

**If you are completing this form electronically, a digital signature is required**

**Instructions to digitally sign this form using (free) Adobe Acrobat Reader DC**

- 1.) Download this file to a folder on your device and open with (free) Acrobat Reader DC
- 2.) Save file as; In the File Name field; **add your name to the beginning of the file**  
E.g. (Your Name) VILLAS ASSOC. - Verification of Disability form 12-7-2018
- 3.) Provide all of the information requested (highlighted fields).
- 4.) Digitally add your signature.
  - a.) Click on "Tools"
  - b.) Click on "Fill & Sign"
  - c.) A Fill & Sign tool bar will appear at the top center of the form. Click on "Sign"  
If this is the first time you have created a digital signature a dialogue box will appear asking you to "Add Signature" "Click on Add Signature"  
If you have previously created your signature, go to e.)
  - d.) Another Dialogue box will appear asking you to "Type your name here." "Type your name"  
If you wish, you can change the style of your signature, if all is Ok "Click Apply"
  - e.) Your signature will appear at the end of your pointer. Drop signature into the "signed" Field  
Note: After you drop your signature into the signed field, **be sure you have all information correctly filled in before you save the form.** Once saved, you will no longer be able to change the form.  
Also, before saving the form, if you wish to change the size of the signature or delete it. Click on the signature and a dialogue box will appear allowing you to do such.
  - f.) Save and close the form. Attach to an Email and send to:  
[propertymanager@hammockscapehaze.net](mailto:propertymanager@hammockscapehaze.net)

# THE HAMMOCKS - VILLAS CONDOMINIUM ASSOCIATION, INC.

## **VERIFICATION OF STATUS AS AN INDIVIDUAL WITH A DISABILITY**

Federal regulations under the Fair Housing Amendments Act of 1988, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act, define “disability” as:

1. a physical or mental impairment that substantially limits one or more major life activities;
2. a record of such an impairment; and/or
3. being regarded as having such an impairment.

A physical or mental impairment may include, but not limited to:

1. visual or hearing impairment,
2. anatomical loss or mobility impairment,
3. HIV infection,
4. developmental disabilities,
5. drug addiction, or
6. mental or psychological disorders.

**NAME & ADDRESS OF CLIENT (INCLUDE UNIT #):** \_\_\_\_\_

**IMPORTANT:** The individual verifying the disability and need for an accommodation and/or modification IS NOT required to reveal the specific nature and/or severity of the individual’s disability.

**As a medical professional with the knowledge necessary to make a determination, I certify that**

\_\_\_\_\_  
(name of client)

**qualifies as an individual with a disability as defined above and that the following accommodation and/ or modification is consistent with the needs associated with his/ her disability.**

**Accommodation/ Modification:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Medical Professional**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name, Title, and Phone Number (please print clearly)**