

Petra Community Housing
DISABILITY VERIFICATION FORM



APPLICANT/TENANT NAME _____

ADDRESS _____

This person has applied for or is receiving housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires Petra Community Housing to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to:

PETRA COMMUNITY HOUSING

201 S. Main Street, Spring City, PA 19475

Telephone: (610) 948-1797 fax: (610) 948-1765 email: info@petrach.org

Your prompt return of this information will help to ensure timely processing of the application/request. The applicant/tenant has consented to this release of information as shown below.

=====

Applicant/Tenant: please check one of the following and briefly describe:

I am requesting a **reasonable accommodation** as follows:

I am requesting a **reasonable modification** as follows:

I am applying for **(disabled-only) housing**.

Other: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

To _____
Health Care Provider's Name

Health Care Provider's Address

The person named and signing below is an applicant or resident of *Petra Community Housing* that is requesting the information on this form.

By my signature below, you are authorized to provide the information requested on this form about me and to answer any follow-up questions related to the requested application, accommodation or modification.

Petra Community Housing
DISABILITY VERIFICATION FORM



Signature of Applicant/Tenant: _____

Printed Name of Applicant/Tenant: _____

Date: _____ Telephone: _____

Resident's name _____

Address _____

Date _____

The resident named above has applied for an apartment or is living in our community and has made a request directly on the basis of a disability. Under state and federal laws, individuals with disabilities may request reasonable accommodations from housing providers and we must consider the request. Reasonable accommodations in rules, policies, practices, and services must be allowed to give persons with disabilities an equal opportunity to use and enjoy housing, provided such accommodation does not impose an undue hardship or requests a change in the fundamental nature of our business. Tenants with disabilities must be allowed to make reasonable modifications to their apartments and common areas subject to appropriate construction and restoration considerations.

It is our policy to verify that the individual qualifies as disabled, as that term is defined by law, and needs the accommodation in order to have an equal opportunity to use and enjoy the apartment community.

Definition of Disability: Federal laws define a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment." This definition does not include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use. (24 CFR Par 8.3, and HUD Handbook 4350.3) Exh. 2-2)).

We would appreciate your cooperation in answering the questions on this form and returning it to Petra Community Housing.

***** Below is to be completed by a Medical Professional only*****

1. Is the resident disabled as defined on this page? Yes No

Proceed #2-4 for TENANT REQUESTS ONLY

2. In your professional opinion, does the resident need this accommodation in order to have the same opportunity that a nondisabled individual has to use and enjoy the apartment community? In other words, in what manner would this accommodation/modification alleviate the symptoms of the applicant/tenant's disability? Yes No Explain:

3. Does this accommodation/modification requested directly assist or relieve the effects of the applicant/tenant's disability? Yes No Explain:

Petra Community Housing
DISABILITY VERIFICATION FORM



4. Is there any other accommodation that may be equally effective as the requested accommodation which you can suggest? Yes No Explain:

I hereby certify that my patient, who signed the release above, is medically considered a person with a disability. I have completed this section in order to assist Petra Community Housing to provide or continue to provide housing to my patient based on their medical need(s).

Medical Professional's PRINTED Name and Title:

Associated Facility/Office Name and Address:

Telephone: _____

Medical Professional's Signature:

Date: _____

=====

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 \$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). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).

