

SANTA MONICA RENT CONTROL BOARD

1685 Main Street, Room 202

Santa Monica, CA 90401

(310) 458-8751

DISABILITY CERTIFICATION

Tenant Information (please print)

Name

Address and unit number _____ 9040 _____ zip code

To the Physician:

The tenant whose name appears above has applied to the Santa Monica Rent Control Board for a registration fee waiver as a low-income disabled person.

You, as a licensed physician, are being asked to certify whether or not this person qualifies as a *disabled* individual. A *disabled* individual means any person who has a long-term *physical impairment* or who presently has a *mental impairment*, either of which *substantially limits* one or more *major life activities*:

- The term *physical impairment* means any long-term physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more body systems.
- Mental impairment refers* to any present mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional illness and specific learning disabilities.
- Substantially limits* means a limitation which has been shown to affect an individual's ability to secure employment.
- Major life activities* means such functions as taking care of oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working and receiving educational or vocational training.

_____ meets the criteria of disabled individual.

patient's name

His/her impairment is _____

physician's name (please print)

office address

physician's license number

phone number

date

physician's signature