Per the U.S. Department of Housing and Urban Development’s (HUD) March 31, 2020 waiver of certain regulatory requirements issued to help prevent the spread of COVID-19, to mitigate economic impacts caused by COVID-19 and to assist households with observed disabilities to be housed quickly I, (agency personnel) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will verify my observation of disability status for the following:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_XXX-XX-\_\_\_\_\_\_\_\_\_\_\_

**(Print) Disabled Household Member Relationship to Head/Applicant SSN (last 4 digits)**

I understand that this information is to help me qualify for appropriate housing and supportive services. By signing below I authorize the release of this information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Signature Date**

**The above named person has applied for housing under a U.S. Department of Housing and Urban Development (HUD) program that requires verification of a disability under the applicable HUD definition. Please indicate which condition(s) you believe this person to have.**

* **1. A condition that:**
* Is expected to be long-continuing or of indefinite duration; **AND**
* Substantially impeded the person’s ability to live independently; **AND**
* Could be improved by the provision of more suitable housing conditions; **AND**
* Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury.
* **2. A developmental disability (as defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000 (42 USC 15002)). Which means a severe, chronic disability of an individual that:**
* Is attributable to a mental or physical impairment or combination of mental and physical impairments; **AND**
* Is manifested before the individual attains age 22; **AND**
* Is likely to continue indefinitely; **AND**
* Results in substantial functional limitations in three or more areas of major life activity; (a) Self-care; (b) Receptive and expressive language; (c) Learning; (d) Mobility; (e) Self-direction; (f) Capacity for independent living; (g) Economic self-sufficiency; **AND**
* Reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, or individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. **OR**
* An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described above if the individual, without services and supports has a high probability of meeting those criteria later in life.
* **3. The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiological agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).**
* **Is not considered disabled according to the above definitions.**

**Please Complete: THIS SECTION MUST BE COMPLETE TO BE VALID**

|  |  |
| --- | --- |
| Agency Personnel Signature & Date:  |  |
| Agency Name: |  |
| Office Address: |  |
| Email: |  |