

Physician's Certification for Late Homestead Exemption Filing

• Attach this form to Nebraska Homestead Exemption Application, Form 458.

FORM
458L

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

I hereby authorize the medical practitioner 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 or Applicant's Representative (required)

Date

Please check the boxes that are applicable, complete the application year, and provide the required description.

1 The applicant's medical condition required inpatient care in a hospital, hospice, or residential care facility. This medical condition impaired the applicant's ability to file an application between February 1 and June 30, 20____.

Description of disease, physical ailment, or injury: _____

2 The applicant's medical condition involved a period of incapacitation. This medical condition impaired the applicant's ability to file an application between February 1 and June 30, 20____.

Description of medical condition: _____

3 The applicant's medical condition does not meet the criteria in Selection 1 or Selection 2.

I hereby certify that I have examined the above-named applicant and to the best of my knowledge and belief attest the above is true and correct.

**sign
here**

Signature of Qualified Licensed Medical Practitioner (required)

Date

Printed Name of Qualified Licensed Medical Practitioner

Phone Number

Address

City

State

ZIP Code

Instructions

Who May File. A homestead exemption applicant may file a late application (after June 30 of the homestead application year) if this form is completed with either Box 1 or Box 2 checked. This form must document an applicant's medical condition that impaired the ability of the applicant to file the application in a timely manner after February 1 and on or before June 30 of the homestead application year. The year and description of the medical condition must be completed by a qualified licensed medical practitioner or the application will be denied.

Signature of Qualified Licensed Medical Practitioner. A qualified licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN) is required to sign and date this form. If the signature and date are not completed, the application will be denied.

Signature of Applicant. The applicant is required to sign and date the form. If the applicant does not sign and date the form, the application will be denied.

When and Where to File. This form must be attached to the Nebraska Homestead Exemption Application, Form 458, and filed with the county assessor on or before June 30 of the year following the homestead application year.