

Somerville Housing Authority

30 MEMORIAL ROAD
SOMERVILLE, MASSACHUSETTS 02145

TELEPHONE (617) 625-1152
TDD 628-8889



Certification of Disability

To: _____ Date: _____

Re: _____

Basis for claiming disability: _____

The above-named person is applying for participation in a federally-assisted housing program operated by the housing agency. 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. Thank you for your assistance.

- A. Inability to engage in any substantial gainful activity by reason 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 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.
- D. Federal Law states that a person is not considered disabled for eligibility purposes solely on the basis of any drug or alcohol dependence. Individuals whose alcohol or drug addiction is a material factor to their disability are excluded from the definition. Individuals are considered disabled if the disabling mental and physical limitations would persist if the drug or alcohol abuse discontinued.

Housing Agency Representative _____ Phone _____

I hereby authorize the release of the following information directly to the housing agency.

Signature: _____

Date: _____

Certification of Disability:

_____ is disabled according to the HUD definition. Yes No.

Person certifying (print name): _____ Occupation: _____

Signature	Professional Title	Date
Somerville Housing Authority 30 Memorial Road Somerville MA 02145		

Return to:



EQUAL HOUSING OPPORTUNITY