



Disability Verification

To: Third Party Verifier's Name: \_\_\_\_\_
Address: \_\_\_\_\_
City, State, Zip Code \_\_\_\_\_
Fax Number or email address: \_\_\_\_\_

Re: Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Last four of SS#: \_\_\_\_\_ Property Name: \_\_\_\_\_

RETURN THIS COMPLETED FORM TO: FAX or EMAIL: \_\_\_\_\_

The above-named individual has applied for residency at our apartment community or currently resides here. Our community is operated under the Federal Tax Credit Housing program or other HUD funded program. To provide any requested Reasonable Accommodations or Reasonable Modifications, we must determine if the individual is considered disabled.

An individual with a disability is defined by the Americans with Disabilities Act as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, human immunodeficiency virus (HIV), mental retardation, emotional illness, drug addiction and alcoholism. This definition does not include any individual who is a drug addict and who is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use (214 CFR Part 8.3).

Release: I hereby authorize the release of the requested information.

Signature of Applicant/Resident: \_\_\_\_\_ Date: \_\_\_\_\_

Is the household member disabled as defined above? \_\_\_\_\_ YES \_\_\_\_\_ NO

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

Third Party Verifier Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

Provided ID: \_\_\_\_\_





## Disability Verification

Envolve Communities, Envolve Client Services and your Apartment Community does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. This community provides housing on an Equal Opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin, or disability or any other protected class in accordance with Federal, State and local laws, including sexual orientation, gender identity or marital status in the admission and/or access to any programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

**PLEASE NOTE: When reviewing and filling out this form, you may in lieu of use your own Office Form if easier for you as the verifier.**

David Catlett, Compliance Manager

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