OMB Approval No. 2502-0204 (exp.03/31/2011)

U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner

SECTION 202/8, SECTION 202 PAC, SECTION 202 PRAC, AND SECTION 811 PRAC

APPENDIX 6-B: SAMPLE VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION OR QUALIFICATION FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY

FOR USE WITH SECTION 202/8, SECTION 202 PAC, Section 202 PRAC, **AND SECTION 811 PRAC**

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TO: (Name and address of third party who is being requested to verify this information)

FROM: (Name of individual requesting the information, title, name of the housing project, address)

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE (or other instructions to the third party to ensure that the verification is returned to the right person. This is important because owners have a responsibility to treat this information confidentially.)

SUBJECT:	Verification of Disability
	NAME
	ADDRESS

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 above.

INFORMATION BEING REQUESTED

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

U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner

SECTION 202/8, SECTION 202 PAC, SECTION 202 PRAC, AND SECTION 811 PRAC

1 VEG NO				
1YESNO	Has 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.			
2YESNO	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,			
	(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.			
3YESNO	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.			

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SECTION 202/8, SECTION 202 PAC, SECTION 202 PRAC, AND SECTION 811 PRAC

4YESNO				
NAME AND TITLE OF PERSON SUPPLYING THE INFORMATION	FIRM/ORGANIZATION			
SIGNATURE	DATE			
instructions, searching existing data sources, gatherin collection of information. This information is require and you are not required to complete this form, unless agents must obtain third party verification that a disal program governing the housing where the individual covered under the United States Housing Act of 1937 Housing for the Elderly and Persons with Disabilities Privacy Act Statement. The Department of Housing the U.S. Housing Act of 1937, as amended (42 U.S.C.)	and Urban Development (HUD) is authorized to collect this information by . 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. Fechnical Amendments of 1984 (P.L. 98-479); and by the Housing and			
consent is limited to information that is no o	f the requested information. Information obtained under this lder than 12 months. There are circumstances that would is up to 5 years old, which would be authorized by me on a onsent.			
Signature	Date			
Note to Applicant/Tenant: You do not have organization supplying the information is left	re to sign this form if either the requesting organization or the the blank.			

U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner

PAC, SECTION 202 PRAC, AND SECTION 811 PRAC

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).

