



Housing Alliance and Community Partnerships

711 North 6th Ave Pocatello, ID 83201 • Phone 208-233-6276 • Fax 208-233-9821

VERIFICATION OF DISABILITY

Name: _____

Phone #: _____

Fax #: _____

Address: _____

Please Return To:

Housing Alliance & Community Partnerships

711 North 6th Avenue

Pocatello, ID 83201

Mode of Delivery: ☐ Mail ☐ Fax ☐ Hand Delivered (only if unable to obtain from other methods)

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 you cooperation in providing the following information and returning it to the person listed above. Your prompt return of this information will help to ensure timely processing of the application for assistance.

Your assistance in completing this form accurately and timely is greatly appreciated.

Applicant/Tenant Name: _____

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 this consent.

The applicant/tenant may not sign the consent if the form does not clearly indicate who will provide the requested information and who will receive the information.

Signature _____ **Social Security #** _____ **Date** _____

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

1. Yes ☐ No ☐ Has a disability, as defined in 42 U.S.C 423, which means:
- 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
 - 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 purpose 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 correcting lens. An eye which is accompanied by a limitation in the fields of vision such as 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.

Housing Alliance and Community Partnerships (HACP) does not discriminate based on race, color, creed, national origin, religion, disability, sex, sexual orientation, gender identity, age (over 40), military status, whistleblower retaliation, or familial status in admission or access to its programs.

HACP is an Equal Opportunity Employer.

If you need to request a Reasonable Accommodation, contact HACP at 208-233-6276 or TTY: 711 or 800-377-3529



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2. Yes ☐ No ☐ Has a physical, mental, or emotional impairment that:
- Is expected to be of long continued and indefinite duration;
 - Substantially impedes his/her ability to live independently; and
 - 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:
- Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - Is manifested before the person attains age 22;
 - Is likely to continue indefinitely;
 - Results in substantial functional limitation in three or more of the following areas of major life activity:
 - Self-care,
 - Receptive and expressive language,
 - Learning,
 - Mobility,
 - Self direction,
 - Capacity for independent living, and
 - Economic self-sufficiency, and
 - 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 person whose disability is based solely on any drug or alcohol dependence (the person has no other disability which meets the above definition).

Signature of person completing the form

Title

Date signed

Phone #

E-mail address

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 employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of the 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7), and (8).

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