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## CERTIFICATION OF DISABILITY FOR ELIGIBILITY PURPOSES

RE: _	:			
Name of Applicant/Resident			Social Security Number	
Ā	Address	City	State	Zip
Hous	uthorize the release of information, relative tusing Agency, to verify whether my handicap of be used to verify my eligibility, or will allow of	or disability is	covered by the definitio	ns below. This information
Signature:			Date:	
PLE#	EASE CHECK THE APPROPRIATE DEFINIT	TION:		
The o	e definition of a disabled person includes a pe	rson who me	ets any one of the follow	wing criteria:
	Has a physical, mental, or emotional impairment that:			
	<ol> <li>Is expected to be of long-continued and indefinite duration;</li> <li>Substantially impedes his or her ability to live independently, and;</li> <li>Is of such a nature that ability to live independently could be improved by more suitable housing conditions.</li> </ol>			
		- OR -		
	Has a disability as defined in Sec. 223 of	the Social Se	curity Act (42 U.S.C. 42	3):
	"Inability to engage in any substantial, ga or mental impairment which can be expe to last for a continuous period of not less	cted to result	in death or which has	

"In the case of an individual who has attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills or ability comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time."



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**NOTE:** Receipt of veteran's disability benefits does not automatically qualify a person as disabled, because the Veterans Administration and Social Security Administration define disabled persons differently. Applicants who meet Social Security's definition of a disabled person are considered disabled even if they do not receive social security benefits.

- OR -

Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(7)):

"Severe chronic disability that: (a) is attributable to a mental or physical impairment or combination of mental and physical impairments; (b) is manifested before the person attains age 22; (c) is likely to continue indefinitely; (d) results in substantial functional limitation in three or more of the following areas of major life activity: (1) self-care, (2) receptive and responsive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, and (7) economic self-sufficiency; and (e) reflects the person's needs for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated."

## CERTIFICATION OF DISABILITY

In my professional opinion, the applicant/resident (please circle one) DOES / DOES NOT meet the definition of a Disabled Person, as defined above. [Please check the appropriate definition.]

Signature

Date

Printed Name

Phone Number

Address

City

State

Zip

## PENALTIES FOR MISUSING THIS CONSENT:

Title 19, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, (or any employee of HUD, or Homes for Good) and may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or Homes for Good responsible for the unauthorized disclosure or improper use.