

If you **DO NOT** receive Social Security, SSI or state benefits, please fill out the disability verification form. This must be filled out by your physician and returned as soon as possible.

DISABILITY VERIFICATION FORM

ALL DOCUMENTS SHOULD COME DIRECTLY TO THE GRAND RAPIDS HOUSING COMMISSION FROM THE PROVIDER BY MAIL OR FAX

Public Housing Authorities are required by the U.S. Department of Housing and Urban Development (HUD) to verify the disability of applicants claiming to be disabled to determine the applicant's eligibility for housing. The applicant has signed a release on the back of this form giving you permission to supply us with this information. Please complete the reverse side of this form and return it at your earliest convenience.

PLEASE RETURN BY FAX OR MAIL TO:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Grand Rapids Housing Commission
Attention: _____
1420 Fuller Avenue, S.E.
Grand Rapids, MI 49507
Phone: (616) 235-2600
Fax: (616) 235-2660 | <input type="checkbox"/> Leonard Terrace Apartments
1315 Leonard, N.E.
Grand Rapids, MI 49505
Phone: (616) 235-2890
Fax: (616) 235-2876 |
| <input type="checkbox"/> Adams Park Apartments
1440 Fuller Avenue, S.E.
Grand Rapids, MI 49507
Phone: (616) 235-2865
Fax: (616) 235-2938 | <input type="checkbox"/> Mt. Mercy Apartments
1425 Bridge, N.W.
Grand Rapids, MI 49504
Phone: (616) 235-2843
Fax: (616) 235-2851 |
| <input type="checkbox"/> Campau Commons Apartments
821 S. Division
Grand Rapids, MI 49507
Phone: (616) 235-2879
Fax: (616) 301-1029 | <input type="checkbox"/> Ransom Tower Apartments
50 Ransom, N.E.
Grand Rapids, MI 49503
Phone: (616) 235-2881
Fax: (616) 235-2944 |
| <input type="checkbox"/> Creston Plaza Apartments
1080 Creston Plaza Drive NE
Grand Rapids, MI 49503
Phone: (616) 235-2646
Fax: (616) 235-2874 | <input type="checkbox"/> Scattered Sites
821 S. Division
Grand Rapids, MI 49507
Phone: (616) 235-2879
Fax: (616) 301-1029 |
| <input type="checkbox"/> Hope Community
1024 Ionia, S.W.
Grand Rapids, MI 49507
Phone: (616) 235-2893
Fax: (616) 235-2897 | <input type="checkbox"/> Sheldon Apartments
1010 Sheldon, S.E.
Grand Rapids, MI 49507
Phone: (616) 235-2860
Fax: (616) 243-1185 |

The Department of Housing and Urban Development (HUD) defines a disabled person in three (3) ways:

- (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 is 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) as 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 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.

APPLICANT RELEASE

I, _____, hereby authorize the release of the requested information.

Signature _____ Date _____

PHYSICIAN (complete in full)

I, _____, hereby certify that _____
(person signing the release above)
_____ **should be** considered disabled in accordance with definition number _____ above.

_____ **should not** be considered disabled as defined above.

Print Name and Title _____ Date _____

Physician Signature _____ Phone _____

Physician Address _____