Betty's Dream Limited Partnership

75 Longmeadow Lane – Portsmouth, NH 03801
Portsmouth Housing Authority; Management Agent

Verification of Disability - 202/8 Eligibility

Date: _____

Property Name:	Betty's Dream	Telephone:	(603) 436-4310 x132
Address:	75 Longmeadow Lane	Fax:	(603) 766-1677
	Portsmouth, NH 03801	TTD/TTY:	800-545-1833 ext. 825

(Please return this form to the above address)

TO: Name:	
Address:	
City, State, Zip	

Resident / Applicant Name

HOUSEHOLD MEMBER RELEASE

TO THE Resident/Applicant:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE PROJECT OR RECIPIENT 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 _____

The household member named above has applied for, or is receiving, housing assistance under a program provided by the U.S. Department of Housing and Urban Development (HUD). HUD requires the owner/agent to verify all information that is used in determining the person's eligibility or level of benefits. The household member has consented to this release of information requested.

Enclosed is a self-addressed, stamped envelope which can be used to return this form. Your prompt response will help to ensure timely processing. Thank you in advance for your assistance.

If you have questions regarding this form please call the number listed above or email challoran@nh-pha.com.

Sincerely,

Christine Halloran

Christine Halloran

EQUAL HOUSING OPPORTUNITY

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THE FOLLOWING TO BE COMPLETED BY INFORMATION PROVIDER

I ☐ can ☐ cannot provide information about the applicant/resident's disability.

Note: If you can provide information about this person's disability for housing assistance purposes, please complete the remainder of this form, sign it and return to the owner/agent.

If you cannot provide information about this person's disability for housing assistance purposes, please sign the form and return to the owner/agent.

For each item below, mark an "X" in the applicable box that accurately describes the applicant/resident listed above.

☐ Yes	☐ No	Has a physical, mental, or emotional condition 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.
☐ Yes	☐ No	Is a person with 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: a) Is attributable to a mental or physical impairment or combination of mental and physical impairments; b) Is manifested before the person attains age 22; c) Is likely to continue indefinitely; d) Results in substantial functional limitation in three or more of the following areas of major life activity; 1) Self-care, 2) Receptive and expressive language, 3) Learning, 4) Mobility, 5) Self-direction, 6) Capacity for independent living, and 7) Economic self-sufficiency; and e) 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. Or; 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. Or; Is a person infected with the human acquired immunodeficiency virus (HIV) who is disabled as a result of infection with the HIV
☐ Yes	☐ No	Is a person whose sole impairment is alcoholism or drug addiction?

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☐ Yes	☐ No	**Requires the features of an accessible unit. Please indicate all that apply:** *Accessible units meet the accessibility standards set forth in the Uniform Federal Accessibility Standards. A limited number of units are available to those residents who **require** accessibility features. Owner/agents must comply with requirements of the Fair Housing Act, Section 504 of the Rehabilitation Act and HUD contracts when a resident requests an accessible units or features or claims eligibility based on the need for a unit that is fully accessible.* ☐ Requires mobility accessible unit that has been made accessible in accordance with the Uniform Federal Accessibility Standards ☐ Requires hearing accessible unit that has been made accessible in accordance with the Uniform Federal Accessibility Standards ☐ Requires visually accessible unit that has been made accessible in accordance with the Uniform Federal Accessibility Standards ☐ Does not require a fully accessible unit, but requires certain accessibility features (***for example:*** roll in shower, grab bars, visual alarm, raised toilet, lever handles, etc.) **Please describe all recommended or required features** _____ _____

PENALTIES FOR MISUSING THIS VERIFICATION FORM

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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully 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, the PHA 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).

By signing this form, I certify that the information I have provided is true and correct.

Name and position of verifier (Please print)_____

Signature of Verifier: _____ Date: _____

Telephone: _____ Email: _____

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