



Property Name: _____ Unit: _____

Applicant/Resident Name: _____

Qualifying Household Member Name: _____

The building, as mentioned above, participates in one or more City of Seattle Affordable Housing programs. Under these programs, the owner has agreed to provide some units for people with disabilities, as defined below.

“Disability” means:

A physical or mental impairment substantially limits one or more of the major life activities of an individual, such as not being able to care for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, or learning.

I, certify that the above referenced applicant falls within this Disability definition.

I, certify this information as the applicants/residents (please check the appropriate box):

- Physician
- Relative
- Social Worker
- Caregiver
- Other _____

X

Signature	Title	Date

Print Name	Phone #

*Onsite manager, Assistant manager, or Leasing agent can check the “other” box with signature, title, and date **only** if the listed onsite staff members have reviewed the classified documentation or file.