



Verification of Disability

Public Housing Authorities are required to verify the disability of applicants/participants claiming to be disabled to determine the applicant's/participant's eligibility for housing to compute rent. The applicant/participant has signed a release form below giving you permission to supply us with this information. Please complete the form below and return it at your earliest convenience.

Sincerely,
Walla Walla Housing Authority

The Department of Housing and Urban Development (HUD) defines a disabled person in three (3) ways:

- 1) A disabled person is one with an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
- 2) A developmentally disabled person is one with a severe chronic disability that:
 - (a) is attributed to a mental and/or physical impairment;
 - (b) as manifested before age 22;
 - (c) is likely to continue indefinitely;
 - (d) results in substantial functional limitations in three or more of the following areas: capacity for independent living, self-care, receptive and expressive language, learning, mobility, self-direction, and economic self-sufficiency; AND
 - (e) requires special interdisciplinary or generic care treatment, or other services which are of extended or lifelong duration and are individually planned or coordinated.
- 3) A disabled person is also one who has a physical, emotional, or mental impairment that:
 - (a) is expected to be of long-continued or indefinite duration;
 - (b) substantially impedes the person's ability to live independently;
 - (c) is such that the person's ability to live independently could be improved by more suitable housing conditions.

I, _____, hereby certify that _____ should be considered disabled in accordance with definition number _____ listed above.

Printed Name and Title Date

Signature Telephone

I, _____ hereby authorize the release of the above requested information.

Signature of Tenant/Applicant Date

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

