

Verification of Disability

Instructions:

- A qualified professional must complete and sign this form. Please see the other side of this form for a list of qualified professionals who may provide this verification.

Program Information:

To be eligible for placement in Home Forward's senior/disabled properties, certain preferences on Home Forward's waiting list, and/or Home Forward's Senior/Disabled Rent Calculation, an individual must meet certain disability standards.

An individual with a disability is a person who has:

- A disability as defined in Section 223 of the Social Security Act. This is an inability to engage in **any** substantial activity by reason of any medically determinable physical or mental impairment, which can be expected to last for a continuous period of not less than 12 months.
- 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 such a nature that ability to live independently could be improved by more suitable housing conditions.
- A developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act.

Household Information

Head of Household Name:	Last four numbers of SSN:
Name of Individual with Disability:	DOB:

Certification

Based on the above definition(s), it is my professional opinion that:

Name of Individual: _____

- Is a person with a disability
 Is not a person with a disability

This disability began about: _____ For additional comments, see other side.

Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction, punishable by fine not to exceed \$10,000 and/or imprisonment of not more than 5 years.

I certify the information in this Verification of Disability is true and accurate.

Evaluator/Diagnostician's Name:		Title/Qualification:
Signature:		Date:
Phone:	Fax:	Email:
Agency/Office Address:		

Qualifications to Complete the Verification of Disability

Below is a list of professionals qualified to complete the *Verification of Disability*. If you have a degree/license/accreditation that is not listed and you believe you are qualified to assess an individual's disability status, please contact us at 503-802-8333.

Title	Acronym
Certified Alcohol and Drug Counselor Level 3	CADC III
Doctor of Chiropractic Medicine	DC
Doctor of Osteopathic Medicine	DO
Licensed Clinical Social Worker	LCSW
Licensed Nurse Practitioner	LNP
Psychiatric Mental Health Nurse Practitioner	PMHNP
Certified Nursing Specialist	CNS
Family Nurse Practitioner	FNP
Medical Doctor	MD
Physician's Assistant	PA
Qualified Mental Health Professional	QMHP

Additional Comments:



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homeforward

AUTHORIZATION FOR RELEASE OF INFORMATION

PURPOSE Home Forward (a new name for the Housing Authority of Portland) uses this authorization and the information obtained with it to administer and enforce housing program rules and policies.

INDIVIDUALS OR ENTITIES REQUESTED TO RELEASE INFORMATION Any individual or entity, including governmental organizations and service providers, may be asked to release information. Failure of the Applicant or Participant to sign this form may result in the denial of eligibility or termination of assisted housing benefits, or both. Potential sources will include:

- Public Housing Authorities
- Banks, Credit Bureaus, and Financial Institutions
- Courts and Law Enforcement Agencies
- Employers, Past and Present
- Landlords, Past and Present
- Training or Apprentice Programs, Schools, Colleges
- Utility Companies
- State Agencies, such as, Dept. of Human Services, Motor Vehicles, Aging Services, Revenue, etc.
- U.S. Offices, e.g., Social Security, Veterans Affairs, Bureau of Citizenship & Immigration Services, Health and Human Services, Postal Service, Internal Revenue, etc.
- Social Service, Private Service Providers and Medical Personnel
- Providers of Alimony, Child Care, Child Support, Disability Assistance, Medical Care, Pensions/Annuities, and Providers of Credit
- Other: _____

INFORMATION COVERED Information shared with Home Forward, or shared by Home Forward with the above entities concerning eligibility for housing assistance may include:

- Information relevant to enrolling and participating in Rent Well classes
- Personal Identification and Social Security Numbers
- Citizenship or Immigration Status
- Child Care Expenses
- Credit History, Financial Concerns
- Criminal Activity, Court and Legal Issues
- Family Composition and Marital Status
- Employment and Training
- Income, Pensions, Assets
- Federal, State, Tribal or Local Assistance or Benefits
- Expenses related to Disability, Medical, or Family Needs
- Medical, Psychological, or Psychiatric Issues, in conformance with HIPAA requirements.
- Housing Needs and Rental History

AUTHORIZATION This authorization is valid for 48 months from date shown below.

- I authorize the release of any information (documentation and materials) pertinent to eligibility for or participation in Housing Programs provided by Home Forward.
- I agree that photocopies of this authorization may be used for the purposes stated above. I understand that if I do not sign this authorization, my application for housing assistance may be denied, or my receipt of housing assistance may be terminated.
- I agree to provide an assigned Social Security No. (or Certification that no number has been assigned) for each household member.

Head of Household (Signature) Date

Spouse or Other Adult (Signature) Date

Other Adult Date

Other Adult Date

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 48 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

Authorization for the Release of Information/ Privacy Act Notice

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

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to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Home Forward

(dba the Housing Authority of Portland)

Rent Assistance Department

135 SW Ash Street

Portland, Oregon 97204

HA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Advocacy Form

Instructions:

- Please complete this form if you have a family member, friend, or social, health, advocacy or other organization that will be helping you with your Housing Choice Voucher paperwork and you would like us to discuss your case with this contact person or organization. You may update, remove, or change the information you provide on this form at any time. **You are not required to provide this contact information**, but if you choose to do so, please complete this form.

Household Information

Head of Household Name:

SSN:

Housing Advocate Information

Name of Housing Advocate Contact Person or Organization:

Phone:

Address:

Relationship to Applicant:

Email:

Housing Advocate Mail Option

Do you want Home Forward to send ALL your mail to the contact person or organization at the above address? Yes No

NOTE: If you select this option, you will not receive any mail from Home Forward at your home address but it will be directed to your chosen housing advocate.

By signing this form, I give permission to Home Forward to discuss my Housing Choice Voucher case and release information about me to the contact person or organization listed above.

I understand that this authorization remains valid until I rescind it in writing.

Signature of Head of Household:

Date: