



Verification of Disability

To be eligible for specific housing projects an individual must meet certain disability criteria (outlined below). This form serves as proof of disability. For a person receiving disability benefits from the Social Security Administration (SSA) or Veterans Administration (VA), benefit documentation can also serve as proof of disability. Additional verification beyond benefits documentation may be required to determine eligibility for specific projects.

Name of Housing Applicant: _____

An individual with a disability is a person who has:

- i. A disability as defined in Section 223 of the Social Security Act. This is an inability to engage in any substantial activity by reason of any medically determinable physical or mental impairment, which can be expected to last for a continuous period or not less than 12 months, OR
- ii. A physical, mental or emotional impairment that is expected to be of long-continued and indefinite duration; substantially impedes his/her/their ability to live independently; and is of such a nature that ability to live independently could be improved by more suitable housing conditions, OR
- iii. A developmental disability as defined by section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act.

Based on the above definition(s), it is my opinion that the individual indicated above:

_____ is disabled _____ is not disabled

The above housing applicant meets one or more of the following Disabling Conditions, defined by HUD:

- A diagnosable substance abuse disorder
- A serious mental illness
- A developmental disability
- A chronic physical illness or disability, including the co-occurrence of two or more of these conditions

I certify that the above information is true and correct. WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

Qualifying Evaluator's Name (Please Print)

Title* & Agency/Organization

Signature

Date

Phone

*See the second page of the form for a list of persons qualified to provide this verification.

Qualifications to fill out the Verification of Disability Form:

Certified Alcohol and Drug Counselor Level 1, 2, and 3 Doctor of Chiropractic Medicine Doctor of Osteopathic Medicine Licensed Clinical Social Worker Licensed Nurse Practitioner Psychiatric Mental Health Nurse Practitioner	Certified Nursing Specialist Family Nurse Practitioner Medical Doctor Physicians Assistant Qualified Mental Health Professional
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