



VERIFICATION OF DISABILITY

Section 202/8, Section 811

DATE: _____

TO: _____

FROM: Boley Centers, Inc.

Housing Department

445 31st St. N.

St. Petersburg, FL 33713

RE: _____

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 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 a copy of this consent.

Signature of Applicant/Tenant

Date

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

_____ 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 form must be completed by a licensed Mental Health or Healthcare professional (psychiatrist, LCSW, MD, ARNP).

We ask your cooperation in providing the following information and returning it to the person/agency listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant has consented to this release of information as shown above.

INFORMATION BEING REQUESTED

For each numbered item, mark an "X" on the applicable line that accurately describes the person listed above.





1. ☐ YES ☐ NO Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
2. ☐ YES ☐ NO Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
3. ☐ YES ☐ NO Is a person whose sole impairment is alcoholism or drug addiction.

NAME AND TITLE OF PERSON SUPPLYING THE
INFORMATION

FIRM/ORGANIZATION

SIGNATURE

DATE

Public reporting burden for this collection is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Owners/management agents must obtain third party verification that a disabled individual meets the definition for persons with disabilities for the program governing the housing where the individual is applying to live. The definitions for persons with disabilities for programs covered under the United States Housing Act of 1937 are in 24 CFR 403 and for the Section 202 and Section 811 Supportive Housing for the Elderly and Persons with Disabilities in 24 CFR 891.305 and 891.505. No assurance of confidentiality is provided.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U. S. Housing Act of 1937, as amended (42 U. S. C. 1437 et. Seq.); the Housing and Urban-Rural Recovery Act of 1983 (P. L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P. L. 98-479); and by the Housing and Community Development Act of 1987 (42 U. S. C. 3543).

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 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 \$5000. 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).

This form is adapted from form HUD-90102 OMB Approval No. 2502-0204 for use by Boley Centers 811 and 202/8 properties.

