



Metropolitan Development and Housing Agency

Rental Assistance Department

620 Dew Street • Nashville, Tennessee 37206
Mailing Address: P O Box 846 Nashville, Tennessee 37202
Telephone (615) 252-6500 • TDD (615) 252-8599
www.nashville-mdha.org

Disability Verification

Re:

Basis for claiming disability: _____ (Insert A, and/or B, and/or C below)

The above named individual has either applied for or is currently receiving assistance under a housing program administered by MDHA. 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). The family has identified you as a person who can verify their basis for claiming disability.

Thank you in advance for your cooperation.

I hereby authorize the release of the requested information.

MDHA Representative

Date

Head of Household

Date

HUD regulations define disability as follows.

- A. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment 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. 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 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 ability could be improved by more suitable housing conditions.



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Please complete the following as applicable to the family member and return in the enclosed envelope.

Family Member: _____ [] 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

Date

Phone Number