

DISABILITY VERIFICATION

(For Accessible Units, Reasonable Accommodations, and Structural Modifications)

DATE _____

TO _____

VERIFICATION SOURCE NAME

VERIFICATION SOURCE ADDRESS

FROM HOLLIDAY PARK TOWNE HOUSES COOPERATIVE

34850 FOUNTAIN BLVD., WESTLAND, MI 48185

SUBJECT: **DISABILITY**

HOUSEHOLD MEMBER'S NAME _____

ADDRESS _____

The household member named above has requested an accessible unit, accommodation, or modification, as described below. We are required to verify that the household member qualifies as "disabled" under federal law and requires what he or she has requested.

We would appreciate your cooperation in answering the questions on this form and returning it to the site manager listed above. Enclosed is a self-addressed, stamped envelope for this purpose. The household member has consented to this release of information, as shown on the next page.

HOUSEHOLD MEMBER'S REQUEST

Instructions to site staff: Describe what the household member has requested to help him or her cope with a disability (e.g., accessible unit, ground-floor unit, companion animal, special air conditioning). _____

INFORMATION REQUESTED

- 1. Is the household member disabled as defined on the next page? Yes No
- 2. Is the disability permanent or temporary? Permanent Temporary
- 3. Does the household member require what he or she has requested? 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. _____

DEFINITION OF “DISABLED”

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or 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 doesn’t included any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use [24 CFR Part 8.3, and HUD Handbook 4350.3, (Exhibit 2-2)].

Name and Title of person supplying information _____

FIRM/ORGANIZATION _____

SIGNATURE _____ DATE _____

HOUSEHOLD MEMBER RELEASE

TO THE HOUSEHOLD MEMBER:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE SITE MANAGER OR THE VERIFICATION SOURCE 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 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 _____

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 and fraudulent statements to any department of the United States Government, HUD, the PHA, and any owner (or any employee of HUD, the PHA, 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, the PHA, 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 U.S.C. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.