



HOUSING AUTHORITY OF BERGEN COUNTY

ONE BERGEN COUNTY PLAZA, 2ND FLOOR

HACKENSACK, N.J. 07601

PHONE: 201-336-7600

FAX: 201-336-7630

WWW.HABCNJ.ORG

DISABILITY VERIFICATION FORM

Public Housing Authorities are required to verify the disability of applicants claiming to be disabled to determine the applicant's eligibility for the housing and to compute rent. Please have a professional competent to render the opinion and knowledgeable about the person's situation complete this form and return at your earliest convenience.

Name of household member with disability: _____

Date of birth: _____

This verification solely releases information necessary for the Housing Authority of Bergen County to verify that the above-named individual meets the definition of a "disabled person", as defined below.

The Department of Housing and Urban Development defines a disabled person in 3 ways:

1. A disabled person is one with an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
2. A developmentally disabled person is one with a sever chronic disability that:
 - a. Is attributable to a mental and/or physical impairment;
 - b. As manifested before age 22;
 - c. Is likely to continue indefinitely;
 - d. Results in substantial functional limitations in three or more of the following areas: capacity for independent living, self-care, receptive and expressive language; learning, mobility, self-direction, and economic self-sufficiency AND requires special interdisciplinary or generic care treatment, or other services which are of extended or lifelong duration and are individually planned or coordinated.
3. A disabled person is also one who has a physical, emotional or mental impairment that:
 - a. Is expected to be of long-continued or indefinite duration;
 - b. Substantially impedes the person's ability to live independently, and
 - c. Is of such a nature that the persons' ability to live independently could be improved by more suitable housing conditions.

A disabled person as defined by HUD does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency



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syndrome. For purposes of qualifying for low-income housing, it does not include a person whose disability is based solely on any drug or alcohol dependence.

I, _____ [Insert name of health care provider or other appropriate documenting authority], certify that I am a professional competent to render the opinion and knowledgeable about the person's situation.

Furthermore I certify that the person listed above does meet the definition of a "disabled person", as defined above with definition number _____.

Name of health care provider or other documenting authority

Signature

Date