



HOUSING SENIORS | CREATING HOPE | PILOTING CHANGE

## Verification of Disability for Housing Purposes

### WHY GET A VERIFICATION OF DISABILITY?

Many affordable housing options are reserved for people who are elderly or disabled. These apartments are usually subsidized by the federal government, and residents pay approximately 30% of their monthly income for rent and utilities. All of the subsidized apartments for seniors and people with disabilities in Portland have waiting lists of approximately 1-4 years, depending on the specific building.

People who are 62 or over, or younger than 62 and receiving disability income from Social Security or the Veteran's Administration, qualify to apply for these properties. **However, if you are under 62 and disabled but not yet receiving disability benefits**, you can still qualify to apply for subsidized housing by having your health provider sign a Verification of Disability (VOD) form. The VOD states that you have a physical, mental, or emotional impairment that is expected to be long-term and makes it difficult to live independently without more suitable housing conditions.

### HOW TO GET A VERIFICATION OF DISABILITY

The following health providers are qualified to sign a VOD:

- Physician's Assistant
- Medical Doctor
- Family Nurse Practitioner
- Certified Nursing Specialist
- Psychiatric Mental Health Nurse Practitioner
- Licensed Nurse Practitioner
- Licensed Clinical Social Worker
- Doctor of Osteopathic Medicine
- Doctor of Chiropractic Medicine
- Certified Alcohol and Drug Counselor Level 3

The signed VOD form works for housing purposes only. It will not help you obtain disability benefits from Social Security, the Veteran's Administration, or any other provider.

*For updates or changes to this information please contact Northwest Pilot Project at  
(503) 227-5605 or [housing@nwppilotproject.org](mailto:housing@nwppilotproject.org)  
Updated 4-2026*

Ask your doctor to sign the VOD before you begin applying for any subsidized housing designated for people with disabilities. Then submit a copy of your signed VOD with each application for subsidized housing. Keep the original with your important documents.

A Verification of Disability form your medical provider can complete is attached.

## VERIFICATION OF DISABILITY

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_ Applicant

\_\_\_\_\_ Resident

To be eligible for higher priority in housing placement or deductions from income, an individual must meet certain disability standards. An individual with a disability is a person who has:

\_\_\_\_\_ A disability as defined in section 223 of the Social Security Act. This is an inability to engage in any substantial activity by reason of any medically determinable physical or mental impairment which can be expected to last for a continuous period of not less than 12 months.

\_\_\_\_\_ A physical, mental or emotional impairment that is expected to be of long-continued and indefinite duration; substantially impedes his or her ability to live independently; and is of such a nature that ability to live independently could be improved by more suitable housing conditions'

\_\_\_\_\_ A developmental disability as defined in section 102 (7) of the Developmental Disabilities Assistance and Bill of Rights Act.

Based on the above definition; it is my opinion that the individual indicated above:

\_\_\_\_\_ is disabled

\_\_\_\_\_ is not disabled

Disability began about: \_\_\_\_\_ (if additional comments, please respond on back)

I certify that the above information is true and correct.

\_\_\_\_\_  
Evaluator/Diagnostician's Name

\_\_\_\_\_  
Title

---

Signature

Date

Phone

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

## Qualifications Needed to Sign a Verification of Disability Form

TITLE	ACRONYM
Certified Alcohol and Drug Counselor Level 3	CADC III
Doctor of Chiropractic Medicine	DC
Doctor of Osteopathic Medicine	DO
Licensed Clinical Social Worker	LCSW
Licensed Nurse Practitioner	LNP
Psychiatric Mental Health Nurse Practitioner	PMHNP
Certified Nursing Specialist	CNP
Family Nurse Practitioner	FNP
Medical Doctor	MD
Physician's Assistant	PA

Additional Comments:

---

---