



HOUSING AUTHORITY of the County of Butte

(530) 895-4474
FAX (530) 894-8738
TDD/TTY (800) 735-2929
(800) 564-2999 Butte County Only
WEBSITE: www.butte-housing.com
2039 Forest Avenue • Chico, CA 95928

CERTIFICATION OF DISABILITY

Head of Household Name: Phone:
Name of the Disable Household Member:
Social Security Number: Message Phone:
Address:

Authorization to Release Information: I hereby authorize the care provider listed below to disclose relevant information to the Housing Authority of the County of Butte. I understand the information the Housing Authority obtains will be kept confidential.

Signed:
Disabled Household Member/Parent or Guardian of Household Member under age 18
Printed Name
Date

List the name of the qualifying professional who can certify disability. This should be the individual providing professional services that relate to the disability.

Name: Position/Title:
Address:
Phone: Fax:

Dear Health Care Provider/Qualifying Professional:

The above named individual has applied for or is currently receiving housing assistance. Participants who are disabled are entitled to certain benefits. We must verify whether he/she is disabled as defined by the US Department of Housing and Urban Development (HUD).

HUD regulations define disability as one of the following:

- A. Has a disability as defined in section 223 of the Social Security Act,
B. Has a physical, mental or emotional impairment that
a. Is expected to last continuously for at least 12 months;
b. Substantially impedes his or her ability to live independently and
c. Is of such a nature that ability to live independently could be improved by more suitable housing conditions
C. Has a developmental disability as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act.

Does this individual have a disability as defined above? Yes No
If yes, is this Permanent and lifelong or temporary until
If necessary, would you be willing to testify under oath to the information provided on this form? Yes No

WARNING: Any person who signs this statement and who willingly states as true, any matter which (s)he knows to be false, is subject to the penalties prescribed for Perjury in Section 118 of the California Penal Code and Section 11054 of the Welfare and Institutions Code.

Signature of Health Care Provider/Qualifying Professional Date

Printed Name



The Housing Authority is an equal opportunity employer and housing provider.

