

Verification of Disability

RE: _____
Applicant/Resident Social Security Number

Name of Member Claiming Disability Social Security Number

TO WHOM IT MAY CONCERN:

The applicant/resident is applying for housing subsidized through the Department of Housing and Urban Development and/or the City of Boulder. Federal and local regulations require that all income, preferences, exemptions and other information related to disability must be third-party verified. Please complete this form as it applies to the above-named household member who is claiming preference or requesting an exemption. Be assured that your reply will be kept confidential. Please provide the requested information within the next 10 days. If you have any questions, please contact:

Property Management Telephone Number

RELEASE OF INFORMATION:

I hereby authorize the release of information requested below:

_____ Signature of Head of Household	_____ Date
_____ Signature of Family Member (If Adult)	_____ Date

This is to certify that, in my opinion, _____ is ☐ or is not ☐
(choose one) disabled to such an extent that one of the following applies to his/her condition:

- ☐ the person has a disability as defined in Section 223 of the Social Security Act of (42 U.S.C. 423);
- ☐ the person has a developmental disability as described by Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(7));' or
- ☐ the person has a physical, mental or emotional impairment that:
- Is expected to be of long continued and indefinite duration;
 - Substantially impedes his or her ability to live independently; and
 - Is of such a nature that ability to live independently could be improved by more suitable housing conditions.

Disability began on on/about _____

Signature of Professional Printed Name of Professional

Title of Professional License Number (if applicable)

Telephone Number Date

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation of any Department or Agency of the U.S. as to any matter within its jurisdiction.

