

DISABILITY VERIFICATION

The individual named below is an applicant/resident of a housing program that requires verification of disability. All information will remain confidential and used only to determine eligibility. Please complete and return promptly.

DATE: _____

PROVIDER NAME: _____

EMAIL: _____

PHONE: _____ FAX: _____

DEVELOPMENT NAME: _____

EMAIL: _____

PHONE: _____ FAX: _____

RELEASE STATEMENT FOR APPLICANT/RESIDENT I hereby authorize the above-named management agent to make inquiries regarding release of information for the purpose of determining my eligibility for occupancy.

PRINTED NAME: _____

SIGNATURE: _____

Accommodation/Modification Requested:

- Live-in Aide
- Service Animal: _____ Companion Animal: _____
- Accommodation: _____ Unit Modification: _____

The following is to be completed by provider representative
Please fill in ALL blanks. Enter N/A if an item is not applicable to the above individual.
(Note: Information provided may require additional documentation)

HUD DEFINITION OF DISABLED

Federal law defines a person with a disability to include any individual with a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

In general, a physical or mental impairment includes, but is not limited to, example of conditions such as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, human immunodeficiency virus (HIV), developmental disabilities, mental illness, drug addiction, and alcoholism. In general, the definition of "person with a disability" does not include current users of illegal controlled substances, but does provide protection for individuals with drug or alcohol addiction. [24 CFR Part 8.3].

INFORMATION REQUESTED

Is the household member disabled as defined above? Yes No

In your professional opinion, does the household member need the requested accommodation/modification listed above in order to have the same opportunity that a non-disabled individual has to use and enjoy their residence? Yes No

AUTHORIZED REPRESENTATIVE:

I certify that the above information is true and correct to the best of my knowledge.

Signature/Title: _____

Date: _____

Printed Name: _____

Direct Phone: _____

Organization Name: _____

Email: _____

