

VERIFICATION OF NEED FOR ACCESSIBLE UNIT

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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.

Units are available that are specifically equipped for those applicants who have physical challenges that require one or more of the following features:

- Widened doorways
- Front control accessible stove
- Lowered light switches
- Roll-under kitchen cabinets
- Levered faucets in kitchen and bath
- Grab bars on showers
- Adjustable hand-held shower fixtures
- Lowered towel bars
- Lowered medicine cabinets

Without disclosing the NATURE or EXTENT of your client's disability; please certify to one of the following statements:

\_\_\_\_\_The named client above HAS a physical challenge that requires one or more of the above features of a barrier-free unit.

\_\_\_\_\_The named client above DOES NOT have a physical challenge of the nature that would REQUIRED one or more of the above features of a barrier-free unit.

Signature of Evaluator/Diagnostician

Print Name & Title

Telephone

Date

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).

Hayes-Gibson International/Lenzy Hayes, Inc.

Verification of Need for Accessible Unit

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Revised by CB on 1/2010

