

CERTIFICATION OF ELIGIBILITY FOR DISABILITY UNIT
APPLICANT AFFIRMATION COVER LETTER
(FOR USE DURING COVID-19 CRISIS)

Name: _____

Log #: _____

Development Name: _____

<Applicant Name> does hereby certify that due to the current temporary circumstances related to COVID 19, I am unable to have the required Verification of Disability form completed by a licensed medical professional.

I affirm that as soon as it is reasonably possible to do so, I will have the form completed and will submit it to the owner/agent. I understand that I am being processed for a unit set aside for people with mobility, visual and hearing disabilities who need accessible/adaptable units and that it is my responsibility to provide a duly completed form within the first year of occupancy.

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the processing of this application.

Signature

Date

06-2020

