

**DISABILITY/HANDICAPPED STATUS VERIFICATION**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
Name \_\_\_\_\_

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Social Security Number

Thank you for your prompt response. All information is confidential.  
Please contact \_\_\_\_\_  
at ( ) \_\_\_\_\_ if you have any questions.

**PERMISSION FOR RELEASE OF INFORMATION**

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 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

**To the Applicant's/Tenant's Medical Doctor:**

Please review the definitions below and indicate whether or not the applicant is disabled as defined in Section 223 of the Social Security Act, or Section 102 (b)(5) of the Developmental Disabilities Services and Facilities Construction Amendment of 1970, or as defined in 24 CFR Section 5.403.

- A. Inability to engage in any substantial, gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. Yes  No
- B. In the case of an individual who has attained an age of 55 and is blind (within the meaning of "blindness" as defined in Section 416 (i) (1): inability by reason of such blindness to engage in substantial gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time. Yes  No
- C. A disability attributable to mental retardation, cerebral palsy, epilepsy, or another neurological condition of an individual found by the Secretary (of Health, Education, and Welfare) to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals, which disability originates before such individual attains age twenty-two, which has continued or can be expected to continue indefinitely, and which constitutes a substantial handicap to such individual. Yes  No
- D. A handicapped person as defined in 24 CFR Section 5.403: a person having a physical or mental impairment which (1) is expected to be of long-continued and indefinite duration, (2) substantially impedes his/her ability to live independently, and (3) is of such nature that such a disability could be improved by more suitable housing conditions. Yes  No

If you are unable to complete this form, please indicate reason: \_\_\_\_\_  
\_\_\_\_\_

**I certify that this form is completed in response to a direct and explicit request of the patient.**

\_\_\_\_\_  
Doctor's Name (Print or type)

\_\_\_\_\_  
Signature of Doctor

( ) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

**PENALTIES FOR MISUSING THIS CONTENT:** 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).