

Disability Certification

Purpose: This form should be given to all households of properties with the Commission's Special-Needs Housing Commitments for Person(s) with Disabilities.

* Check your Regulatory Agreement (for TC only) to see if your property elected the Commission's Disabled Commitment.

General Information: This form to be completed only at *initial move-in*.

Specific Instructions:

1. Enter name of the property and unit number.
2. Enter household name.
3. Adult applicant checks the "Yes" or "No" box.
4. Adult applicant prints the name of the qualifying household member.
5. Adult applicant signs the Certification.
6. Adult applicant enters the date s/he signed the form.

DISABILITY CERTIFICATION

Property Name: (1) Unit: (1)

Applicant Name: (2)

A certain number of units at this property have been set-aside for households with a household member who falls within the following definition:

“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.

Do you or a member of your household fall within this definition?

(3) Yes* No

* Qualifying household member's name: (4)

(5)
Signature of Applicant

(6)
Date

* If “YES,” provide an executed copy of the *Disability Verification* or attach a written verification from the applicant's physician, relative, social worker, or caregiver. The verification should simply state that the applicant falls within the definition of being disabled.