



Housing Authority of Myrtle Beach
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Sharon Forrest, Executive Director
 John R. Stack, Board Chairman

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VERIFICATION OF HANDICAP/DISABILITY STATUS

MEDICAL PROVIDER: _____

DATE: _____

 (Print applicant name)
 XXX-XX-_____
 (Print SS number)

I hereby authorize and request my Doctor to furnish the following information that is necessary in determining my eligibility for rental assistance.

 Signature Applicant/Tenant

 MBHA Staff

Special considerations in the Section 8 Rental Assistance Program are authorized by law to a person or a family of a person who is handicapped or disabled. For the purpose of qualifying for this allowance the qualifying person must have an impairment which (a) has a disability as defined in 42 U.S.C. 423 (d), (b) is determined to have a physical, mental or emotional impairment that: (1) is expected to be of long-continued and indefinite duration, (2) substantially impedes his/her ability to live independently, and (3) is of such nature that such ability could be improved by more suitable housing conditions, or (c) has a developmental disability as defined in 42 U. S. C. 15002 (8).

This definition does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome. For purposes of qualifying for low-income housing, it does not include a person whose disability is based solely on any drug or alcohol dependence.

We would appreciate your completing the certification below and returning this form to the Myrtle Beach Housing Authority.

1) I certify that _____ () is or () is not handicapped/disabled as defined above.

Name of Medical Provider: _____

Date: _____

Signature of Medical Provider: _____

Phone No: _____

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE, MAKES IT A CRIMINAL OFFENCE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES OR TO ANY MATTER WITHIN ITS JURISDICTION.

EQUAL OPPORTUNITY HOUSING