

Position 3

Form RD 1944-4 (Rev. 10-99) FORM APPROVED
OMB NO. 0575-0172

UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL DEVELOPMENT

CERTIFICATION OF DISABILITY OR HANDICAP

Date: _____

TO: _____

Special considerations are authorized for disabled or handicapped persons who obtain financial assistance from the Rural Housing Service, Rural Development. The person listed under this category must have a physical or mental impairment which (a) is expected to be of long-continued or indefinite duration (e.g., not less than 12 months from the date of the certification), (b) substantially impedes his/her ability to live independently, and (c) is of such a nature that such ability could be improved by more suitable housing conditions.

We would appreciate your completing the certification below for _____
(Name of Person)
and returning this form in the enclosed envelope.

The information will be used only for the purpose of classification and establishing eligibility for financial assistance.

(Applicant/Co-applicant - Borrower/Co-borrower) _____
(Rural Development Representative)

(Title)

CERTIFICATION OF DISABILITY OR HANDICAP

In my opinion, the above mentioned person:

___ is disabled or handicapped as defined above.
___ is not disabled or handicapped as defined above.

Date: _____

(Physician's Signature)

(Address)

(Phone)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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Used by field offices to obtain additional information concerning applicants applying for services. The completed form will be returned directly to the field office in the pre-addressed envelope.

- PROCEDURE FOR PREPARATION : RD HB-1-3550 and RD HB-2-3550.
- PREPARED BY : Community Development Manager or his/her delegate; certification by physician.
- NUMBER OF COPIES : Original only.
- SIGNATURES REQUIRED : Applicant/Co-applicant; Borrower/Co-borrower; Rural Development representative; physician.
- DISTRIBUTION OF COPIES : Original mailed to physician; when returned by physician the form will be filed in the loan docket.