Permanent Disability Verification Form

Name: _____ Household Last Name: _____

I hereby authorize the below named qualified professional to complete this document in regard to my current situation:

Signature: _____ Date: _____

The above named individual is part of a household that has applied for assistance through the FHLBI Home Ownership Initiatives. They have listed you and/or your organization as being able to verify their permanent disability as defined below:

Verification

1. Federal laws define a person with a disability as "any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment."

   Does the person listed above have a physical or mental impairment that substantially limits one or more major life activities including, but not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working?

   ☐ Yes ☐ No

   Has this person had this disability for at least 60 days prior to the current date?

   ☐ Yes ☐ No

Verifier Information

Name:_____ Title: _____

Organization: _____

Address: _____
Street address City State

Signature:_____ Date: _____