



Rental Assistance Office
1090 Main Street
Brockton, MA 02301
Tel: 508 – 588- 6880
Fax: 508 – 559 – 0430

Certification of Need for Additional Bedroom
MUST BE COMPLETED BY MEDICAL PROFESSIONAL

To: _____

Head of Household: _____ Date _____

Member requiring additional bedroom: _____

Basis for disability: _____

The above-named person has requested a separate bedroom for a household member. Due to the fact that this person is a participant in a federally assisted housing program the Brockton Housing Authority is required to verify that he/she is disabled as defined by HUD. The participant has signed a release (attached) allowing you to provide us with the information. HUD regulations define disability as follows:

- (1) A disabled person is one with an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over substantial period.
(2) A severe chronic disability that:
(a) Is attributable to a mental and/or physical impairment;
(b) Is manifested before age 22;
(c) Is likely to continue indefinitely;
(d) Results in substantial functional limitations in three or more of the following areas: capacity for independent living, self-care, receptive and expressive language; learning, mobility, self-direction, and economic self-sufficiency AND
(e) Requires special interdisciplinary or generic care, treatment, or other services, which are of lifelong or extended duration and are individually planned or coordinated.
(3) A person with a physical or mental impairment that:
(a) Is expected to be of long-continued or indefinite duration;
(b) Substantially impedes the person's ability to live independently and is of such a nature
(c) Is of such a nature that such ability could be improved by more suitable housing conditions.

I, (please print) _____ certify that _____ is disabled according to the HUD definition, in accordance with definition number (as described above) _____

Signature: _____ Title: _____

Tenant Release:

I, _____, hereby authorize the release of the requested information directly to the Brockton Housing Authority.

All parties please be aware that : Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

Please return the completed form, in its entirety to:

Brockton Housing Authority
1090 Main Street
Brockton, MA 02301