

**SANTA MONICA RENT CONTROL BOARD**

1685 Main Street, Room 202

Santa Monica, CA 90401

(310) 458-8751

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**DISABILITY CERTIFICATION**

Tenant Information (please print)

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Name

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Address and unit number

9040

zip code

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**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.

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\_\_\_\_\_ meets the criteria of disabled individual.  
patient's name

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physician's name (please print)

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office address

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physician's license number

phone number

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date

physician's signature