



**Pierce County  
Housing Authority**

603 So. Polk St., Tacoma, WA 98444  
Ph.: 253-620-5400 Fax: 253-620-5455 TTY: 253-620-5499  
[www.pchawa.org](http://www.pchawa.org) or Portal.pchawa.prg

**CERTIFICATION OF DISABILITY**

Care Provider Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Client Name (please print):  
\_\_\_\_\_  
Client DOB (please print):  
\_\_\_\_\_

I hereby request that you release information to Pierce County Housing Authority regarding my disability. I understand that this information will be kept confidential and will be used only for program purposes.

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

Client Signature of Release: \_\_\_\_\_

PLEASE RETURN TOP PORTION COMPLETED BY TENANT

PCHA WILL SUBMIT REQUEST DIRECTLY TO PROVIDER, DO NOT MARK BELOW THIS LINE

Dear Provider,

Special considerations are authorized for disabled persons who obtain financial assistance from the Department of Housing And Urban Development. The person listed under this category must have a physical or mental impairment which:

- A) Is expected to be of long-continued or indefinite duration (e.g., not less than 12 months from the date of this certification),
  - 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.

The information will be used on for the purpose of classification and establishing eligibility for financial assistance.

***In my opinion, the above mention individual:***

\_\_\_\_\_ IS disabled as defined above      \_\_\_\_\_ IS NOT disabled as defined above

***If necessary will you be willing to testify in a court of law concerning the information provided on this form?***

\_\_\_\_\_ YES      \_\_\_\_\_ NO

In accordance with USC 18.1.47.1001, which states:

- (A) Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully
  - (1) Falsifies, conceals, or covers up by an trick, scheme, or device of material fact;
  - (2) Makes any materially false, fictitious, or fraudulent statement or representation; or
  - (3) Makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title or imprisoned for not more than 5 years, or both;

I am qualified and possess the knowledge necessary to make the above determinations and disclosures, and have provided true and correct information.

***Signature of certifying individual:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

***Printed Name of certifying individual:*** \_\_\_\_\_

***Contact Information: Phone:*** \_\_\_\_\_ ***Fax:*** \_\_\_\_\_ ***Email:*** \_\_\_\_\_