

CERTIFICATION OF DISABILITY

(To be used only if no other verification available, i.e. receiving SSI)

DATE: _____

To: _____

Special considerations are authorized for disabled persons who are residents in apartment complexes financed by the Federal Government through the U.S. Department of Agriculture, Rural Development (RD). We are providing the following information to assist you in completing this certification:

Per 7 CFR §3560.11 Definitions Disability: The term disability is considered equivalent to the term handicap. A person is considered to have a disability if either of the following two situations is applicable:

- (1) As defined in section 501(b) of the Housing Act of 1949. The person is the head of household (or spouse) and is determined to have impairment which:
 - (i) Is expected to be of long-continued and indefinite duration;
 - (ii) Substantially impedes his or her ability to live independently; and
 - (iii) Is of such a nature that such ability could be improved by more suitable housing conditions, or if such person has a developmental disability as defined in Section 102(7) of the Developmental Disability and Bill of Rights Act (42 U.S.C. 6001(7)).
- (2) As defined in the Fair Housing Act; the Americans with Disabilities Act; and section 504 of the Rehabilitation Act of 1973. The person has a physical or mental impairment which substantially limits one or more of such person's major life activities; a record of such impairment; or being regarded as having such an impairment. The term does not include current, illegal use of or addiction to a controlled substance. As used in this definition, physical or mental impairment includes:
 - (i) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genital-urinary; hemic and lymphatic; skin; and endocrine;
 - (ii) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental



- retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance), and alcoholism;
- (iii) Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working;
- (iv) Has a record of such an impairment means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities;
- (v) Is regarded as having an impairment means:
 - (A) Has a physical or mental impairment that does not substantially limit one or more major life activities but that is treated by the borrower or management agent as constituting such a limitation;
 - (B) Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of others toward such impairment; or
 - (C) Has none of the impairments described in this definition but is treated by another person as having such an impairment.

The information will only be used for the purpose of determining eligibility for special considerations.
Please do not identify the specific disability.

We would appreciate your completing the certification below for _____
 (Insert Name of person) and returning this form in the enclosed envelope.

 (Applicant/Tenant/Spouse Signature)

 (Owner/Manager Signature)

CERTIFICATION OF DISABILITY OR HANDICAP

In my opinion _____ [] IS [] IS NOT eligible for special considerations as defined above.

Date: _____

 (Signature of Certifier)

 (Address)

"This institution is an equal opportunity provider."

