GARFIELD COUNTY HOUSING AUTHORITY
1430 RAILROAD AVENUE, UNIT F
RIFLE, CO 81650
(970) 625-3589
Fax (970) 625-0859
www.garfieldhousing.com

Verification of Disability

Knowledgeable 3rd party Name: ______________________ RE: ___________________________
Address: ____ Last 4 # of 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. This form is not to be used to verify an individual's disability or disability-related need for a reasonable accommodation.

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/Participant Signature: ______________________________________Date ____________________

Certification of Disability (Do not include medical diagnosis)

______________________________________ [ ] 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. **6/2025**