

DISABILITY VERIFICATION FORM

Head of Household _____

Address: _____

SECTION A: CERTIFICATION OF DISABILITY

The HUD definition of a person with a disability is used for purposes of receiving the \$400 disabled household deduction, the \$480 dependent allowance, the allowance for medical expenses, and/or the allowance for disability assistance expenses.

Under the HUD rules, persons are considered "disabled" if:

1. They meet the Social Security Administration definition of a person with disabilities
2. They have a physical, mental, emotional impairment that:
 - is expected to be of long-continued and indefinite duration
 - substantially impedes his or her ability to live independently
 - is of such a nature that the ability to live independently could be improved by more suitable housing conditions

OR

3. Pursuant to the Developmental Disabilities Assistance and Bill of Rights Act of 2000, they have a severe, chronic disability that:

- is attributable to a mental or physical impairment or combination of mental and physical impairments;
- is manifested before the individual attains age 22;
- is likely to continue indefinitely;
- results in substantial functional limitations in 3 or more of the following areas of major life activity:
 - i. self-care
 - ii. Receptive and expressive language
 - iii. Learning
 - iv. Mobility
 - v. Self-direction
 - vi. Capacity for independent living
 - vii. Economic self-sufficiency
 - viii. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

Note: Persons with AIDS or related conditions are not excluded from this definition. This definition does *not* include a disability based solely on alcohol or drug dependence.

SECTION B: CERTIFICATION

Does the above named individual meet the definition of disabled? Yes No

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

Name: _____ Title: _____

Signature: _____ Date: _____ Telephone Number: _____

License Number: _____ Agency Name: _____