

Disability Status Certification Instruction

Purpose: This form is required to be completed by each household at move in at properties with the Commission's Special-Needs Housing Commitment for Person(s) with Disabilities.

Check your Regulatory Agreement to see if your property elected the Commission's Person(s) with Disabilities Commitment.

General Information: This form is to be completed only at *initial move-in*. One form per household completed by one adult household member.

Specific Instructions:

1. Enter name of the property and unit number.
2. Enter household name.
3. Adult applicant checks the applicable box "Yes" or "No" or "N/A"
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 STATUS CERTIFICATION

(Only one form per household at Move-In)

Property Name: (1) Unit: (1)

Applicant Name: (2)

Several 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:

(3) Please check one of the boxes below.

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

(4) 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.

(5)
Signature of Applicant

(6)
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.