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DISABILITY VERIFICATION

TO:		DATE:	APT. #:
		DEVELOPMENT NAME:	
		APPLICANT/RESIDENT:	
	TEL.#:		
FROM:			
	TEL.#:	FAX #:	

Special consideration in subsidized rental housing is authorized by law to individuals or families of individuals with a physical handicap or disability. For the purpose of qualifying for special consideration, the definitions for handicapped or disabled individual are:

- A handicapped person is one who has a physical impairment which is expected to be of long-continued and indefinite duration, substantially impedes the person's ability to live independently, and is of such a nature that such ability could be improved by suitable housing conditions.
- A disabled person is one who has an 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 which can be expected to last for a continuous period of not less than twelve months.

In order to comply with State and Federal regulations requesting verification of all income, assets, and allowances for recipients of rental subsidy, please complete the following information and return as soon as possible to the above address in the envelope provided. Thank you.

I hereby authorize release of any information requested by the property manager regarding my income, assets, and allowances.

Applicant/Resident Signature

TO BE COMPLETED BY THE APPLICANT'S PHYSICIAN:

□ YES □ NO

In my opinion, _____ definitions stated above.

Signature of Physician Verifying Information

Title

Telephone Number

does meet one or both of the

Date

OFFICE USE ONLY:



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