Disability Verification Instruction

**Purpose:** To provide acceptable verification of disability to meet the requirements of the Commission’s Disabled Housing Commitment.

**Special Mention:**

- The Commission will also accept a Benefit Statement from SSI as verification of disability if a “D” or “DC” follows the Social Security number.

**Specific Instructions:**

1. Enter property name and unit number.
2. Print resident’s name.
3. Enter name of qualifying disabled household member.

**Note:** The bottom portion should be completed by an appropriate third-party. Site staff cannot complete this form.
DISABILITY VERIFICATION

Property Name: (1) _______________________________  Unit: (1) _______________________________

Applicant/Resident Name: (2) _______________________________

Name of Qualifying Household Member: (3) _______________________________

The above-referenced property rents units under programs administered by the Washington State Housing Finance Commission. Under these programs, the Owner has agreed to provide some of the units for persons with disabilities as defined below.

We are required to complete the verification process within certain time frames, and your prompt attention to this matter will be greatly appreciated.

“DISABILITY” means:

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.

I certify that the above referenced applicant falls within this Disability definition.

I certify this information as the the applicant’s (please check the appropriate box):

☐ Physician
☐ Relative
☐ Social Worker
☐ Caregiver
☐ Other _______________________________

______________  ________________  ________________
Signature  Title  Date

______________  ________________
Print Name  Phone #

* Site staff cannot complete this form.