

CDBG PROGRAM NAME: \_\_\_\_\_

APPLICANT NAME:

DATE:

--	--

APPLICANT'S ADDRESS:

CITY:

STATE:

ZIP:

--	--	--	--

**PURPOSE OF FORM:**

In accordance with federal laws and regulations published by the Department of Housing and Urban Development, it is necessary to verify the disability status of the CDBG Program Applicant identified hereinabove. All information provided will only be used for the purposes of establishing eligibility documentation for the above referenced CDBG Program. The City of Pasadena's Community Development Department and its Subrecipient Agencies and/or Recipient Departments, are prohibited from asking about the nature of an applicant's disability, and medical professionals should not disclose specific details or diagnoses.

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/her ability to live independently, and
  3. Is of such 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 Development Disabilities Assistances and Bill of Rights Act (42 U.S.C. 6001-6007).

**INSTRUCTIONS:**

There are three (3) methods of verification of disability status listed below. Please select ONE (1) of the verification methods and provide the necessary documentation associated with that verification method. A copy of this form and verification documentation should be placed in the CDBG Program Applicant's eligibility file.

<b>___ OBVIOUS DISABILITY</b>	
Select this box if the applicant named above, in the reasonable judgement of the CDBG Program Director, has an obvious disability. Examples of obvious disabilities are blindness or permanent necessity of wheelchair use. No further verification of disability required.	
Signature of CDBG Program Director:	

<b>___ RECEIPT OF FEDERAL DISABILITY BENEFITS</b>	
Select this box if the applicant named above receives disability-related Social Security ("SSDI"), Supplemental Security Income ("SSI"), Veterans' Administration ("VA"), or other federal benefits. Reasonable documentation includes a benefit verification letter from the federal agency providing financial assistance to the applicant or canceled checks or direct deposit documentation or like records. No further verification is required.	
Type of Documentation Provided:	

**CERTIFICATION OF A MEDICAL PROFESSIONAL** (certification must be made by someone other than applicant)

Select this box if the applicant named above DOES NOT have an obvious disability and/or DOES NOT receive disability-related federal benefits. If this box is selected the applicant's disability status can only be verified through certification by a medical professional by completing the following sections.

**To the applicant claiming disability:**

The undersigned medical professional has knowledge of whether the claimed disability meets the definition applicable to this verification so that you may qualify for assistance under the referenced CDBG Program. YOU ARE NOT OBLIGATED TO CONSENT TO THE RELEASE OF THIS INFORMATION. However, the CDBG Program Representative must receive the information requested from the medical professional to determine your eligibility for the CDBG Program. The CDBG Program Representative may request from the medical professional only the minimum information necessary to determine whether the applicable definition of disability has been met.

I hereby authorize the release of the requested information to the CDBG Program Representative.

Name of Authorized Person:	Signature of Authorized Person:	Date:
----------------------------	---------------------------------	-------

**To the medical professional:**

The City of Pasadena's Community Development Department and its Subrecipient Agencies and/or Recipient Departments have an obligation with the United States Department of Housing and Urban Development Community Development Block Grant Program to verify disability when providing assistance utilizing federal funds. The applicant has asserted that he/she has a disability which must be documented by a medical professional. An authorized individual has lawfully consented to release to the CDBG Program Representative the medical opinion below regarding the claimed disability status. All information provided by a medical professional will be used solely to establish disability status. Neither the City of Pasadena's Community Development Department nor its representatives may ask about the nature of an individual's disability, and medical professionals should not disclose specific details or diagnoses.

I hereby certify that the above-named applicant (check one) \_\_\_ DOES / \_\_\_ DOES NOT meet the definition of person with disabilities set forth in this verification

Signature of Medical Professional:	Title and Organization:	Date:
------------------------------------	-------------------------	-------

**SIGNATRUES:**

Under penalties of perjury, I certify that the information presented in this document is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in CDBG Programs that will accept this document. **WARNING: ANY PERSON WHO KNOWINGLY MAKES A FALSE CLAIM OR STATEMENT OT HUD MAY BE SUBJECT TO CIVIL OR CRIMINAL PENALTIES UNDER 18 U.S.C. 287, 101 AND 31 U.S.C. 3729.**

CDBG Program Representative Name:	Date:
CDBG Program Representative Signature:	
Applicant's Name:	Date:
Applicant's Signature:	