



CERTIFICATION OF DISABLED STATUS

The HUD definition of a person with a disability is used for the purposes of qualifying for the disabled family preference, the \$400 disabled head of household deduction, the \$480 dependent allowance, the allowance for medical expenses and/or the allowance for disability assistance expenses. **The family must provide third party documentation proving that they meet at least one of the three qualifying HUD definition of being disabled.**

Persons are considered disabled if:

1. They have a disability as defined in 42 USC Section 423. 42 USC Section 423 (b)(1)(A) 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 has attained the age of 55 and is blind (within the meaning of "blindness" as defined in Section 416(i)(I) of this title), 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/she has previously engaged with some regularity and over a substantial period of time."
2. They are determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that (a) is expected to be of long-continued and indefinite duration; (b) substantially impedes their ability to live independently; and (c) is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

OR

3. They are functionally disabled as defined in Section 102(7) of the *Developmental Disabilities Assistance and Bill of Rights Act (42USC 6001(7))*: "Severe chronic disability of a person 5 years of age or older that: (a) is attributable to a mental or physical impairment or a combination of mental and physical impairment; (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: self-care, receptive and responsive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency; (e) reflects the person's need for combination and sequence of special interdisciplinary or generic care, treatment, or other services which are of life long or extended duration and are individually planned and coordinated."

Persons who have acquired immunodeficiency syndrome (AIDS) or any conditions arising from the AIDS virus are not excluded from this definition.

For purposes of qualifying for low-income housing, the definition does not include a disability based solely on drug or alcohol dependence.

Name of Person Requesting Disabled Status _____

Name of the Medical/Professional of Individual Completing this Form _____

Signature of Medical/Professional of Individual

Date

After reviewing this person's medical history, please indicate whether you believe they meet any of the definitions of disability as stated above. YES / NO

Date Applicant or Participant Became Disabled _____

I authorize the release of the required information to the Campbell County Department of Housing in order to determine my family's eligibility for rental assistance.

Signature

Date

If you have questions regarding the policies, procedures, and regulations of the Campbell County Department of Housing please reference the agency's Administrative Plan at www.campbellcountyny.gov. If you are disabled and as a result of your disability you require a change in how CCDH communicates, presents information, or a change in venue for appointments, you may submit a request for a reasonable accommodation. We will review your request and respond within 10 business days. You have the right to request an interpreter. If negative action has been taken against an applicant or participant by the PHA in a circumstance where the Violence Against Women's Act (VAWA) should be considered, please notify the PHA of your concerns to determine whether a review is in order. If this is a notice of denial or termination of assistance, A CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING reporting form is enclosed.

