

Special Needs Self-Disclosure Survey

Please read this statement before completing the boxes below. The following information is being requested by Habitat for Humanity of Iowa, Inc. for projects utilizing Federal Home Loan Bank (FHLB) Affordable Housing Program (AHP) funds. It will be used to document projects serving individuals with special needs. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not.

Definitions:

Special Needs may refer to the elderly, mentally or physically disabled persons, persons recovering from physical abuse or alcohol or drug abuse, or persons with AIDS.

Elderly: a household composed of one or more persons at least one of whom is 62 years of age or more.

Disabled: any person who has a physical or mental impairment that substantially limits one or more major life activities; has record of such impairment; or is regarded as having such impairment. In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related Complex, and mental retardation that substantially limit one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.

Survey:

	Applicant	Co-Applicant	Other Household Member
I do not wish to furnish this information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not identify as having a Special Need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I identify as being Elderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I identify as being Disabled/having a Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any accommodations that might make the house more accessible for a household resident (e.g. wheelchair ramp, grab bars in the bathroom, ADA roll-in shower, sensory room, etc.):*

*Note: Habitat may not be able to provide all or any of the items on this list, but may be able to help locate funding resources that can be used to purchase special needs and adaptive equipment.

Thank you for your participation.

Signature of Applicant

Signature of Co-Applicant

Date Signed

Address of Habitat Home: _____