

## Disability Verification Form

### General Information

<b>Head of Household</b>	<b>Last 4 of SSN</b>	
<b>Requestor</b>		
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>

### Required Information

Opportunity Home San Antonio is required to verify the disability status of housing assistance program participants to determine their eligibility for housing and disability-related deductions in their rent.

To verify disability status, the participant must meet one of the following definitions below:

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 attributable to a mental and/or physical impairment;
  - b. has 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 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.

### Statement Of Verification Source

The aforementioned person should be considered disabled in accordance with definition number: \_\_\_\_\_

The disability is permanent

The disability is not permanent and is expected to last more than 12 months

The aforementioned person does not meet any of the definitions above.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name and Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

### Applicant/Tenant Release

I hereby authorize the release of the required information.

<b>Name</b>	<b>Date</b>
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