

DISABILITY CERTIFICATION

(02/19)

Property Name	Unit Number
Applicant/Resident Name	
Name of Qualifying Household Member*	

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 more of the major life activities of an individuals, 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? ☐ Yes* ☐ No

Signature of Applicant	Date
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*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.