[INSERT AGENCY NAME]
VERIFICATION OF DISABILITY (Form D)

Date: Click here to enter a date.

To: Click here to enter text.
Click here to enter text.
Click here to enter text.
Click here to enter text.

From: Click here to enter text.
Click here to enter text.
Click here to enter text.
Click here to enter text.

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE.

APPLICANT INFORMATION

Name: Click here to enter text. **Date of Birth:** Click here to enter text.

SSN: Click here to enter text. **Contact phone or email:** Click here to enter text.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months, unless authorized by me on a separate consent attached to a copy of this consent.

_____ _____
Applicant Signature Date

Note to Applicant: You do not have to sign this form if either the requesting organization or organization supplying the information is left blank.

VERIFICATION OF DISABILITY

The Applicant named above has applied for housing assistance under a program that requires the program administrator to verify all information that is used in determining this person's eligibility or level of benefits. Please note that verification of disability must be completed by a qualified professional who is licensed by the state to diagnose and treat that condition.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The Applicant has consented to this release of information as shown above.

INFORMATION REQUESTED

(to be completed by the qualified professional)

What is the Applicant's diagnosed disability?

Click here to enter text.

For each numbered item below, mark an "X" in the applicable box that accurately describes the Applicant listed above.

1.	☐Yes ☐ No	Does the Applicant have a physical, mental, or emotional impairment (including an impairment caused by alcohol or drug abuse, posttraumatic stress disorder, or brain injury) that: • is expected to be of long-continued or indefinite duration, and • substantially impedes his or her ability to live independently, and • is of a nature that such ability could be improved by more suitable housing conditions?
2.	☐Yes ☐ No	Does the Applicant have a developmental disability? Developmental disability is defined as: • A severe, chronic disability of an individual that is: o Attributable to a mental or physical impairment or combination of mental and physical impairments; o Is manifested before the individual attains age 22; o Is likely to continue indefinitely; o Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency; and, o Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. *Note: An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria above if the individual, without services and supports, has a high probability of meeting those criteria later in life.*
3.	☐Yes ☐ No	Does the Applicant have Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV)

I certify that the Applicant named above has the condition(s) as documented above.

Click here to enter text. Click here to enter text.

Printed Name and Credentials of Qualified Professional **Certification/License Number**

Click here to enter text. Click here to enter text.

Signature **Date** **Phone Number**