COLORADO
Department of Local Affairs
Division of Housing

VERIFICATION OF DISABILITY/HANDICAPPED STATUS

RE: _____ _____
Applicant/Participant — Social Security Number

_____ _____
Name of Member Claiming Disability/Handicap — Social Security Number

TO WHOM IT MAY CONCERN:
The applicant/participant is applying for housing assistance subsidized through the Department of Housing and Urban Development. Federal regulations require that all income, expenses, preferences and other information related to eligibility must be third-party verified. Please complete this form as it applies to the above named family member who is claiming preference. Be assured that your reply will be kept confidential. Please provide the requested information within the next 10 days. If you have any questions, please contact:

_____ _____
Housing Coordinator — Telephone Number

RELEASE OF INFORMATION:

I hereby authorize the release of the information requested below:

_____ _____
Signature of Head of Household — Date

_____ _____
Signature of Family Member (If Adult) — Date

This is to certify that, in my opinion, _____is ☐ or is not ☐ (*choose one*) disabled/handicapped to such an extent that one of the following applies to his/her condition:

_____ a) the person has a disability as defined in Section 223 of the Social Security Act of (42 U.S.C. 423);

_____b) the person has a developmental disability as described by Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(7); or

_____c) The person has a physical, mental or emotional impairment that:

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

Disability began on/about_____
(Residential Coordinator may not verify this information)

_____ _____
Signature of Knowledgeable Professional — Print Name of Knowledgeable Professional

_____ _____
Title of Knowledgeable Professional — License Number (if applicable)

_____
Street Address — City — State — Zip

_____ _____
Telephone — Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

EQUAL HOUSING OPPORTUNITY