

## Disability Verification

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

I have applied or I am currently a resident at the above noted Apartment Community. Special consideration is authorized by law to a person or family of a person who is disabled. For the purpose of qualifying for the special consideration, either the head of household or spouse must have a disability which (1) have a physical or mental impairment that substantially limits one or more major life activities; "major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working; (2) have a record of such an impairment; "has record of such an impairment" means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities; or, (3) are regarded as having such an impairment; "is regarded as having an impairment" means: a) has a physical or mental impairment that does not substantially limit one or more major life activities but that is treated by a recipient as constituting such a limitation; b) has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of others toward such impairment; or c) has none of the impairments defined in paragraph (3) a) of this section but is treated by a recipient as having such an impairment.

It is of benefit to me to disclose and verify the existence of a disability. I would appreciate your cooperation in providing this verifying information to the above noted address. This information will be kept strictly confidential and used only for the purpose of classification and establishing eligibility for this particular Apartment Community.

Applicant/Resident Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\*\*\*\*\*

**Reply:**

**Please do not include information as to the name, nature or severity of the disability involved.**

In your professional opinion, the above referenced applicant/resident:

\_\_\_\_\_ Is \_\_\_\_\_ Is Not disabled for the purposes and definitions listed above.

\_\_\_\_\_ I am unable to provide such verification.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

\*\*\*\*\*

**Note: If this is a HUD Financed property Individual Consent Authorization (FAM form #H004B) must be attached.**