

Dear Dr. \_\_\_\_\_

The applicant, \_\_\_\_\_, is applying for a loan through the Montana Board of Housing Homeownership Program. In order to qualify for this program, it is necessary that we have verification that the individual has a permanent disability with mobility impairment and to live independently, the individual's home must incorporate accessible features such as: ground floor construction; wheelchair lifts; wheelchair ramps; open floor plan; widened doorways; grab bars; roll-in showers; lowered cabinets and counter tops; oversized rooms; attached garage; sidewalks; accessible controls and fixtures; and other individualized architectural adaptations. Additionally, we will need a date of onset of disability. Please complete the following questions in the space indicated.

Thank you for your assistance.

Nature of Disability:

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Date of Onset of Disability:

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Suggested architectural changes to the home that will permit the above named applicant to live independently:

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\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Release of the above medical information approved this \_\_\_\_\_ day of \_\_\_\_\_

Year \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature