APPENDIX 6-B of HUD HANDBOOK 4350.3, REV-1: SAMPLE VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION OR ELIGIBILITY FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY

DATE:

|  |  |
| --- | --- |
| TO: (Name and address of third party who is being requested to verify this information) | FROM: (Name of individual requesting the information, title, name of the housing project, address) |

**SUBJECT:** Verification of Disability for HUD Housing Programs

|  |  |
| --- | --- |
| Name of Applicant/Tenant |  |
| Address of Applicant/Tenant |  |

**Instructions for Third Party**: The individual named above has applied for housing assistance or claims eligibility for an income deduction under a program administered by the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing provider to verify all information that is used in determining eligibility for certain programs or level of benefits, including disability status.

This form is divided into four parts. **Part I** verifies disability for eligibility for admission into for HUD’s Section 202/8, Section 202 PAC, and 811 PRAC programs. **Part II** verifies disability for eligibility purposes for certain income deductions for HUD’s 202/8, 202 PAC, 202 PRAC, and 811 PRAC programs. **Part III** is the applicant/tenant’s consent to release the information. **Part IV** describes the public reporting burden for completing this form and includes a Privacy Act statement. Only complete Parts I and/or II as instructed below.

We ask for your cooperation in providing the following information, signing/dating the form, and returning all pages to the person listed at the top of this form. Your prompt return of this information will help to ensure timely processing of the individual’s application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant has consented to this release of information as shown below.

Please only complete the parts of this form as indicated below with a check mark:

**Part I: INFORMATION REQUESTED TO VERIFY ELIGIBLITY FOR ADMISSION BASED ON DISABILITY FOR THE 202/8, 202 PAC, AND 811 PRAC PROGRAMS**

1. Does the applicant/tenant listed above meet at least one of the below criteria (A-C)?

\_\_\_\_YES \_\_\_\_ NO

1. 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.
2. Has 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:
	1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
	2. Is manifested before the person attains age 22;
	3. Is likely to continue indefinitely;
	4. Results in substantial functional limitation in three or more of the following areas of life: (a) Self-care, (b) Receptive and expressive language, (c) Learning, (d) Mobility, (e) Self-direction, (f) Capacity for independent living, and (g) Economic self-sufficiency; and
	5. 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. Has 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.
4. Is the applicant/tenant’s sole impairment a drug or alcohol addiction?

\_\_\_\_YES \_\_\_\_ NO

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. 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).

Name and title of person supplying the information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firm/Organization supplying the information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part II: INFORMATION REQUESTED TO VERIFY ELIGIBLITY FOR CERTAIN INCOME DEDUCTIONS FOR THE 202/8, 202 PAC, 202 PRAC, AND 811 PRAC PROGRAMS**

1. Does the applicant/tenant or any family member meet at least one of the below criteria (A-C)?

\_\_\_\_YES \_\_\_\_ NO

1. 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.
2. Has 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:
3. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
4. Is manifested before the person attains age 22;
5. Is likely to continue indefinitely;
6. Results in substantial functional limitation in three or more of the following areas of major life activity: (a) Self-care, (b) Receptive and expressive language, (c) Learning, (d) Mobility, (e) Self-direction, (f) Capacity for independent living, and (g) Economic self-sufficiency;
7. 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; and
8. Is an individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting 3 or more of the criteria described in clauses (a) through (g) of subparagraph (iv) if the individual, without services and supports, has a high probability of meeting those criteria later in life.
9. Has a disability, as defined in 42 U.S.C. 423, which means;
10. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months; or
11. In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time. For the purposes of this definition, the term blindness, as defined in section 416(i)(1) of the title, means central vision acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. 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).

Name and title of person supplying the information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firm/Organization supplying the information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part III: APPLICANT/TENANT CONSENT FOR THE RELEASE OF INFORMATION**

**Note to Applicant/Tenant:** You do not have to sign this form if either the requesting organization or the name/title of the person requested to supply the information is left blank.

**RELEASE:** I hereby authorize the release of the disability-related information requested in the prior pages of this form. The authorization to release the information requested by this form will remain effective until the earliest of: (1) the rendering of a final adverse decision for an assistance applicant; (2) the cessation of a participant’s eligibility for assistance; or (3) the express revocation by the assistance applicant or recipient of the authorization, in a written notification to HUD.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PENALTIES FOR MISUSING THIS CONSENT:**

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).

**Part IV: PUBLIC REPORTING BURDEN AND PRIVACY ACT STATEMENT**

Public reporting burden for this collection is estimated to average 5 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. For the purpose of verifying eligibility, the applicable definition for persons with disabilities for the Section 202 PAC and 202/8 programs is found at 12 USC 1701q(d)(4) as it existed before the Cranston-Gonzalez National Affordable Housing Act of 1990 and 24 CFR 891.505 (“handicapped person or individual”) and for Section 811 PRAC is found at 42 USC 8013(k)(2)in 24 CFR 891.305. For the purpose of income calculations, the applicable definition for person with disabilities is found at 24 CFR 5.403.

**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.

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>.