

Carol M. Peterson Housing Fund Certification of Special Needs and/or Elderly

Name of Sponsor: _____

Name of Homeowner(s): _____

Subject Property Address: _____

City _____ State _____ Zip code _____

County _____ Phone _____

Below, identify at least one person living at the above address who meets the FHLB Cincinnati's special needs definition and/or is elderly (60 years of age or older).

Name: _____

Nature of special needs (Choose one of the eight options from the attached list):

Age: _____

Based on the information above, I certify that this household meets the program requirements for the Carol M. Peterson Housing Fund.

Sponsor: _____

Name of Sponsor Contact (Printed): _____

Signature of Sponsor Contact

Date _____

Carol M. Peterson Housing Fund Instructions for Certifying Special Needs and/or Elderly

This program is intended only for persons with special needs, as defined by the FHLB Cincinnati, or who are considered elderly (60 years of age or older). No prior approval from the FHLB is required. While the FHLB is willing to discuss specific homeowners or other persons, or specific situations, it is the FHLB's intention to rely on the reasonable determinations made by the Sponsor. Below is the FHLB's definition of special needs and elderly. At least one member of the household must meet one of these definitions or the household will not be eligible.

1. "Physically disabled" means any person: a) With a physical impairment which results in substantial functional limitations and who is receiving disability benefits from federal or state government; or b) Who is deemed physically disabled by a licensed physician who attests that by reason of this impairment is unable to perform life roles in at least one of the major domains of living, working, learning, or socializing.
2. "Mentally disabled" means any person: a) Who is diagnosed with a psychiatric disorder and who is receiving disability benefits from federal or state government; or b) Who is deemed to have a comparable long-term mentally disabling condition by a qualified professional, such as a licensed psychiatrist, psychologist, or clinical social worker, who attests that by reason of this impairment is unable to perform life roles in at least one of the major domains of living, working, learning, or socializing.
3. "Developmentally disabled" means any person: a) With a severe chronic developmental disability who has been diagnosed with mental retardation and who is receiving disability benefits from federal or state government; or b) Who is deemed developmentally disabled by a licensed physician who attests that by reason of this impairment is unable to perform life roles in at least one of the major domains of living, working, learning, or socializing.
4. "Co-occurring disabled" means any person: a) Diagnosed as having both a psychiatric disorder as well as a substance abuse/dependency (co-occurring) and who is receiving disability benefits from federal or state government; or b) Who is deemed to have a comparable long-term co-occurring condition by a licensed psychiatrist, psychologist, or clinical social worker, who attests that by reason of this impairment is unable to perform life roles in at least one of the major domains of living, working, learning, or socializing.
5. "Physically or emotionally abused" means any person who is or will be residing in a place protecting such person from such physical or emotional abuse.
6. "Chemically dependent" means any person with a history of substance abuse/dependency who is receiving treatment for the abuse/dependency from a licensed physician, psychiatrist, psychologist, or clinical social worker; or who is receiving treatment in a recognized therapeutic program.
7. "Aging out of Foster Care" refers to any person within a state foster care system, orphanage, or other residential facility.
8. For the purpose of the Carol M. Peterson Housing Fund, an individual is considered elderly if they are 60 years of age or older.