



Pinellas County Housing Authority

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www.PinellasHousing.com

DISABILITY VERIFICATION

(For Accessible Units, Reasonable Accommodations and Structural Modifications)

Date: _____

Health Care provider or other Verification Source

Name: _____ Phone: _____

Address: _____

Site Name: _____

Site Address: _____

VERIFICATION INSTRUCTIONS: The person named below has applied for or is receiving federal assistance at our site. This person has requested an accessible unit, accommodation or modification as described below. We are required to verify that the household member qualifies as "disabled" under federal law and in fact requires the change(s) they have requested.

HOUSEHOLD MEMBER

Name: _____

Address: _____

Phone: _____ Email: _____

RELEASE: I hereby authorize the release of the requested information in this form. The 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 and attached to this consent.

Signature

Date

HOUSEHOLD MEMBER'S REQUEST

INSTRUCTIONS TO THE SITE STAFF: Describe what the household member has requested to help him or her cope with a disability (e.g., accessible unit, ground-floor unit, companion animal, special air conditioning):

INFORMATION REQUESTED

1. Is the household member disabled as defined below? Yes No
2. Does the household member require what he or she has requested? Yes No
3. Please describe any other accommodation or modification that could meet the household member's needs in place of what the member has requested. For example, if there is a less expensive way to help the household member cope with his or her disability, please describe it.

DEFINITION OF DISABILITY

Under Federal Law, an individual is disabled if he or she has a physical or mental impairment that substantially limits one or more major life activity, has a record of said impairment or is regarded as having said impairment.

The term physical or mental impairment includes but is not limited to such diseases and conditions as orthopedic visual, speech and hearing impairment, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, human immunodeficiency, virus infection, mental retardation, emotional illness, drug addiction and alcoholism. The definition does not include any individual who is a drug addict and who is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use [24 CFR Part 8.3 and HUD Handbook 4350.3 (Exhibit 2-2)].

Person Supplying Information:

Name: _____ Title: _____

Firm/Organization: _____

Signature

Date

*"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 \$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. Section **408 (a) (6), (7) and (8).**"*