



Verification of Disability



HOUSTON-GALVESTON AREA COUNCIL

CDBG Administrator: <i>Houston-Galveston Area Council</i>	
Address: <i>P. O. Box 22777</i>	<i>Houston, TX 77227-2777</i> (Attn: <i>Ike Disaster Recovery Program</i>)
Phone: <i>1-(877) 442- 2777</i>	Fax: <i>(713) 993-2456</i> Email: <i>Jsmith@h-gac.com</i>
Applicant Name:	
Applicant Address:	

To: _____

The above-referenced CDBG administrator has a contractual obligation with Texas Department of Housing and Community Affairs (TDHCA) to provide CDBG Disaster Recovery Program housing assistance. The above referenced applicant has indicated that he/she has a disability which prioritizes him/her for assistance under the program. In accordance with Department of Housing and Urban Development (HUD) requirements, disability preferences must be documented by a health care provider or other reliable source. All information provided will only be used for the purpose of establishing whether the above referenced applicant has a special need. CDBG administrators are prohibited from asking about the nature of an individual’s special needs. Please do not disclose specific details or diagnoses. For purposes of the Disaster Recovery Program, a member of the applicant household must meet the following definition for Persons with Disabilities:

A Person with Disabilities is a person who:

- (A) Has a physical, mental or emotional impairment that:
 1. is expected to be of a long, continued, and indefinite duration, AND
 2. substantially impedes his or her ability to live independently, AND
 3. is of such a nature that the ability could be improved by more suitable housing conditions; OR
- (B) Has a developmental disability, as defined in Section 102(7) of the Development Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001-6007).

I hereby authorize the release of the requested information to the above-named CDBG administrator.

Signature of Applicant

Date

CERTIFICATION OF APPLICANT’S SPECIAL NEEDS:

I hereby certify that the above-named applicant (**check one**) Do meet Do not meet the definition as stated above of Person with Disabilities.

Signature of Authorized Individual

Title, or Relationship to Applicant

Date

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.