

(Check the applicable box below)

handicapped/disabled not handicapped/disabled

If handicapped/disabled has been marked, please list the initial date of the handicap/disability: _____

If handicap/disability is expected to last less than lifetime, please estimate date that accommodations or modification in housing will no longer be needed. _____

Please mark the specific accommodations or modifications in housing that are required due to this person's handicap/disability:

<input type="checkbox"/> handicap parking space	<input type="checkbox"/> ramp to unit	<input type="checkbox"/> 504 (wheelchair) accessible unit	<input type="checkbox"/> maximum mobility distance _____ feet
<input type="checkbox"/> shower/tub grab bar	<input type="checkbox"/> grab bar at toilet	<input type="checkbox"/> separate sleeping room	<input type="checkbox"/> lighted door bell
<input type="checkbox"/> strobe smoke detector	<input type="checkbox"/> brighter lighting	<input type="checkbox"/> range/w/front controls	<input type="checkbox"/> additional room for medical equipment
<input type="checkbox"/> lever door knobs	<input type="checkbox"/> 32" doorways	<input type="checkbox"/> motion sensor porch light	<input type="checkbox"/> door bell
<input type="checkbox"/> assistance animal	<input type="checkbox"/> Type of assistance animal required:	<input type="checkbox"/> live-in aide <i>If checked, please complete live-in aide form</i>	
other – <input type="checkbox"/> please specify			

NAME AND TITLE OF PERSON SUPPLYING INFORMATION

FIRM/ORGANIZATION/MEDICAL FACILITY

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.

Signature: _____ Date: _____

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the person/organization supplying the information is left blank.

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 PHA (or any employee of HUD or the PHA) 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 PHA 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).

