Certificate of Disability

«today»

Re: «community»
«full_name»
«address_line1»
«address_line2»
«city» «state» «zip» SS: «ssn»

I,_____ , (name of certifying physician) hereby certify to «mgmt_company», that «full_name» does/does not have a disability which conforms to the following definition (initial appropriate definition below):

A PERSON IS CONSIDERED DISABLED, IF: (1) the following Social Security disability definition is met, OR (2) the individual has a developmental disability as described in paragraph (b) or physical, mental or emotional impairment as described in paragraph (c).

_____ (a) Section 223 of the Social Security Act defines disability as:

"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 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 has previously engaged with some regularity and over a substantial period of time."

_____ (b) Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(7) defines developmental disability in functional terms as:

"Severe chronic disability that: (a) is attributable to 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 limitation 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; and (8) 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) Has a physical, mental or emotional impairment that:

(1) substantially impedes his or her ability to live independently, (2) is of such a nature that ability to live independently could be improved by more suitable housing conditions, and (3) is expected to be of long-continued and indefinite duration.

I certify this _____ of _____, _____

_____ _____
Signature Title

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

I hereby authorize the release of the requested information. (see attached)
Tenant Signature