



CITY OF PASADENA HOUSING DEPARTMENT

RENTAL ASSISTANCE PROGRAM

649 N Fair Oaks Ave., Suite 202 Pasadena CA 91109 Telephone: (626)744-8300 Fax: (626)744-8330

Certification of Disability

July 13, 2021

Applicant/Tenant Release Authorization:

I hereby authorize release to the City of Pasadena Housing Department the specific information requested below.

Full name of applicant: _____

Signature of Applicant: _____ Date: _____

The above-named person is an applicant/participant of the Housing Choice Voucher Program which is a federally-assisted program operated by the City of Pasadena Housing Department (CoPHD). To determine the household's eligibility or rent payment, the CoPHD must verify that the applicant/participant is disabled as defined by the U.S. Department of Housing and Urban Development (HUD) and determine their housing needs. HUD regulations define disability as follows:

a) Social Security Act (42 USC 423) defines disability as:

"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 (within the meaning of "blindness" as defined in section 416(i)(1) of this title), inability by reason of such blindness to engage in substantial gainful activity requiring skills comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time."

b) Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001-(7) defines development disability in functional terms as:

A severe, chronic disability of a person 5 years of age or older which:

- (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, and (7) 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 which are of lifelong or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children, means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in development disabilities if services are not provided."

please see reverse side

c) A person with a physical, mental, or emotional impairment that:

1. Is expected to be of long-continued and indefinite duration,
2. Substantially impedes his or her ability to live independently, and
3. Is of such a nature that ability to live independently could be improved by more suitable housing conditions.

CERTIFICATION OF DISABILITY

_____ (print name of individual)

IS disabled according to the HUD definition, or

IS NOT disabled according to the HUD definition.

Applicable definition: **A** **B** **C**

Date when applicant/participant was determined disabled? _____

Date when applicant/participant's disability status will end? _____

Estimated length of disability period: _____

If the applicant/participant is a person with a disability, are there accommodations needed to allow the person to access housing assistance?

I certify that the above information is true and correct:

Print Name: _____ Signature: _____

Title: _____ License No: _____ Date: _____

Telephone Number: _____ Fax No: _____

Name of Business: _____

Address: _____

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

Housing Representative: Eric Negrete Type of Action: Mainstream

Certification of Disability