



Pittsfield Housing Authority

65 Columbus Avenue, Ste 1
Pittsfield, Massachusetts 01201-5090

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(413) 499-2771
Fax (413) 443-7294
TTY (413) 443-1940
www.pittsfieldhousing.org

VERIFICATION OF DISABILITY

I, _____, hereby authorize _____ to
release the information requested below.

Signature: _____ Date: _____

Address _____ City, State _____ Zip Code _____ Last Four Digits of SSN _____

Name of Knowledgeable Professional: _____

Address _____ City, State _____ Zip Code _____

Phone Number: _____ Fax Number: _____

ATTENTION:

***Do not* send the medical records of the individual requesting your certification.**

***Do not* include any details which disclose the nature or severity of the individual's disability.
This information is NOT necessary to verify disabled status.**

Pittsfield Housing Authority is required to verify that applicants or clients claiming to be persons with disabilities meet federal definitions to determine eligibility for the housing and to compute rent. The above named person has signed a release form below giving you permission to supply us with this information. Please fill out the form below and return it within five business days.

Pittsfield Housing Authority staff name Telephone Number Fax Number

**Please have knowledgeable
professional complete reverse side**

NOTICE TO KNOWLEDGEABLE PROFESSIONAL COMPLETING THIS FORM

The Department of Housing and Urban Development defines a disabled person in three ways (24 CFR § 5.403):

- (1) A disabled person is one with an inability to engage in any substantial gainful activity because 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 for an individual who is at least 55 years old and is blind ("blindness" as defined by 42 USC 416(i)(1)), inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he or she has previously engaged with some regularity and over a substantial period of time. **(42 USC 423)**
- (2) 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.
- (3) A developmentally disabled person is one with a severe chronic disability that **(Section 102(8) of the Developmental Disabilities Assistance and Bill of Rights Act)**:
 - (a) is attributable to a mental and/or physical impairment;
 - (b) is 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) reflects the person's need for special, interdisciplinary, or generic care, treatment, or other services which are of extended or lifelong duration and are individually planned or coordinated.

TO BE COMPLETED BY KNOWLEDGEABLE PROFESSIONAL

- 1) In my professional opinion, I certify the above captioned individual meets one of the above definitions of a disabled individual.

☐ Yes ☐ No ☐ No Knowledge
- 2) If this individual is disabled, what is the expected duration of the disability?

☐ Permanent Disability ☐ Temporary Disability: Expected Duration _____

CERTIFICATION

To be signed by the Knowledgeable Professional completing this Form

Please be advised that your certification may be presented as evidence at a hearing or legal action. If this certification is found to be false, Pittsfield Housing may report this certification to your professional association, and/or the appropriate ethics board regulating your profession.

I officially state that the information provided is accurate. I understand that I may be required to testify in a court of law and therefore subject to a penalty for perjury, if false statements are provided.

Name (Printed or Typed)	Credential	Date
Name of Practice/Organization/Agency	Address	City, State Zip Code
Signature	Telephone Number	

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.