

CERTIFICATION OF DISABILITY OR HANDICAP

Date: _____

TO:

Special considerations are authorized for disabled or handicapped persons who obtain financial assistance from the Rural Housing Service, Rural 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 the 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.

We would appreciate your completing the certification below for _____
and returning this form in the enclosed envelope. *(Name of Person)*

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

(Applicant/Co-applicant - Borrower/Co-borrower)

(Rural Development Representative)

(Title)

CERTIFICATION OF DISABILITY OR HANDICAP

In my opinion, the above mentioned person:

_____ is disabled or handicapped as defined above.

_____ is not disabled or handicapped as defined above.

Date: _____

(Physician's Signature)

(Address)

(Phone)

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Numbers for this information collection is 0575-0172 and 0575-0179. Public reporting for this collection of information is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are voluntary. However, in order to obtain or retain a benefit, the information in this form is required. Rural Development has no plans to publish information collected under the provision of this program. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to: Information Collection Clearance Officer, Rural Development Innovation Center, Regulations Management Division at ICRMRequests@usda.gov.