INSURANCE PROGRAM ADMINISTERED BY THE SOCIAL SECURITY ADMINISTRATION.

ACCOUNT# _____

LEGAL DESC: _____

NAME: _____

ADDRESS: _____

THIS IS TO CERTIFY THAT THE ABOVE MENTIONED INDIVIDUAL FALLS UNDER THE “DISABLED” QUALIFICATIONS AS OF:

DATE OF ONSET: _____
(Month/Year)

SOCIAL SECURITY ADMINISTRATION

REPRESENTATIVE SIGNATURE: _____

PHONE: _____ **TITLE:** _____

DATE: _____

OFFICE STAMP: