

KEY PROGRAM VERIFICATION OF DISABILITY

Applicant: _____

Project Name: _____ Location _____

The person named above is a tenant/applicant for a dwelling unit in the above referenced project where their rent will be assisted by the Key Program. For the purpose of qualifying for Key Program assistance the tenant must have a disability as defined by the Social Security Act. (42 U.S.C. 416).

An individual age 18 and older is "disabled" if he or she has:

- 1) a medically determinable physical or mental impairment,
- 2) which: results in the inability to do any substantial gainful activity; and
 - can be expected to result in death; or
 - has lasted or can be expected to last for a continuous period of not less than 12 months.

The term substantial gainful activity describes a level of work activity that is both substantial and gainful. Substantial work activity involves performance of significant physical or mental duties, or a combination of both, which are productive in nature. For activity to be substantial it need not necessarily be performed on a full-time basis; work activity performed on a part-time basis may also be substantial.

The information requested will be kept in strictest confidence. Thank you for your cooperation in completing this form as soon as possible.

Applicant Authorization	
I authorize _____ to verify that I meet eligibility (Name of Qualified Professional)	
requirements for this assistance.	
_____	_____
Tenant/Applicant	Date

CONFIDENTIAL INFORMATION :

In my opinion, the above referenced tenant/applicant _____ is, _____ is not (CHECK ONE) disabled as defined above.

Signature of Qualified Professional _____

Print name and Title _____

Date _____ Telephone _____