

Disability Verification

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. On-site personnel may *not* complete this form unless permission is obtained from their Portfolio Analyst for a *specific* applicant/resident.

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 #