

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

DATE:

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.

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INFORMATION BEING REQUESTED

For each numbered item below, mark an "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 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,
  - (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 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.

\_\_\_\_\_  
NAME AND TITLE OF PERSON  
SUPPLYING THE INFORMATION

\_\_\_\_\_  
FIRM/ORGANIZATION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

=====

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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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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.

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#### 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).



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SAMPLE VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION OR QUALIFICATION FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY

FOR USE WITH ALL PROGRAMS EXCEPT SECTION 202/8, SECTION 202 PAC, SECTION 202 PRAC, AND SECTION 811 PRAC

DATE:

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.)

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INFORMATION BEING REQUESTED

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

- 1.  YES  NO      Has a disability, as defined in 42 U.S.C. 423, which means;
  - a. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months; or
  - b. In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to

engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.

For the purposes of this definition, the term blindness, as defined in section 416(i)(1) of this title, means central vision acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.

2.  YES  NO

Has a physical, mental, or emotional impairment that:

- a. Is expected to be of long-continued and indefinite duration;
- b. Substantially impedes his or her ability to live independently; and
- c. Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

3.  YES  NO

Has 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,
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  - (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.

4.  YES  NO

Is the above a person who's disability is based solely on any drug or alcohol dependence.

\_\_\_\_\_  
NAME AND TITLE OF PERSON  
SUPPLYING THE INFORMATION

\_\_\_\_\_  
FIRM/ORGANIZATION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

=====

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.

\_\_\_\_\_  
Signature

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Date

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### Appendix 15-C: Guidance About Types of Information to Request When Verifying Eligibility and Income

Paragraph 1.c of **Appendix 15-A** states that owners may request only that information necessary to determine the person's eligibility or level of assistance. The first paragraph under most of the types of income listed below provides information that would meet this requirement. For some types of income listed below, appropriate requests for information are combined with the types of verification that are permitted. In deciding whether to add information to a particular verification request that is not listed below, the owner must ask: Is this information necessary to determine the individual's eligibility for assistance or level of assistance? If the answer is "yes", then the owner may verify that information. If the answer is "no", then the owner may not verify that information.

#### A. Employment Income

##### 1. Relevant information to verify with third party:

##### a. Nonmilitary employment

(1) Date first employed,

(2) Base pay rate (Gross) (check one)

Per hour \$\_\_\_\_\_ or per week \$\_\_\_\_\_

OR per month \$\_\_\_\_\_

Date present rate became effective \_\_\_\_\_

Expected average hours to be worked during next 12 calendar months at base pay rate \_\_\_\_\_

Per week \_\_\_\_\_ or per month \_\_\_\_\_,

(3) Overtime pay rate

Per hour \$\_\_\_\_\_

Expected average number of hours to be worked per week during next 12 calendar months \_\_\_\_\_,

(4) Other compensation not included above (specify for commissions, bonuses, tips, etc.)

For \_\_\_\_\_ \$\_\_\_\_\_ per \_\_\_\_\_,

(5) Total anticipated base pay earnings for the next 12 calendar months \$\_\_\_\_\_.

Total anticipated overtime earnings for the next 12 calendar months \$ \_\_\_\_\_

- (6) Medical insurance premium deducted (if any). (This would be relevant only for families eligible for the medical deduction.)

\_\_\_\_\_

- (7) Has employment been terminated? \_\_\_\_\_

If yes, is individual eligible for unemployment benefits?

\_\_\_\_\_

b. Military employment

- (1) Years \_\_\_\_ and months \_\_\_\_ of services for pay purposes.

Number of dependents claimed \_\_\_\_\_

- (2) Monthly income from the following sources:

Base pay and longevity pay \$ \_\_\_\_\_

Proficiency pay \$ \_\_\_\_\_

Sea and foreign duty pay \$ \_\_\_\_\_

Hazardous duty pay \$ \_\_\_\_\_

Imminent danger pay \$ \_\_\_\_\_

Subsistence allowance \$ \_\_\_\_\_

Quarters allowance  
(Include only amount contributed by government) \$ \_\_\_\_\_

Other (explain) \$ \_\_\_\_\_

TOTAL AMOUNT RECEIVED MONTHLY \$ \_\_\_\_\_

2. Acceptable forms of verification:

- a. Employment verification form completed by the employer verifying frequency of pay, effective date of the last pay increase, and probability and effective date of any increase during the next 12 months;
- b. Check stubs or earning statements showing employee's gross pay per pay period and frequency of pay;

- c. W-2 forms if applicant has had the same job for at least two years and pay increases can be accurately projected; and
- d. Notarized statements, affidavits or income tax returns signed by the applicant describing self-employment and amount of income or income from tips and other gratuities.

## B. Date Employment Terminated

### 1) Relevant information to verify with third party:

- a. Date of hire;
- b. Date of termination;
- c. Last day actually worked;
- d. Do you anticipate rehiring this employee? If yes, when?
- e. Will the employee receive additional paychecks for worker's compensation?

If yes, provide the name and address of the company through which this can be verified.

- f. Is employee eligible for unemployment benefits?
- g. Total severance pay anticipated for the next 12 months.

### 2. Acceptable forms of verification:

- a. Termination of employment verification;
- b. Letter from employer stating date of termination; and
- c. Letter from an agency providing unemployment compensation stating that the individual's employment terminated and that unemployment benefits will begin.

## C. Social Security and Supplementary Security Income (SSI)

### 1. Relevant information to verify with third party: The following information is generally available from an award or benefit letter.

- a. Name of original annuitant;
- b. Pension claim number or social security number of person receiving the pension claim;
- c. Current monthly gross amount of pension or annuity;