Housing Authority of Okanogan County

431 West 5th Avenue, Omak, WA 98841
Phone: 509-422-3721, Fax: 509-422-1713
Housingspecialist@okanoganhousing.org

VERIFICATION OF DISABILITY FOR ELIGIBILITY PURPOSES

TO:

Name & Title of Authorized Third Party

Address & Phone # of Authorized Third Party

SUBJECT: VERIFICATION OF DISABILITY TO DETERMINE ELIGIBILITY

* /XXX-XX-

Name of Applicant/Resident *Birthdate/Last 4 SSN*

(*Address & Phone # of Applicant/Resident*

*I authorize the release of information, relative to my physical or mental impairment, to the Housing Authority of Okanogan County, to verify whether my handicap or disability is covered by the definitions below. This information will be used to verify my eligibility, or will help determine benefit level, under certain housing programs.

*

Applicant/Resident Signature *Date*

The applicant/resident listed above has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the Housing Authority of Okanogan County (HAOC) to verify all information used in determining eligibility and benefit level.

Your cooperation and prompt response in providing the following information per the above signed release will help ensure timely application processing. Please return the completed Verification of Disability to:

The Housing Authority of Okanogan County
431 W 5th Ave ● Fax (509)422-1713
Omak, WA 98841 ● info@okanoganhousing.org

PENALTIES FOR MISUSING THIS CONSENT:

Title 19, 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, (or any employee of HUD, or HACSA) and 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 or HACSA responsible for the unauthorized disclosure or improper use.

VERIFICATION OF DISABILITY FOR ELIGIBILITY PURPOSES

TO BE COMPLETED BY AUTHORIZED THIRD PARTY. Please check YES or NO for each numbered item listed for Applicant/Resident below.

PRINT APPLICANT/RESIDENT FIRST AND LAST NAME

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. ___YES ___NO

2. 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;

- ☐ Self-Care
- ☐ Receptive and expressive language
- ☐ Learning
- ☐ Mobility
- ☐ Self-direction
- ☐ Capacity for independent living
- ☐ 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. ___YES ___NO

3. 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. ___YES ___NO

4. Is a person whose sole impairment is alcoholism or drug addiction. ___YES ___NO

VERIFICATION OF DISABILITY: In my professional opinion, the applicant/resident meets the definition of a Disabled Person, as defined above.

___YES ___NO

Signature of Authorized Third Party *Date*

Print Name & Title *Phone Number*