



HUD Disability Documentation – Written Verification of Disabling Condition

Applicant Information

Name: _____ Date of Birth: ____/____/____

RELEASE: I authorize the release of my disability status information. This consent is limited to information about my disability status **that is no older than 12 months**.

Applicant Signature: _____ Date: ____/____/____

Housing Application Details

_____ (Client Name) is applying for a permanent supportive housing program, as defined by the U.S. Department of Housing and Urban Development (HUD). This form is part of the eligibility process. HUD requires documentation of disability from professionals licensed by the state to diagnose and treat the disability, certification that the disability is expected to be long-continuing or of indefinite duration, substantially impedes an individual's ability to live independently, and could be improved by the provision of more suitable housing conditions. *Note:* Signing this document does not commit signatory to treating this disability.

Contact Person, Referring Agency: _____

E-mail: _____

Phone: ____ - ____ - ____

Verification

The person listed above has been diagnosed by our program with the following disabling condition type(s). Check all that apply.

- Chronic Health Condition
- Developmental
- HIV/AIDS
- Mental Health Disorder
- Physical
- Substance Use Disorder (e.g., alcohol, drug)



Printed Name of Qualified Professional: _____

Signature of Person Completing Form: _____

Phone Number: ____ - ____ - ____

Date: ____/____/____

Please check appropriate credential(s):

DO LADC LBP LCSW LMFT
 LPC MD NP PA Licensed Psychologist

OR Certification/License Number: _____

Any funds provided may be federal and subject to HUD regulations. By signing this document, I am saying that all the information I've included is true and correct and I understand that if I included information I KNOW is false or not true, I may be prosecuted by the State of Oklahoma or the United States Government.