

DISABILITY STATUS CERTIFICATION

Property Name: _____ Unit: _____

Applicant Name: _____

A number of units at this property have been set aside for persons with disabilities. "Disability" is defined as **a physical or mental impairment that substantially limits one or more of the major life activities of an individual, such as not being able to care for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, or learning.**

Applicant:

Please check one of the boxes below.

YES - I or one of my household members is a person with a disability (as defined above).

Name of qualifying household member: _____

NO - Neither I nor any of my household members is a person with a disability (as defined above).

N/A - I choose not to disclose.

Signature of Applicant

Date

Property Manager:

If applicant checked "YES", obtain a completed copy of the Commission's *Disability Verification* form or written verification from the applicant's physician, relative, social worker, or caregiver. The verification should confirm that the applicant/household member is a person with a disability (as defined above). The verification must not describe the nature of the disability.