



Architectural Barrier Removal Disability Verification

This form must be completed by a doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability.

Applicant:

Date of birth:

Address:

Proposed Modifications:

I certify that the abovementioned applicant meets one of the following criteria and due to their disability would benefit from the proposed modifications:

- Has a physical or mental impairment that substantially limits one or more major life activities
- Has a record of a disability
- Is regarded as having a disability

Verifying Party's Name

Title

Company/Organization

Phone

Signature

Date

Housing & Community Initiatives Division
30 South Nevada Ave., Ste. 604, Colorado Springs, CO 80903
Phone: (719) 385-5912 Fax: (719) 385-5475 www.coloradosprings.gov/housing