

VERIFICATION OF REASONABLE ACCOMMODATIONS

Date:

TO:

FROM:

*PLEASE RETURN THIS FORM TO THE
PERSON LISTED ABOVE*

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

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.

This person has requested a Reasonable Accommodation or Modification as described below. **A reasonable accommodation/modification is a change to a policy, practice, procedure, or a physical alteration to a common area or unit that would allow a qualified person with a disability to:**

- 1. Participate fully in a program;**
- 2. Take advantage of a service;**
- 3. Live in a dwelling; or**
- 4. Perform a job.**

Reasonable accommodations include, for example, those that are necessary for a person with a disability to use and enjoy a dwelling. To show a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability.

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. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information, as shown below.

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

HOUSEHOLD MEMBER RELEASE - Applicant/Tenant: 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.

SIGNATURE

DATE

HOUSEHOLD MEMBER'S REQUEST FOR ACCOMMODATION:

Instruction to Site Staff: Describe what the household member has requested to afford him/her equal opportunity to benefit from the programs at this facility (e.g. ground floor unit, larger unit, companion animal).

INFORMATION BEING REQUESTED:

Health Care Provider: After reading the following definition of disabled, and the request your patient has made, please make a determination as to the necessity of this accommodation to afford the household member equal opportunity to use and enjoy our community.

DEFINITION OF DISABLED:

Under federal law, an individual is disabled if he/she has a physical or mental impairment that:

1. substantially limits one or more major life activities;
2. has a record of such an impairment; or
3. is regarded as having such an impairment.

The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction, and alcoholism. This definition does not include any individual who is an alcoholic or drug abuser whose current use of alcohol or drugs prevents the individual from participating in the housing program or activities, or whose participation, by reason of such current alcohol or drug abuse, would constitute a direct threat to property or safety of others. (24CFR 8.3, and HUD Handbook 4350.3REV-1).

INFORMATION REQUESTED

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 1. Is the household member disabled as defined above? | YES | NO |
| 2. Does the household member require the accommodation described above? | YES | NO |
| 3. Is there an identifiable relationship between the requested accommodation and the disability? | YES | NO |
| 4. Please describe any other accommodation or modification that could meet the household member's needs in place of what the household member has requested. For example, if there is a less expensive way to help the household member cope with his or her disability, please detail it. (NOTE: Please do not name or describe the type of disability the household member has when filling out this section. We do not need to know the nature or severity of the disability.) | | |
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Name and Title of Person Supplying Information

Phone #

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 willfully 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 violations of 42 U.S.C. Section 408 (a)(6), (7) and (8).

