



## Verification of Disability Form

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VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION OR QUALIFICATION FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY.

### Applicant Information

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

### Information Being Requested

For each numbered item below, check the applicable box that accurately describes the person listed above.

1.  YES  NO      Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
2.  YES  NO      Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - b. Is manifested before the person attains age 22;
  - c. Is likely to continue indefinitely;
  - d. Results in substantial functional limitation in three or more of the following areas of major life activity;
    - 1. Self-care,
    - 2. Receptive and expressive language,
    - 3. Learning,
    - 4. Mobility,
    - 5. Self-direction,



- 6. Capacity for independent living, and
- 7. Economic self-sufficiency; and
- e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

3. \_\_\_ YES \_\_\_ NO

Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

4. \_\_\_ YES \_\_\_ NO

Is a person whose sole impairment is alcoholism or drug addiction.

**Person Supplying This Information**

\_\_\_\_\_  
NAME AND TITLE OF PERSON SUPPLYING THE INFORMATION

\_\_\_\_\_  
ORGANIZATION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Applicant Release**

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Note to Applicant: You do not have to sign this form if the organization supplying the information is left blank.