



Project-Based Program

Date_____

Sender's name (*not* agency's name)_____

Phone or e-mail_____

Applicant's name_____ Property name_____

Bedrooms requested_____ Address & unit number_____

Is this a Sound Families unit? (*circle one*) **YES** **NO**

Application Forms packet

E-mail this checklist, forms and documents to
ProjectBasedApplications@SeattleHousing.org
or fax them to **206-239-1770**

The following forms are included in the Application Packet provided. They should be completed by the applicant with the housing provider's assistance:

Checklist [this form; use as your coversheet]

- ☐ **Project-based Program Personal Declaration for Eligibility and Certification**
- ☐ **Declaration of Citizenship or Immigration Status (1117)**
- ☐ **Eligible Immigration Status Verification Consent (1118) (if applicable)**
- ☐ **General Release of Information (SHA-9886)**
- ☐ **Debts Owed to PHAs and Terminations form (HUD 52675 - all members 18 years or older)**
- ☐ **Professional Certification of Disability (if applicable)**

In addition to the completed forms listed above, the housing provider must provide the following documentation:

- ☐ **Social Security Number Verification copied onto template for certifying that SS card(s) and immigration document(s) are copies of originals**
- ☐ **Proof of Identity: photo ID for adults, birth certificate for minors**
- ☐ **Criminal Background Check (all members 18 years or older)**
- ☐ **Verification of the following, as applicable:**
 - **Income**
 - **Assets if \$50,000 or more**
 - **Out-of-Pocket Paid Childcare Expenses**
 - **Medical Expense Declaration form**
 - **Student status incl. tuition & financial aid**

➔ *Forms must be signed by all household members 18 years of age or older.*

Timelines

Seattle Housing will do our best to determine eligibility within five (5) business days for *complete* applications. If an incomplete application is submitted, Seattle Housing may return it to the building with instructions for resubmission. An approved application will be cancelled after 60 days if lease-up documents have not been received.



Project-based Program

Personal Declaration for Eligibility and Certification

Head of Household's
Social Security number (last 4)

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CONTACT INFO

(Head of household)

Street address, P.O. Box, or shelter name		City	State	ZIP Code	Homeless at application? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary phone number	Other phone number	E-mail address	What language do you speak at home?		Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No

► HOUSEHOLD COMPOSITION AND INCOME *List every person living with you at least 51% of the year. Live-in-Aides do not need to list income. (Attach a separate page if you need more space.)*

Last, First, Middle initial	Relation To Head	Social Security number (last 4)	Sex (M / F)	Date of birth	Race (Black, White, Asian, Native American, etc.)	Hispanic?		Income: list all money received by each person in the household per month. If no income, write '0'.
						Yes	No	
	HEAD	(Entered above)						Type: \$
								Type: \$
								Type: \$
								Type: \$
								Type: \$
								Type: \$
								Type: \$
								Type: \$

► OTHER HOUSEHOLD INFORMATION *(If you need additional space, please attach a separate paper.)*

<input type="checkbox"/> Yes <input type="checkbox"/> No Is anyone in your household disabled? If yes , please list their names:
<input type="checkbox"/> Yes <input type="checkbox"/> No Has anyone in your household served in the armed forces or is the spouse of someone who has served? If yes , please list their names:
<input type="checkbox"/> Yes <input type="checkbox"/> No Does anyone outside your household pay for any of your bills or contribute to your household expenses on a regular basis? If yes , explain here and attach a statement from the person stating how often and the amount:
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you or has any member of your household ever been convicted of a crime (misdemeanors, felonies, etc.)? If yes , please explain:
Is there any other information you would like us to know about your household?

► ACCOMMODATIONS *If you answer yes, additional forms will be provided to you, including a verification form for your medical professional to complete and sign.*

<input type="checkbox"/> Yes <input type="checkbox"/> No Is there anything that prevents your household from applying for housing, occupying your unit, and/or participating fully with the program?
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Upon request, Seattle Housing Authority will provide reasonable accommodations to people with disabilities so they can participate in our programs.

Rev. 8/15

Page 1 Continued ➞

Print head of household name _____

► CURRENT EMPLOYMENT INFORMATION *(If you need additional space, please attach a separate paper.)*☐ **Yes**, someone in my household is employed. *Complete the below information.* ☐ **No**, no one in my household is employed.

Name of household member	Name of employer (or self-employed)	Employment start date	Employer's address	Employer's phone number	Employer's fax number

► BANK ACCOUNTS AND OTHER ASSETS *List all assets held or owned by every person who will be part of this household. (If you need additional space, please attach a separate paper.)*☐ **Yes**, someone in my household has assets (e.g., bank accounts). ☐ **No**, no one in my household has assets.

Name of household member	Type of asset (checking, savings, IRA, house, etc.)	Current value	Interest rate	Name of bank or financial institution	Account number
		\$	%		
		\$	%		

☐ **Yes** ☐ **No** Have you cashed in an asset (such as a CD, for example) in the past 60 days? If yes, how much did you receive? \$☐ **Yes** ☐ **No** Have you sold an asset/property in the last two years? If yes, provide an explanation on a separate piece of paper.**► STUDENT INFORMATION** *List information only for household members who are 18 years old or older. You must report within 10 business days if enrollment falls below full time status.*☐ **Yes**, an adult in my household is a student. *Complete the below information.* ☐ **No**, no adult in my household is a student.

Name of household member	Name of school	Full time or part time?	List all financial aid received (grants, scholarships, etc.)

► DEDUCTIONS *Do you have expenses that **you pay out of pocket** and anticipate to continue for the next 12 months? (If you need additional space, please attach a separate paper.)*☐ **Yes** ☐ **No** Child Care Expenses for a child under 13: If yes, you must provide verification in order to receive a deduction.☐ **Yes** ☐ **No** Medical Expense: If yes, and your household is eligible to have medical expenses deducted from your income, complete a Medical Expenses Declaration form.☐ **Yes** ☐ **No** Disability Assistance Expense: Attendant care and auxiliary apparatus expenses for a disabled household member may be deductible if the expense is paid by the household to enable a household member to be employed. If yes, please explain:**► CERTIFICATION** I understand all changes to my household composition, income, or other circumstances that occur after I complete this form must be reported in writing to Seattle Housing within ten (10) business days of the change. I understand my eligibility for housing depends on my household's full completion of this form as verified by Seattle Housing. I certify this information is true and accurate and acknowledge that falsifying or manipulating information may result in denial or termination from the Voucher program._____
Head of household signature_____
Date_____
Spouse or Co-head signature_____
Date_____
Signature of other household member (age 18+)_____
Date_____
Signature of other household member (age 18+)_____
Date

For Seattle Housing Use Only	Background check <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Cancelled	Supervisor or designee	Date
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**Housing Choice
Voucher Program**

Address PO Box 19028
190 Queen Anne Ave N
Seattle, WA 98109-1028
Telephone 206-239-1728
FAX 206-239-1770
TDD 1-800-833-6388
Website www.seattlehousing.org

DECLARATION OF CITIZENSHIP OR IMMIGRATION STATUS

Section 214 of the Housing and Community Development Act of 1980, as amended, requires the Seattle Housing Authority (SHA) and the Department of Housing & Urban Development (HUD) to ensure that financial assistance is made available only to persons who are U.S. Citizens or Non-citizens who have an eligible immigration status as set forth in 42 U.S.C. Section 1436(a). Please note that not all "legal" statuses are eligible for subsidy.

All adults (18 years and older) in the household must claim their status and sign below. The head of household and/or a responsible adult is required to certify the status of each minor child in the household. All Non-citizens with a subsidy-eligible status are required to sign a Verification Consent Form and present their original I-551 Permanent Resident card or I-94 Arrival/Departure record from the Department of Homeland Security **in person**.

Adult members (18 yrs. and older)

1. Under penalty of perjury, I declare that I am: _____

Head of Household (print clearly)

- ☐ A Citizen of the United States
- ☐ A Non-Citizen with subsidy-eligible immigration status (*check that you have one of the following to verify your status*)
- ☐ I-551 Permanent Resident Card
- ☐ I-94 Arrival/Departure Record annotated with Section 207, 208, 243(h), or 212(d)(5)
- ☐ I-94 Arrival/Departure Record *and* DHS letter or court order granting asylum or withholding of deportation
- ☐ Not able to certify that I am a U.S. Citizen or a Non-Citizen with a subsidy-eligible immigration status

Signature _____ **Social Security # (last 4)** _____ **Date** _____

2. Under penalty of perjury, I declare that I am: _____

Spouse, Co-head, or Other Adult (print clearly)

- ☐ A Citizen of the United States
- ☐ A Non-Citizen with subsidy-eligible immigration status (*check that you have one of the following to verify your status*)
- ☐ I-551 Permanent Resident Card
- ☐ I-94 Arrival/Departure Record annotated with Section 207, 208, 243(h), or 212(d)(5)
- ☐ I-94 Arrival/Departure Record *and* DHS letter or court order granting asylum or withholding of deportation
- ☐ Not able to certify that I am a U.S. Citizen or a Non-Citizen with a subsidy-eligible immigration status

Signature _____ **Social Security # (last 4)** _____ **Date** _____

3. Under penalty of perjury, I declare that I am: _____

Other Adult (print clearly)

- ☐ A Citizen of the United States
- ☐ A Non-Citizen with subsidy-eligible immigration status (*check that you have one of the following to verify your status*)
- ☐ I-551 Permanent Resident Card
- ☐ I-94 Arrival/Departure Record annotated with Section 207, 208, 243(h), or 212(d)(5)
- ☐ I-94 Arrival/Departure Record *and* DHS letter or court order granting asylum or withholding of deportation
- ☐ Not able to certify that I am a U.S. Citizen or a Non-Citizen with a subsidy-eligible immigration status

Signature _____ **Social Security # (last 4)** _____ **Date** _____

SHA: All adults DHS status confirmed: ☐ Yes (See attached DHS print out) ☐ No **Date :** _____ **By:** _____

DECLARATION OF CITIZENSHIP OR IMMIGRATION STATUS, page 2

Minor Children (under 18 years old)

I certify that the following minor children (under 18 years old) listed in my household are:

Please check appropriate box(s) and list the name and Social Security Number.

☐ **A Citizen of the United States**

Name	Social Security # (last 4)

☐ **A Non-citizen with Eligible Immigration Status**

Name	Social Security # (last 4)	Permanent Residence Card	Annotated I-94	I-94 with DHS Letter or Court Order
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SHA: All minors DHS status confirmed: ☐ Yes (See attached DHS print out) ☐ No Date : By:

☐ **I am not able to certify U.S. Citizenship or Non-Citizenship with Eligible Immigration Status**

Name	Birth Date

I declare, under penalty of perjury, that the above is true and correct to the best of my knowledge.

(At least one adult signature is required.)

Head of Household Signature

Date

Spouse/Co-Head/Other Adult Signature

Date



Housing Choice Voucher Program

Address PO Box 19028
190 Queen Anne Ave N
Seattle, WA 98109-1028
Telephone 206-239-1728
FAX 206-239-1770
TDD 1-800-833-6388
Website www.seattlehousing.org

ELIGIBLE IMMIGRATION STATUS Verification Consent Form

Section 214 of the Housing and Community Development Act of 1980, as amended, requires the Seattle Housing Authority (SHA) and the Department of Housing & Urban Development (HUD) to ensure the financial assistance is made available only to persons who are U.S. Citizens, U.S. Nationals or Non-citizens who have been lawfully admitted to the United States and considered to have "eligible immigration status." The law requires all tenants for assisted housing who claim to have "eligible immigration status" to sign a consent form authorizing SHA and HUD to verify the information supplied with the U.S. Department of Homeland Security (DHS).

Purpose: This information is required to determine your eligibility for continued housing assistance (Federal subsidy).

Use of the Information to be Obtained: The evidence you supply to document your eligibility for housing assistance may be released by the Housing Authority, without responsibility for the further use or transmission of the evidence by the entity receiving it, (1) HUD, as required by HUD, and (2) the DHS for the purpose of establishing eligibility for financial assistance and not for any other purpose. However, neither SHA nor HUD are responsible for the further use or transmission of the evidence or other information by the DHS.

Who Must Sign This Consent Form? Each non-citizen in the household who will be receiving housing assistance and claims "eligible immigration status" must sign below. Adults, age 18 years or older, must sign for themselves. In the case of minor children (under 18 years old), the form must be signed by the head of household and/or adult member who is responsible for each minor child.

Failure to Sign the Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing (subsidy) benefits, or both. Denial of eligibility or termination of benefits (subsidy) is subject to the Housing Authority's grievance procedures or Section 8's informal hearing process, whichever is applicable.

Consent: I authorize the Housing Authority of the City of Seattle, or HUD to request and obtain verification from the DHS of the information I have supplied regarding my immigration status. I understand that this information is true and accurate to the best of my knowledge.

Head of Household

Date

Spouse/Co-Tenant

Date

Other Adult (over age 18)

Date

Other Adult (over age 18)

Date

Consent for Minor Children: I certify that I am the head of household and/or the adult family member responsible for the minor children listed below. I authorize Seattle Housing to request and obtain verification from the DHS of the information supplied regarding their immigration status. I understand this information is needed to determine eligibility for housing assistance (Federal subsidy); and I certify that the information I have supplied is true and correct to the best of my knowledge. List minor children:

Signature _____ Date _____

Parent or Guardian



GENERAL RELEASE OF INFORMATION

Address PO Box 19028
190 Queen Anne Ave N
Seattle, WA 98109-1028
Telephone 206-239-1728
FAX 206-239-1770
TDD 1-800-833-6388
Website www.seattlehousing.org

I hereby authorize Seattle Housing Authority (SHA) and the U.S. Department of Housing and Urban Development (HUD) to obtain the information listed below for the purpose of determining my eligibility to receive and continue receiving housing assistance. SHA may use this release to make inquiries or secure information from any source whatsoever, including a person, business, or organization that has, or may have, any information listed below. If SHA makes any negative determination(s) based upon the information obtained, I will have an opportunity to contest such determinations. If I participate in the Project-based or Mod Rehab program, I also authorize SHA and the owner and/or manager of the building in which I reside to share with each other any information needed to verify my continued eligibility and suitability for subsidized housing. This consent expires 40 months after it is signed.

- Information necessary to authenticate preference claims;
- Rental history records and references, including but not limited to, information about the ability to pay rent, the ability to live independently, take care of rental property, and get along well with neighbors;
- Non-residential references from individuals with whom a professional relationship has been established, and references from neighbors, community, and relatives;
- References from employers, including wage and salary information, and job performance;
- Criminal history, including fingerprint submission where necessary to effect positive identification;
- Credit reports;
- Services provided by individuals or agencies which are relevant to the ability to pay rent, take care of rental property, and get along well with neighbors and community;
- (HUD only) U.S. Social Security Administration and U.S. Internal Revenue Service;
- Income and asset information from any source, including State Wage Information Collection Agencies, for all family members;
- Immigration status, citizenship status, and legal identity verification;
- School registration for minor children, and for family members over the age of 18 where required to establish program eligibility;
- Registration in educational or vocational training programs including information about participation/completion of such programs;
- Verification of disability or handicap, if necessary for program eligibility (not including details of actual disability or handicap);
- Verification of need for reasonable accommodation, if requested;
- Credit reports and/or tenant screening reports from private screening contractors;
- Outstanding debts to other housing agencies.

Head of Household (printed name)

Signature

Date

Co-Head, Spouse, Partner, or Other Adult (printed name)

Signature

Date

Other Adult (printed name)

Signature

Date

Other Adult (printed name)

Signature

Date

Other Adult (printed name)

Signature

Date



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Authority: This release of information is in lieu of the HUD-9886 Authorization for the Release of Information/Privacy Act Notice.

Who must sign the consent form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Failure to sign consent form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to SHA's grievance and Housing Choice Voucher informal hearing procedures.

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for misusing this consent: HUD, SHA and any owner (or any employee of HUD, SHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited on the form. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, SHA or the owner responsible for the unauthorized disclosure or improper use.



U.S. Department of Housing and Urban Development Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

Seattle Housing Authority (SHA)

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name



**Housing Choice
Voucher Program**

THE PORCHLIGHT BUILDING

Address 907 NW Ballard Way, Suite 200
Seattle, WA 98107-4637
Telephone 206-239-1500
Fax 206-239-1770
TTY 1-800-833-6388
Website www.seattlehousing.org

PROFESSIONAL CERTIFICATION OF DISABILITY

Name _____ Birth date _____ Last 4 of SSN _____

Applicant or authorization:

I hereby authorize the release of information requested by the Seattle Housing Authority for the purpose stated below.

Signature _____ Date _____

Dear Medical Professional:

- ☐ The person named above is an applicant for housing assistance. To be eligible to receive certain benefits, the applicant must be disabled or handicapped as defined below.
- ☐ The person name above is an applicant for housing assistance who has indicated that they or a member of their household request an accommodation which will remove a barrier to the housing application process, or to tenancy. It will be helpful to verify a disability or handicap to help us make a decision about granting the request for accommodation.

DISABILITY: The inability to engage in any substantial gainful activity, by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.

HANDICAP: An impairment which (1) is expected to be of long-continued or indefinite duration, (2) substantially impedes the ability to live independently, and (3) is of such nature that this ability could be improved by more suitable housing conditions.

Note: For the purposes of eligibility determinations with the Seattle Housing Authority, an individual may not be considered eligible if that individual is *currently* engaging in the illegal use of drugs. An individual may be eligible, however, if he or she is currently participating in a supervised rehabilitation program or has successfully completed such a program and is *not* currently engaging in the illegal use of drugs.

This Professional Certification of Disability must be completed by an individual licensed by the State of Washington in a discipline qualified to determine the existence of a disability or handicap as defined on the reverse side of this form.

Based upon the above definitions, it is my opinion that the individual indicated above:

☐ IS DISABLED ☐ IS NOT DISABLED ☐ IS HANDICAPPED ☐ IS NOT HANDICAPPED

Professional's Printed Name _____ Title _____

Signature _____ Date _____

Address _____ Phone _____

Name of Organization _____

Thank you for your cooperation. SHA Representative _____ Phone _____



Housing Choice Voucher Program

THE PORCHLIGHT BUILDING

Address 907 NW Ballard Way, Suite 200
Seattle, WA 98107-4637
Telephone 206-239-1500
Fax 206-239-1770
TTY 1-800-833-6388
Website www.seattlehousing.org

DISABILITY AND HANDICAP – DEFINITIONS

DISABILITY

Disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423) shall mean the inability to engage in any substantial gainful activity by reason of medical determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months; or in the case of an individual who has attained the age of 55 and is blind (within the meaning of “blindness” as defined in Section 416(i) (1) of the title), inability by reason of such blindness to engage in substantial gainful activity in which he or she has previously engaged with some regularity and over a substantial period of time; or;

HANDICAP

Handicap shall mean a physical or mental impairment which:

1. is expected to be of long continued and indefinite duration;
2. substantially impedes their ability to live independently in their present housing; and,
3. is of such nature that such ability could be improved by more suitable housing conditions.

This definition shall also include a disability attributable to mental retardation, cerebral palsy, epilepsy, or other neurological conditions of an individual found by the Secretary of Health and Human Services to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals which has continued or can be expected to continue indefinitely, and which constitutes a substantial handicap to such individual.

It shall also include any person who has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C. 6001(7) which defines developmental disability as a severe chronic disability that:

1. is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. is manifested before the person attains age twenty-two;
3. is likely to continue indefinitely;
4. results in substantial functional limitations in three or more of the following areas of major life activity:
 - a. self-care,
 - b. receptive and responsive language,
 - c. learning,
 - d. mobility,
 - e. self-direction,
 - f. capacity for independent living, and
 - g. economic self-sufficiency; and
5. reflects the person’s need for a combination and sequence of special, inter-disciplinary, or generic care, treatment, or to her services which are individually planned or coordinated.

COPY OF ORIGINAL ID, SSN, AND/OR IMMIGRATION DOCUMENTATION

Head of household name _____

I certify that the item(s) pictured above is a copy of the original document(s) that I saw in person.

Staff name _____	Title _____
Staff signature _____	Date _____