

VERIFICATION OF DISABILITY

Date: _____

To: _____

From: Boley Centers, Inc. Housing Dept
445 31st Street North
Saint Petersburg, FL 33713

_____ 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 and/or level of benefits. This form must be completed by a Licensed Mental Health Professional (i.e. Psychiatrist, LCSW) or Licensed Healthcare Professional (i.e. Primary Care Physician, MD, ARNP).

We ask your cooperation in providing the following information and returning to the person listed at the top of the page. Your prompt return of this information will help ensure timely processing of the application for assistance.

Please see Page 2 for release.

For each numbered item below, mark an "X" in the applicable box 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 live independently, and whose impairment 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.

Name & Title of Person Supplying Information

Firm/ Organization

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. 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.

Participant Signature

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 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 owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures improper use 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 information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.00. Any applicant or participant affected by neglect disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the office 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 42 USC 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 USC 408 (f)(g) and (h).