

# Certification of Disability for Homestead Exemption

- The disability must have occurred on or before January 1 of the application year.
- Attach this form to the Nebraska Homestead Exemption Application Form 458, and Nebraska Form 458 Schedule I.
- See instructions on reverse side.

FORM  
**458B**

Applicant's Name		County
Address		Social Security Number
City	State	Zip Code

I hereby authorize this medical practitioner or Deputy Director of Department of Health and Human Services (DHHS) to disclose any of the medical information necessary for compliance with the Nebraska homestead exemption laws to the \_\_\_\_\_ County Assessor and the Nebraska Department of Revenue.

**sign  
here**

Signature of Applicant (required)

Date

## To be Completed by a Qualified Licensed Medical Practitioner (Categories 2 and 3) or the Deputy Director of DHHS (Category 6).

### Disability Certification for Qualified Veterans (Homestead Exemption Category 2)

- a**  Veteran totally disabled due to non-service connected **illness**.  
Service Dates: Beginning \_\_\_\_\_ (month/day/year), Ending \_\_\_\_\_ (month/day/year)
- b**  Veteran totally disabled due to non-service connected **accident**.  
Service Dates: Beginning \_\_\_\_\_ (month/day/year), Ending \_\_\_\_\_ (month/day/year)

### Disability Certification for Qualified Individuals (Homestead Exemption Category 3)

- c**  Individual with a permanent physical disability who has lost all mobility that precludes locomotion without the use of a mechanical aid or prosthesis.
- d**  Individual with a permanent partial disability of both arms in excess of 75%.
- e**  Individual who has undergone amputation of both arms above the elbow.
- f**  This applicant does NOT meet any of the exemptions listed above.

I hereby certify that I have examined the applicant named above, and to the best of my knowledge and belief, he or she has the disability described and indicated above; or line f is true as indicated.

**sign  
here**

Signature of Qualified Licensed Medical Practitioner

National Provider Identifier (NPI) Number

Date

Printed Name of Qualified Licensed Medical Practitioner

Phone Number

Address

City

State

Zip Code

### Developmental Disability Certification for Qualified Individuals (Homestead Exemption Category 6) To Be Completed by DHHS Only

- g**  Individual who has a developmental disability.
- h**  This applicant does NOT qualify as an individual with a developmental disability.
- i**  This applicant has not applied for services with DHHS.

I hereby certify that I have determined that the applicant named above is eligible for developmental disabilities services and has a developmental disability as defined in Neb. Rev. Stat. § 83-1205 indicated above; or line h or i, is true as indicated.

**sign  
here**

Signature of Deputy Director, Division of Developmental Disabilities, Department of Health and Human Services (DHHS)

Date

Printed Name of Deputy Director, Division of Developmental Disabilities, DHHS

Phone Number

**Contact the county assessor for any questions regarding this form.  
Retain a copy for the applicant's records.**

# Instructions

## **Definitions.**

**Developmental Disability.** Developmental disability is defined in Neb. Rev. Stat. § 83-1205.

**Mechanical aid.** A mechanical aid is a device or apparatus such as a brace, crutch, cane, walker, or wheelchair.

**Prosthesis.** A prosthesis is a device that permanently or temporarily replaces a missing part or a non-functioning part of the human body.

**Qualified medical practitioner.** A qualified medical practitioner is a physician, physician assistant (PA), or advanced practice registered nurse (APRN).

## **Who May File.**

- Any wartime veteran, discharged or otherwise separated with a characterization of honorable or general discharge (under honorable conditions), and who on January 1 is totally disabled by a non-service-connected illness or accident as described in lines **a** or **b**; or
- Any individual who on January 1 meets any of the disability requirements described in lines **c**, **d**, or **e**; or
- Any individual who on January 1 has a developmental disability described in line **g**.

**When and Where to File.** A signed Certificate of Disability, Form 458B, not a copy, must be attached to the Nebraska Homestead Exemption Application, Form 458, and the Nebraska Form 458, Schedule I, and filed after February 1 and on or before June 30 with the county assessor.

**Signature.** This form must be signed by both the applicant and a qualified medical practitioner as defined above; or, if the applicant has a developmental disability, this form must be signed by the applicant and the Deputy Director of the Division of Developmental Disabilities, Department of Health and Human Services at PO Box 98947, Lincoln, NE 68509-8947. This form must be signed by the applicant to authorize the disclosure of health information to the county assessor and the Nebraska Department of Revenue. The signature must include the National Provider Identification (NPI) number issued to the qualified medical practitioner; if this form is signed by a PA, use the NPI of the physician.