

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
Housing Trust Fund (HTF)



Certification of Disability	
Applicant Name:	
Address, City, and Zip:	
Name of Person with Disability:	
Relationship to Applicant:	<input type="checkbox"/> self <input type="checkbox"/> spouse <input type="checkbox"/> dependent <input type="checkbox"/>

The Applicant has applied for housing assistance and is declaring that a member of the household has a disability.

The household may provide either of the following documents to demonstrate disability:

- current Supplemental Security Disability Income (SSDI) award letter**
- current Supplemental Security Income (SSI) award letter for UNDER AGE 62 ONLY**

If EITHER of the above documents can be provided, do NOT complete the rest of this form.

If NEITHER of the above documents can be obtained, a medical professional must complete the rest of this form. This form is confidential and will be used strictly for the purpose of establishing Applicant's eligibility to receive housing assistance. Do NOT disclose specific details regarding the nature of the Person with Disability.

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize the medical professional below to confirm my disability status for the purposes of eligibility for housing assistance.

Signature of Person with Disability or His/Her Guardian

Date

MEDICAL PROFESSIONAL AUTHORIZED TO CERTIFY DISABILITY	
Name:	
Address, City and Zip:	
Relationship to Applicant:	Phone:

CERTIFICATION OF APPLICANT'S DISABILITY:

I certify that the above-named applicant is a Person with Disability.

Signature of Professional Authorized to Verify Disability

Date