



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 \_\_\_\_\_



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## 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.