DISABILITY CERTIFICATION FORM

Tenant (please print):_____ Caseworker:_____

This form will only be accepted as verification of a disability if completed and signed by a licensed Medical Doctor, Psychiatrist, Psychologist or a LCSW *

The Nevada Rural Housing is permitted to allow certain priorities or deductions to persons who are deemed disabled under the following types of conditions:

☐Has a disability, as defined in 42 U.S.C. Section 423(d) (I) (A), which needs: "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 continual period of not less than 12 months."

☐In the case of an individual who attained the age 55 and is blind (within the meaning of "blindness" as defined in section 416(i) (1) if this title), inability 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.

☐Has a developmental disability as denied in the Developmental Disability Assistance and Bill of Rights Act [42 U.S.C. 6001 (8)], which defines developmental disability in function terms as: "Severe Chronic disability of a person 5 years of age or older which: (a) is attributable to a 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, and (7) economic self-sufficiency; and (e) 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; except that such term, when applied to infants and young children, means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided."

☐Is an individual with a disability as defined in Section 504 regulations as: "Any person who has a physical or mental disability that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment [24 CFR 8.3]. Major life activities include walking, talking, hearing, seeing, breathing, learning, and performing manual tasks, and caring for oneself. The law also applies to individuals who have a history of such impairments as well as those who are perceived as having such impairment."

Based upon my professional diagnosis/opinion of the client named above he/she meets the definition of disabled as described above.

_____ _____

Signature **Date** **Title**

_____ _____

Print name of certifying Professional **Phone number for verification purposes**

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement of entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than $10,000, imprisonment for not more than five years or both.

Please return this completed form directly to the Housing Authority via: FAX or by mail. Thank you for your assistance