DHCD
Maryland Department of Housing and Community Development

Certificate of Disability

Authorization by a disabled individual or the parent* of a disabled son or daughter or the guardian of a disabled immediate family member for a health, mental health or disability professional to complete the certification (authorization must be completed prior to the completion of the certification by a health, mental health or disability professional):

I, _____, authorize
Printed or typed name of Disabled Individual; Parent* of a Disabled Son or Daughter; or Guardian of a disabled immediate family member

_____ at _____
Professional completing certification — Name of Organization, if applicable

to complete the form below certifying ☐my disability or the disability of my ☐son

or ☐daughter _____or the disability of the guardian's
Printed or typed name of disabled son or daughter

☐immediate family member _____
Printed or typed name of disabled immediate family member

_____ _____
Signature of Disabled Individual or Parent* of a Disabled Son or Daughter or Guardian of a disabled immediate family member — Date

*if disabled son or daughter is under the age of 18 or is 18 or older but is not mentally competent to sign

Certification by a health, mental health or disability professional:

I certify that _____has a physical or mental impairment that
Name of Disabled Individual
substantially limits one or more major life activities (for example, hearing, seeing, speaking, sitting, standing, walking, concentrating, or performing manual tasks). The definition of disabled does not include a person whose disability is based solely on any drug or alcohol dependence.

_____ _____
Signature of Professional — Name of Organization, if applicable

_____ _____
Printed or Typed Name of Professional — Title/credentials

_____ _____
Street Address — City, State and Zip Code

_____ _____
Date — Telephone Number