



HOUSING CATALYST

Disability Verification

Third-party verification must be obtained from a knowledgeable professional identified by the family who is competent to make the determination. Suggestions might be a doctor or other medical professional, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability and able to provide verification of a disability. This form must be returned directly from the selected individual by fax: 970-221-0821 or email: info@housingcatalyst.com.

DATE: _____

TO: _____
Verification Source's Name

ADDRESS: _____
Verification Source's Address

ATTENTION: _____ / Fax # (970) 221-0821
Housing Assistance Coordinator

SUBJECT: Verification of Disability

HOUSEHOLD MEMBER'S NAME: _____

ADDRESS: _____

The household member named above has applied for or is receiving federal rental assistance at our site. We are required to verify the household member qualifies as "disabled" under federal law and requires what he or she has requested.

We would appreciate your cooperation in answering the questions on this form and returning it to the housing specialist listed above.

HOUSEHOLD MEMBER RELEASE

TO: Household Member

You do not have to sign this form if the name or address of either the housing coordinator or the verification source is left blank.

RELEASE: I hereby authorize the release of the requested information.

Signature

Date



INFORMATION REQUESTED

- Is the household member disabled, (as defined below)? Yes No

A person is considered "Disabled" if he/she meets one or more of the following definitions:

- (a) Section 223 of the Social Security Act defines disability as: "Inability to engage in any substantial, gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 22 months", or "In the case of an individual who attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time"
- (b) Section 102(7) of the Developmental Disabilities Assistance Bill of Rights Act (42 U.S.C. 6001 (7)) defines developmental disability in functional terms as: "Severe chronic disability that: (a) is attributable to a mental or physical impairment or combination of mental and physical impairments; (b) is manifested before the person attains age 22; (c) is likely to continue indefinitely; (d) results in substantial functional limitation in three or more of the following areas of major life activity: (1) self-care, (2) receptive and responsive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, and (7) economic self sufficiency; and (e) reflects the person's need for a combination and sequence, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated."
- (c) Has a physical, mental, or emotional impairment that: (1) Is expected to be of long-continued and indefinite duration, (2) substantially impedes his/her ability to live independently, and (3) is of such a nature that ability to live independently could be improved by more suitable housing conditions.

For purposes of qualifying for low-income housing, the definition does not include a disability based solely on any drug or alcohol dependence.

Comments:

Name & Title (of Verification Source, please print)

Firm/Organization

Signature

Date