WHITE PLAINS HOUSING AUTHORITY

VERIFICATION OF DISABILITY

NAME:_____ ☐ Resident ☐ Applicant

SOCIAL SECURITY #_____

ADDRESS:_____

Basis for Claiming Disability:
The above-named person is applying for participation in a federally assisted housing program operated by the Housing Authority. To determine the applicant's eligibility, we must verify that he/she is disabled as defined by the U.S. Department of Housing and Urban Development (HUD). HUD regulations define disability as follows:

A. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairments which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months, or 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/she has previously engaged with some regularity and over a substantial period of time.

B. Servers chronic disability that:
   a. Is attributable to a mental or physical impairment of combination of mental and physical impairments;
   b. Is manifested before the person attains age 23;
   c. Likely to continue indefinitely;
   d. Results in substantial functional limitations 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, (7) economic self sufficiency;
   e. Reflects the person's need 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.

C. A person with a physical or mental impairment that
   a. Is expected to be of a long-continued and indefinite duration.
   b. Substantially impedes his/her ability to live independently, and
   c. Is of such a nature that such disability could be improved by more suitable housing conditions.

Housing Authority Representative _____ **Date** _____

I hereby authorize the release of any information pertaining to this request and would appreciate your completing and returning to the Housing Authority the following certification:

Applicant/Resident Signature _____ **Date** _____

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(To be completed by a physician)

Certification of Disability ( ) is ( ) is not disabled according to the HUD definition.

Applicable definition(s) ( ) A ( ) B ( ) C **Please describe:**_____

_____

Estimated length of disability period: _____

Person Certifying (Print Name): _____ **Occupation:** _____

_____
Signature **Professional Title (Stamp)** **Date**

TWO TWENTY THREE REV. DR. MARTIN LUTHER KING, JR. BLVD.
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