

# Waiver of Minimum Rent Request

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

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

Current Amount Owed: \$ \_\_\_\_\_

Is there a delinquent amount owed?    Yes                      No

If so, how much is delinquent? \$ \_\_\_\_\_

Why do you feel you need this waiver? Please list your reason(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your relationship with the township trustee? \_\_\_\_\_

\_\_\_\_\_

Has anyone in the family applied for TANF?    Yes                      No

Has anyone in the family applied for Social Security?    Yes                      No

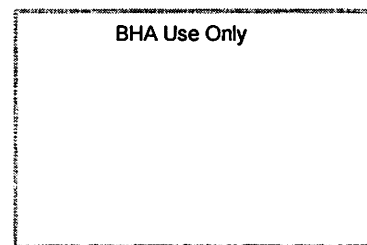


Reviewed By: \_\_\_\_\_

Approved

Denied

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



## CERTIFICATION OF DISABILITY

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re: \_\_\_\_\_  
SS#: \_\_\_\_\_

The above-named individual is applying for participation in a federally-assisted housing program operated by the Housing Authority. To determine the applicant's eligibility, we must verify that he/she is disabled as defined by the U.S. Department of Housing and Urban Development (HUD). HUD regulations define disability as follows.

- A. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months, or in the case of an individual who has attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills or ability comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.
- B. Severe chronic disability that:
  - a. is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - b. is manifested before the person attains age 22;
  - c. is likely to continue indefinitely;
  - d. results in substantial functional limitations in three or more of the following areas of major life activity: (1) self-care, (2) receptive and responsive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, (7) economic self-sufficiency;
  - e. reflects the person's need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.
- C. A person with a physical or mental impairment that:
  - a. is expected to be of a long-continued and indefinite duration,
  - b. substantially impedes his/her ability to live independently, and
  - c. is of such a nature that such ability could be improved by more suitable housing conditions.
- D. Federal Law now states that a person is not considered disabled for eligibility purposes solely on the basis of any drug or alcohol dependence. Individuals whose alcohol or drug addiction is a material factor to their disability are excluded from the definition. Individuals are considered disabled if the disabling mental and physical limitations would persist if the drug or alcohol abuse discontinued.

Housing Authority Representative \_\_\_\_\_ Date \_\_\_\_\_

I hereby authorize the release of any information pertaining to this request, and will appreciate it if you will complete and return to the Housing Authority the following certification.

**Applicant's Signature:**

### Certification of Disability

Client Name: \_\_\_\_\_ ( ) does ( ) does not meet the above definition of a person with a disability

Applicable definition(s): ( ) A ( ) B ( ) C

Estimated length of disability period: \_\_\_\_\_

Certified By: \_\_\_\_\_ Date: \_\_\_\_\_

Office: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Warning: Section 1001 of the Title 13 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**

Please Return or Fax This Form To: Bloomington Housing Authority 1007N. Summit St.  
Bloomington, IN 47404      or      Fax to: (812) 339-7177