

**DISABILITY VERIFICATION**

**THIS SECTION TO BE COMPLETED AND EXECUTED BY TENANT**

Property Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

**“DISABILITY” means:**

**A physical or mental impairment that substantially limits one or more of the major life activities of an individual, such as not being able to care for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, or learning.**

Do you or a member of your household fall within this definition?

Yes\* \_\_\_\_\_ No \_\_\_\_\_

Qualifying household member’s name: \_\_\_\_\_

\_\_\_\_\_  
Tenant’s Signature

\_\_\_\_\_  
Date

\* If “YES,” provide an executed copy of the *Disability Verification* or attach a written verification from the applicant’s physician, relative, social worker, or caregiver. The verification should simply state that the applicant falls within the definition of being disabled.