

## **CERTIFICATION OF ELIGIBILITY FOR ACCESSIBLE UNIT**

### **To be completed by the applicant:**

Applicant name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Current address: \_\_\_\_\_

Building (House) #

Street

Apt.

City

State

Zip

This form is to be submitted to housing developers by affordable housing applicants who have been selected for processing and who have indicated on the application the need for a unit that is accessible or adaptable for a household member with a mobility, hearing or vision disability.

The applicant must provide one of the following additional verifications:

- 1) **Verification by a service provider.** Have the second page of this form completed by a licensed healthcare professional or a supervisory-level employee of an organization that provides services to the household member with disabilities.
- 2) **Verification by one of the documents listed on page 5.**

The applicant must submit this page, along with either 1 or 2 listed above, to the housing developer through Housing Connect, by email, mail, or in person.

**Name of household member who has a mobility, vision or hearing disability of indefinite duration:**

Relationship to Applicant: \_\_\_\_\_

1. Does the individual seeking accessible housing have an ambulatory disability, which requires the use of an assistive device such as a wheelchair?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
2. Does the individual have a hearing disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Does the individual have a vision disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Note: If the individual has more than one disability, please answer accordingly).

**To be completed by the household member with a disability (or their legal guardian):**

I certify that the above statements are true to the best of my knowledge. I understand that supplying false information can lead to the denial of my housing application. If I choose to submit a verification by my service provider, I authorize the developer, marketing agent, and the NYC Department of Housing Preservation and Development (HPD)/NYC Housing Development Corporation (HDC) to verify my eligibility with the service provider who completed the verification form.

**Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

## VERIFICATION OF DISABILITY BY SERVICE PROVIDER

This form can be completed by a licensed healthcare professional or a supervisory level employee of an organization that provides services to the household member with disabilities.

**Applicant name:** \_\_\_\_\_

**Name of household member with mobility, vision or hearing disability:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

The Applicant is seeking to be deemed eligible for a dwelling unit that is accessible or can be adapted for use by an individual who has a mobility, vision or hearing disability (as described below). A federal law, Section 504 of the Rehabilitation Act, requires that a certain percentage of dwelling units in this development be set aside for people with mobility, vision and hearing disabilities who need accessible/adaptable units. Please confirm that the applicant or a member of their household has a mobility, vision, and/or hearing disability of indefinite duration.

### **Type of Service Provider:**

☐ **I am a licensed healthcare professional.** I am providing the information in this document based upon my professional expertise and my interaction with the applicant and/or a member of their household who has a disability. The type of healthcare I provide is \_\_\_\_\_ (examples: physical therapy; ophthalmologist, etc.)

☐ **I work in a supervisory role for \_\_\_\_\_, which is an organization that provides services for people with disabilities.** I am providing the information in this document based upon my experience with the applicant and/or a member of their household with disabilities and the type of services that my organization provides to them.

## **Verification of Household Member's Disability**

The named household member has:

- [ ] a mobility disability such that they would benefit from a unit designed for people with a mobility disability (a unit that is designed with features for people with limited physical mobility, such as larger turning radius in the bathroom and kitchen). These units are designed to meet Universal Federal Accessibility Standards.
- [ ] a hearing disability to such a degree that they would benefit from a unit for people with a hearing disability (a unit that is wired to support such features as a strobe light smoke alarm and doorbell and other assistive technology).
- [ ] a vision disability such that they would benefit from a unit for people with a vision disability (a unit that is wired to support such features as appropriate audio alarms and other assistive technology).

I affirm that the information above is accurate to the best of my knowledge.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Title/Relationship to Organization: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of Licensure / Certification (if applicable): \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_

Stamp (if applicable): \_\_\_\_\_

## **VERIFICATION OF DISABILITY BY DOCUMENT**

An applicant can submit the following types of documentation to verify their need for a unit that is accessible for people with mobility, vision, or hearing disabilities. This document can be submitted instead of a verification by a service provider.

### **For a household member who has a mobility disability:**

- NYS driver's license with an "A", "U" or "X" restriction or driver's license from another state indicating a mobility disability

### **For a household member with disabilities who is a minor (under 18 years of age):**

- Copy of IEP or 504 Plan developed with the minor child's school staff indicating the minor child's mobility, vision, or hearing disability

### **For a household member who has a hearing disability:**

- NYS driver's license with an "F1" designation or driver's license from another state indicating hearing loss
- Other government identification card specifically indicating hearing loss
- Diploma or transcript from a school or Institute for the Deaf

### **For a household member who has a vision disability:**

- Registration document and/or Verification of Legal Blindness from the NYS Commission for the Blind (or other equivalent agency from another state)
- Verification of Legal Blindness from NYS Commission for the Blind or equivalent document from another State
- SSDI Award Letter specifically indicating blindness
- Government identification card specifically indicating blindness
- Diploma or transcript from a school or institute for the blind