

(Property letterhead)

Verification of Eligibility for Occupancy Preference

To: _____

Dear Sir/Madam:

Regarding: _____

_____ Apartments has a priority to lease apartments to persons with special needs. The above referenced individual has indicated that they may be eligible to reside in one of these set aside units. However these requirements need to be documented. For purposes of qualifying, a member of the household must meet the following definition:

Person with Disabilities-A person who:

- (A) has a physical, mental or emotional impairment that;
 - (i) is expected to be of a long, continued and indefinite duration,
 - (ii) substantially impedes his or her ability to live independently, and
 - (iii) is of such a nature that the ability could be improved by more suitable housing conditions, or
- (B) has a development disability, as defined in Section 102(7) of the Development Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001-6007).

Your health provider or other reliable source should complete this form. All information will be used only for the purpose of establishing eligibility. We are prohibited from asking about the nature of the special needs and please do not disclose specific details or diagnoses.

I hereby authorize the release of the requested information.

Applicant Signature: _____ Date _____

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In my opinion, the above named person Does Does Not meet the definition of Person with Disabilities.

Signature: _____ Date _____

Title or Relationship: _____