Date:

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| --- | --- | --- |
| To: |  | From: |

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE

SUBJECT: Verification of Disability

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| --- | --- | --- |
|  | Client’s Name: | SS#: XXX-XX-­­ |
| Client’s Birthdate: | Address: | City/State/Zip Code/County: |

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person’s eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

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In accordance with CFR Title 24 582.301 (c), this written verification of disability must be completed by a professional licensed by the state to diagnose and treat the verified disability.

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INFORMATION BEING REQUESTED

For each numbered item below, mark an “X” in the applicable box that accurately describes the person listed above.

|  |  |
| --- | --- |
| 1. YES NO  2. YES NO  3. YES\* NO  4. YES NO | Is a person with a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury, that is expected to be long-continued or of indefinite duration.  Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:   1. Is attributable to a mental or physical impairment or combination of mental and physical impairments; 2. Is manifested before the person attains age 22; 3. Is likely to continue indefinitely; 4. Results in substantial functional limitation in three or more of the following areas of major life activity; 5. Self-care, 6. Receptive and expressive language, 7. Learning, 8. Mobility, 9. Self-direction, 10. Capacity for independent living, and 11. Economic self-sufficiency; and 12. Reflects the person’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.   Is a person with a substance abuse, substance dependence, or substance-induced disorder.  *\*Marking “YES” is not exclusionary criterion for housing assistance.*  Is a person whose above indicated disability substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions. |

Signature Date

Printed Name Professional Title

Address Telephone Number

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature Date

**Note to Applicant/Tenant:** You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

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PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).