Disability Verification Form

Housing Provider: Montana Department of Commerce
Housing Division, Section 8 Programs
P.O. Box 200545 Helena MT 59620

Name of Tenant:

The tenant or applicant listed above has applied for or is receiving housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD) which is administered by the State of Montana's Department of Commerce, Montana Housing Division. HUD requires that the Montana Housing Division verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it at your earliest convenience. The applicant/tenant has consented to the release of this information as indicated at the bottom of this form.

INFORMATION BEING REQUESTED

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

1) ___ YES ___ NO Has a disability, as defined in 42 U.S.C. 423, which means;

a. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months; or

b. In the case of an individual who has attained the age of 55 and is blind, 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/she has previously engaged with some regularity and over a substantial period of time.

For purposes of this definition, the term blindness, as defined in section 416(i)(1) of this title, means central vision acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanies by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.

2) ___ YES ___ NO Has a physical, mental, or emotional impairment that:

a. Is expected to be of long-continued and indefinite duration;

b. Substantially impedes his or her ability to live independently; and

c. Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

3) ___ YES ___ NO Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C. 6001(8)), i.e., a person with a 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 limitation in **three or more** of the following areas of major life activity:
- Self-care
- Receptive and expressive language
- Learning
- Mobility
- Self-direction
- Capacity for independent living, and
- Economic self-sufficiency, and

e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

4)___ YES ___ NO Is the above a person whose disability is based **solely** on any drug or alcohol dependence (the person has no other disability which meets the above definition).

5) ___ YES ___ NO Has a disability, as defined under the Fair Housing Act, that includes:

a. An individual with a physical or mental impairment that substantially limits one or more major life activities;

The term “major life activity” means those activities that are of central importance to daily life such as:

- Seeing
- Hearing
- Walking
- Breathing
- Performing manual tasks
- Caring for one’s self
- Learning
- Speaking

b. An individual who is regarded as having such an impairment;

c. An individual with a record of such an impairment. This may include, but is not limited to, such diseases and conditions as:

(1) Orthopedic, visual, speech and hearing impairments
(2) Cerebral palsy
(3) Autism
(4) Epilepsy
(5) Muscular dystrophy
(6) Multiple sclerosis
(7) Cancer
(8) Heart disease
(9) Diabetes
(10) HIV infection
(11) Mental illness
(12) Drug addition (other than addiction caused by current, illegal use of a controlled substance
(13) Alcoholism

_____ _____

Name and Title Date

_____ _____

Signature Phone

TENANT/APPLICANT RELEASE

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

_____ _____

SIGNATURE DATE