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| **SECTION 202/8**, **SECTION 202 PAC**, **SECTION 202 PRAC,** AND **SECTION 811 PRAC** | **U.S. Department of Housing and Urban Development** Office of Housing Federal Housing Commissioner | OMB Approval No. 2502-0204 (Exp. xx/xx/20xx) |

**Verification of
Disability**

APPENDIX 6-B: SAMPLE VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION OR QUALIFICATION FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY

FOR USE WITH **SECTION 202/8**, **SECTION 202 PAC**, **Section 202 PRAC,**AND **SECTION 811 PRAC**

DATE:

TO: (Name and address of third party FROM: (Name of individual

who is being requested to verify requesting the information,

this information) title, name of the housing project,

address)

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE (or other instructions to the third party to ensure that the verification is returned to the right person. This is important because owners have a responsibility to treat this information confidentially.)

SUBJECT: Verification of Disability

NAME

NAME OF VERIFYING HOUSEHOLD MEMBER (IF APPLICABLE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This person 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.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown above.

=================================================================== INFORMATION BEING REQUESTED

For each numbered item below, mark an “X” in the applicable box that accurately describes the person listed above. Mark an X in the applicable box indicating whether the person listed above meets at least one of the below criteria. [ ] YES [ ] NO

APPENDIX 6-B 1 of 4 form **HUD-90102** (xx/20xx)

ref. HB 4350.3 Rev. 1

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| **SECTION 202/8**, **SECTION 202 PAC**, **SECTION 202 PRAC,** AND **SECTION 811 PRAC** | **U.S. Department of Housing and Urban Development** Office of Housing Federal Housing Commissioner | OMB Approval No. 2502-0204 (Exp. xx/xx/20xx) |

**Sample Verification of
Disability**

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| 1. \_\_\_YES2. \_\_\_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.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. 15001), 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, supports, treatment, or other services that are of lifelong or extended duration and are individually planned and

coordinated.

3. \_\_\_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.

APPENDIX 6-B form HUD-90102 (xx/20xx)

2 of 4 ref. HB 4350.3 Rev. 1

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| **SECTION 202/8**, **SECTION 202 PAC**, **SECTION 202 PRAC,** AND **SECTION 811 PRAC** | **U.S. Department of Housing and Urban Development** Office of Housing Federal Housing Commissioner | OMB Approval No. 2502-0204 (Exp. xx/xx/20xx) |

**Sample Verification of
Disability**

4. Is a person whose sole impairment is alcoholism or drug addiction. [ ] YES [ ] NO

NAME AND TITLE OF PERSON FIRM/ORGANIZATION
SUPPLYING THE INFORMATION

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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, REE, US. Department of Housing and Urban Development, 7th Street SW, Room 8210, Washington, DC 20410. Do not send completed forms to this address. This information is required to obtain benefits. 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 5.403 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.

**Authorities:** 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).

**Principal Purpose:** This information is being collected by HUD to comply with the United States Housing Act of 1937.

**Routine Use:** The information collected by the form 90102 will be used by HUD to verify the an applicant’s disability. The data compiled is reported on the HUD 50059. The information provided will not be disclosed outside of the agency and used solely for internal statistical compliance purposes, except as required by law.

**Disclosure:** Providing this information is voluntary. Failure to provide the information will have no impact on an individual’s housing assistance.

The existing SORN, HSNG/MF.HTS.02, Tenant Rental Assistance Certification System (TRACS)—HUD/HOU–11, Published in the Federal Register on September 12th, 2023, 81-FR-56684. https://www.federalregister.gov/documents/2023/09/13/2023-19782/privacy-act-of-1974-system-of-records

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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 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.

APPENDIX 6-B 3 of 4 form **HUD-90102** (xx/20xx)

ref. HB 4350.3 Rev. 1

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| **SECTION 202/8**, **SECTION 202 PAC**, **SECTION 202 PRAC,** AND **SECTION 811 PRAC** | **U.S. Department of Housing and Urban Development** Office of Housing Federal Housing Commissioner | OMB Approval No. 2502-0204 (Exp. xx/xx/20xx) |

**Sample Verification of
Disability**

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I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

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).



APPENDIX 6-B 4 of 4 form **HUD-90102** (xx/20xx)

ref. HB 4350.3 Rev. 1