

Disability Verification Form

Applicant's Full Name

____/____/____
Applicant's Date of Birth

The applicant listed above is applying for an apartment subsidized by the U.S. Department of Housing and Urban Development's Supportive Housing Program (SHP). SHP requires applicants to provide documentation of a disability that meets this definition:

- A. A disability as defined in [Section 223 of the Social Security Act \(42 U.S.C. 423\)](#);
- B. To be determined to have, pursuant to regulations issued by the Secretary, a physical, mental, or emotional impairment which:
 - 1. is expected to be of long-continued and indefinite duration,
 - 2. substantially impedes an individual's ability to live independently, and
 - 3. of a nature that could be improved by more suitable housing conditions (e.g., a substance abuse disorder *if* the person's impairment could be improved by more suitable housing conditions);
- C. A developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000; or
- D. The disease of acquired immunodeficiency syndrome (AIDS) or conditions arising from the etiologic agency for acquired immunodeficiency syndrome.

Documentation must be provided by a state licensed qualified source (medical services providers, certified substance abuse counselors, physicians or treating health care providers as stated in the Social Security Act (42 U.S.C. Section 423)).

Does the individual have AIDS or conditions arising from the etiologic agency for acquired immunodeficiency syndrome? *If so, you do not need to answer any further questions and you may sign and date the form.*

Yes No

Does the individual have a developmental disability? *If so, you do not need to answer any further questions and you may sign and date the form.*

Yes No

Applicant's physical, mental, or emotional impairment that meets the definition above:

Why is this impairment expected to be of long-continued or indefinite duration?

How does it impede the individual's ability to live independently?

How could the individual's ability to live independently be improved by more suitable housing conditions?

Signature of State-Licensed Qualified Source

____/____/____
Date