



DISABILITY CERTIFICATION

The Disability Certification is used to affirm that an individual is disabled and is used only for the purpose of qualifying for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD).

Important: Homeless service providers, housing providers or health care workers can sign the certification with attached proof of disability by written verification from the Social Security Administration (i.e. SSI, SSDI) or receipt of a disability check (i.e. Veteran Disability Compensation).

If there is no attached proof of the disability, a professional licensed by the State of South Carolina to diagnose and treat the condition must verify the disability (24 CFR 578.103).

Applicant Name: _____ Date of Birth: _____

Check the applicable box:

Individual has a disability that has been verified by the Social Security Administration or by receipt of a disability check. Documentation is attached.

OR

Individual has a disability, as defined in the HEARTH Act of 2009, which means:

- i) A condition that is expected to be long-continuing or of indefinite duration; ii) substantially impedes the individual's ability to live independently; iii) could be improved by the provision of more suitable housing conditions; AND is one of the following:
 - a physical, mental or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury
 - a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)
 - the disease of AIDS or any conditions arising from the etiologic agent for AIDS, including HIV

Note to Verifier: To check the box above, you must be a professional licensed by the State of South Carolina to diagnose and treat the qualifying disability. This includes a licensed medical doctor, licensed psychologist, licensed psychiatrist or an LISW-CP.

I certify that the above information is true and accurate. I have enclosed acceptable evidence as required under 24 CFR 578.103. I understand that knowingly or willingly making false or fraudulent statements are subject to punishment.

Signature of Observer	Printed Name and Title	
Contact Information and Title	LICENSE NUMBER	Date