

AURORA COMMONS HOUSING, INC.

c/o KPHI

P.O. Box 1869

Homer, AK 99603 (907) 235-4357

Verification of Handicap or Disability For admission/Eligibility for Certain Allowances-HUD 811 Programs

Explanation to the Applicant:

HUD permits owners to verify that you have a disability or handicap on if:

- 1.) Your eligibility for admission is dependent on your being a person with handicaps or disabilities; or
- 2.) You claim eligibility for allowances that are given to persons with handicaps or disabilities

Explanation to Third Party Completing form:

Please identify any of the relevant definitions that apply to the individual. Any other request for the information about the individual is not relevant (e.g., diagnosis, treatment plan).

Applicant _____

- | | | |
|-----|----|---|
| YES | NO | 1) An adult having a physical, mental or emotional impairment that:
a.) is expected to be of long-continued and indefinite duration;
b.) substantially impedes the person's ability to live independently;
and
c.) is such that the person's ability to live independently could be improved by more suitable housing conditions. |
| YES | NO | 2) An adult has developmental disability as defined by the Developmental Disability Assistance and bill of Right Act (42 USC 6011(7) generally provided as follows: A severe, chronic disability which:
a.) is attributable to mental or physical impairments or combination of mental and physical impairments;
b.) Was manifested before the age of 22;
c.) Is likely to continue indefinitely;
d.) Results in substantial functional limitations in 3 or more of the following areas of major life activity: Self-care; receptive and responsive language; learning; mobility; self-direction; capacity for the independent living; and economic self-sufficiency;
e.) Reflects the persons need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are life long or extended duration and are individually planned and coordinated. |



YES NO 3) An adult who has a chronic mental illness, i.e., if he or she has a severe and Persistent mental or emotional impairment that seriously limits his or her Ability to live independently (e.g. by limiting functional capacities relative to Primary aspects of daily living such as personal relations, living arrangements Work, recreation, etc.) and whose impairment could be improved by more Suitable housing conditions.

NOTE: A person whose sole impairment is alcoholism or drug addiction will not be considered to be handicapped for the purposes of the section 811 program (i.e., who does not have a developmental disability which is the disabling conditions required for eligibility in a Particular project).

Verified: _____
SIGNATURE

Date _____

Name and Title (print or type)

Agency

