

VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION IS BASED ON DISABILITY

To: _____

From: Friendship House Communities
1010 / 1008 Cumberland Ave.
West Lafayette, IN 47906

SUBJECT: Verification of information supplied by an Applicant for Housing Assistance

NAME

SOCIAL SECURITY NUMBER

APPLICANT: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

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 which 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.

APPLICANT SIGNATURE

DATE

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD), USDA Rural Development or other housing program. The housing programs require 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 assure timely processing of the application for assistance. The applicant/Resident has consented to this release of information as shown below.

INFORMATION BEING REQUESTED: For each numbered item below, mark and "X" in the applicable box that accurately describes the person listed above.

- 1. ___ YES ___ NO Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impeded his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
- 2. ___ YES ___ NO 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 server chronic disability that:
 - a. is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - b. Is manifested before the person attains age 22;
 - c. Is likely to continue indefinitely;
 - d. Results in substantial functional limitation in three or more of the following areas of major life activity:
 - (1) Self-care,
 - (2) Receptive and expressive language,
 - (3) Learning,
 - (4) Mobility
 - (5) Self-direction,
 - (6) Capacity for independent living, and
 - (7) Economic self-sufficiency; and
 - e. 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.
- 3. ___ YES ___ NO Is a person with a chronic mental illness, i.e., he or she has a server and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
- 4. ___ YES ___ NO Is a person whose sole impairment is alcoholism or drug addition.

NAME AND TITLE OF PERSON SUPPLYING INFORMATION

FIRM/ORGANIZATION

SIGNATURE

DATE

PHONE NUMBER

PENALTIES FOR MISUSING THIS CONTENT:

Title 18, Section 10001 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 use 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 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). Violation of these provisions are cited as violation of 42 U.S.C. 408 (a), (6), (7) and (8).

