

## Certification of Disability or Handicap

To:

Date: \_\_\_\_\_

Special considerations are authorized for disabled or handicapped persons to qualify to live in "senior housing". The person listed under this category must have a physical or mental impairment which (a) is expected to be of long-continued or indefinite duration (e.g., not less than 12 months from the date of the certification), (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.

We would appreciate your completing the certification below for \_\_\_\_\_ and returning this form in the enclosed envelope.

The information will be used only for the purpose of classification and establishing eligibility for housing.

Signature of the applicant \_\_\_\_\_

### Certification Of Disability or Handicap

In my opinion the above mentioned person:

\_\_\_\_\_ is disabled or handicapped as defined above.

\_\_\_\_\_ is **not** handicapped as defined above.

Date: \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_