| **Administrator: Concho Valley Community Action Agency** | | **Contract/RSP Number: 1003416** |
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| **Administrator Address:** **133 W Concho Ave. Ste 301, San Angelo, Tx 76901** | | **Phone:** **325-653-2411** |
| **Fax:** **325-658-3147** | **Email:** **housing@cvcaa.org** | |
| **Applicant Name:** | | |
| **Applicant Address:** | | |
| **Name of Household Member with a Disability:** | | |
| **Relationship of Person with a Disability to the Applicant:** | | |

The above-named Applicant has submitted an application to above-named Contract Administrator for federal housing assistance through the HOME Investment Partnerships (HOME) Program serving Persons with Disabilities. Applicant states that a member of his/her household meets the following definition of Person with Disability, in accordance with 24 CFR 92 and 10 TAC 23:

**Definition of a Person with a Disability**

A Person with Disability is a person who:

A. Has a disability that is a physical, mental or emotional impairment that:

1. Is expected to be of a long-continued, and indefinite duration, AND

2. Substantially impedes his or her ability to live independently, AND

3. Is of such a nature that the ability could be improved by more suitable housing conditions; OR

B. Has a developmental disability which is a severe, chronic disability that:

1. Is attributable to a mental or physical impairment or combination of mental or physical impairments; AND
2. Is manifested before the person attains age 22; AND
3. Is likely to continue indefinitely; AND
4. Results in substantial functional limitations in three or more of the following areas of life:
   1. Self-care;
   2. Receptive and expressive language;
   3. Learning;
   4. Mobility;
   5. Self-direction;
   6. Capacity for independent living;
   7. Economic self-sufficiency; AND
5. Reflects the person’s need for treatment or services that are of lifelong or extended duration and are individually planned and coordinated.

C. An individual from birth to age 9 who has a substantial developmental delay, congenital, or acquired condition may be considered to have a developmental disability without meeting three of the above-identified criteria if the individual has a high probability of meeting those criteria later in life.

In accordance with HOME Program regulations, the disability preference being claimed by Applicant must be confirmed by a health care provider or other reliable source. Any information provided is confidential and will be used strictly for the purpose of establishing Applicant’s eligibility to receive HOME Program assistance as a Person with Disability.

**Do NOT disclose specific details regarding the nature of Applicant’s disability, or pertaining to his/her specific medical diagnosis.**

**APPLICANT’S AUTHORIZATION TO RELEASE INFORMATION:**

I hereby authorize the individual identified below as “Individual Authorized to Provide Verification of Disability” to release information to the above-named Contract Administrator for the purpose of confirming my eligibility as a Person with Disability, in accordance with the above-stated definition of Person with Disability.

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Signature of Person with Disability or His/Her Guardian Date

**INDIVIDUAL AUTHORIZED TO PROVIDE VERIFICATION OF DISABILITY**

|  |  |
| --- | --- |
| **Individual’s Name:** | |
| **Individual’s Address:** | |
| **Relationship of Individual to Applicant:** | **Phone:** |

**CERTIFICATION OF APPLICANT’S DISABILITY:**

I hereby certify that the above-named Applicant meets the criteria of Person with Disability as provided in the above-stated definition of Person with Disability.

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Signature of Individual Authorized to Provide Verification of Disability Date

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| --- | --- | --- |
| *Reasonable accommodations will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.* | | |
|  | **Texas Department of Housing and Community Affairs**  Street Address: 221 East 11th Street, Austin, TX 78701 Mailing Address: PO Box 13941, Austin, TX 78711  Main Number: 512-475-3800 Toll Free: 1-800-525-0657 Email: info@tdhca.state.tx.us Web: www.tdhca.state.tx.us |  |

**WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department of the United States Government.**