

VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION OR QUALIFICATION FOR CERTAIN INCOME DEDUCTIONS ARE BASED ON DISABILITY (202 & 811)



DATE: _____

TO: _____

FROM: Goodale and Barbieri Company
818 W. Riverside Ave., Suite 300
Spokane, WA 99201

The person whose name appears below 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.

NAME _____ SSN _____

ADDRESS _____

Please complete and return this form in the enclosed, stamped envelope to the address above. Your prompt response will help ensure timely processing of the application for assistance. The applicant has given permission at the bottom of this form for you to release the following information:

INFORMATION REQUESTED

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

1. YES NO

Any adult having a physical, mental, or emotional impairment that is expected to be of long continued and indefinite duration, 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.

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 severe 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,

5. Self-direction,

2. Receptive and expressive language,

6. Capacity for independent living, and

3. Learning,

7. Economic self-sufficiency

4. Mobility,

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 severe 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 addiction.

Note: A person whose sole impairment is alcoholism or drug addiction (i.e., who does not have a developmental disability chronic mental illness, or physical disability that is the disabling condition required for eligibility in a particular project) will not be considered to be disabled for the purpose of the Section 202 program.

5. YES NO

A person infected with the human acquired immunodeficiency virus (HIV) and a person who suffers with alcoholism or drug addiction, provided they meet the definition of "person with disabilities" in Section 811 (42 U.S.C) 8013(k)(2). A person whose sole impairment is a diagnosis of HIV positive or alcoholism or (i.e, does not meet the qualifying criteria in Section 811 will not be eligible for occupancy in a Section 811 project. (24 CFR 891.305)

NAME AND TITLE OF PERSON SUPPLYING THE INFORMATION _____

FIRM/ORGANIZATION _____

SIGNATURE _____

DATE _____

PHONE NUMBER _____

CONSENT TO THE RELEASE OF INFORMATION: 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 _____

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 42 USC 208(f)(g) and (h). Violations of these provisions are cited as violations of 42 USC 408 (f)(g) and (h).