

Physician's Certification for Late Homestead Exemption Filing

• Attach this form to Nebraska Homestead Exemption Application

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

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

Description of disease, physical ailment, or injury: _____

Name of facility: _____

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

Name of medical condition: _____

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 Medical Practitioner

Date

Printed Name of Qualified Medical Practitioner

Telephone Number

INSTRUCTIONS

WHO MAY FILE. Any owner/occupant of a homestead may file a late application (after June 30) for exemption if he or she includes documentation (this Form 458L) of a medical condition which impaired the ability of the owner/occupant to file the application in a timely manner between February 1 and June 30.

WHEN AND WHERE TO FILE. This form is to be attached to the Nebraska Homestead Exemption Application, Form 458, and filed with the county assessor on or before May 1 (the date on which the first half of the real estate taxes levied on the property for the current year become delinquent). However, if you are an applicant that resides in Douglas, Lancaster, or Sarpy County, the due date is April 1.

SIGNATURE. This form must be signed by a legally qualified physician, physician's assistant, or advanced practice registered nurse.