

DISABILITY VERIFICATION

(02/19)

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

The above-referenced property rents units under programs administered by the North Dakota Housing Finance Agency. 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 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.

I certify that the above referenced applicant falls within the above Disability definition.

I certify this information as the applicant's (please check the appropriate box):

- ☐ Physician
- ☐ Relative
- ☐ Social Worker
- ☐ Caregiver
- ☐ Other _____

Printed Name	Title	Telephone Number
Signature		Date