

### DISABILITY VERIFICATION

DATE: \_\_\_\_\_  Mail  Fax

DATE: \_\_\_\_\_  2<sup>nd</sup> ATTEMPT  Mail  Fax

**I. THIS SECTION IS TO BE COMPLETED BY MANAGEMENT & EXECUTED BY APPLICANT/RESIDENT**

TO: \_\_\_\_\_ FROM: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_ FAX \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

RETURN THIS VERIFICATION TO THE PROPERTY LISTED ABOVE

RE: (APPLICANT/RESIDENT NAME) \_\_\_\_\_ UNIT \_\_\_\_\_ SOCIAL SECURITY No. \_\_\_\_\_

The individual named directly above is an applicant/resident of 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. The information provided will remain confidential and used only to determine the eligibility status and level of benefit available to the applicant/resident.

We ask your cooperation in supplying this information to the below referenced Management. 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.

**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.

**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.

\_\_\_\_\_  
**Applicant/Resident Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**II. THIS SECTION TO BE COMPLETED BY 3<sup>RD</sup> PARTY SOURCE/AUTHORIZED REPRESENTATIVE**

This person has applied for housing assistance under a program of the U. S. Department of Housing and Urban Development (HUD). HUD requires 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 Community Manager listed at the top of this page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The Applicant/Resident has consented to this release of information as shown below.

**Explanation of this Verification:**

In some cases, assisted housing communities limit eligibility to some or all of the units for persons with disabilities/handicaps. These units may be limited to a percentage of the units, or to persons with particular types of disabilities/handicaps. This verification is needed only when.

1. Eligibility for admission is dependent on the individuals disability/handicap; or
2. The individual request eligibility for allowances that are given to persons with disabilities/handicaps. An owner may only request the minimum information necessary to determine whether the individual meets the applicable definition of disabled/handicapped under the program requirement.

The definition of DISABLED and HANDICAPPED will vary depending on the community the individual is applying housing, or currently residing in. The owner is required to check the definition or definitions that apply to the individual's situation based on the guidance provided in the HUD guidelines (HUD Handbook 4350.3).

Owners must verify the individual's disability/handicap via Third (3<sup>rd</sup>) party before deciding on the individual's eligibility for admission to, or continues allowances and/or subsidy assistance in the community. This verification is not to be used in assigning accessible units.

(Owner/Manager: Check the reason why this inquiring is necessary.)

- Is required for determining the applicant's eligibility for a project or units in a project where occupancy is limited to persons who are resides or handicapped.
- Is required for the applicant/resident to receive allowances available only to household's whose head, co-head or spouse is elderly, handicapped, or disabled.

