



**GARFIELD COUNTY HOUSING AUTHORITY**  
**1430 RAILROAD AVENUE, UNIT F**  
**RIFLE, CO 81650**  
**(970) 625-3589 or (888) 627-3589**  
**Fax (970) 625-0859 \* TTY (800) 659-2656**

**Verification of Disability**

Dr. Name : \_\_\_\_\_

RE: \_\_\_\_\_

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

SS#: \_\_\_\_\_

The above named person is applying for participation in a federally assisted housing program operated by Garfield County Housing Authority. To determine the applicant's eligibility, we must verify that he/she is disabled as defined by the U.S. Department of Housing and Urban Development (HUD). HUD regulations define disability as follows.

- A. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which 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 and 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.

- B. Severe chronic disability that:
  - 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 limitations 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, (7) economic self-sufficiency;
  - 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.
- C. A person with a physical or mental impairment that:
  - a. is expected to be of a long continued and indefinite duration,
  - b. substantially impedes his/her ability to live independently, and
  - c. is of such a nature that such ability could be improved by more suitable housing conditions.

Housing Authority Representative \_\_\_\_\_

Date \_\_\_\_\_

**I hereby authorize the release of any information pertaining to this request.**

**Applicant's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Certification of Disability**

\_\_\_\_\_  is  is not disabled

Applicable definition(s):  A  B  C

\_\_\_\_\_ Estimated length of disability period: \_\_\_\_\_

Person certifying (print name): \_\_\_\_\_

Occupation: \_\_\_\_\_

Signature

Professional Title

Date

**Please complete and return to Garfield County Housing Authority.**



**Warning: Section 1001 of Title 18 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.**

