

DISABILITY BENEFITS VERIFICATION

DATE: _____

To: INSURER'S NAME _____

INSURER'S ADDRESS _____

FROM: SITE MANAGER'S NAME _____

SITE MANAGER'S ADDRESS _____

HOUSEHOLD MEMBER'S NAME _____

ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

The household member named above is applying for or recertifying for federal housing assistance. The household member has informed us that he or she has applied for or is receiving benefits payments from you. Please provide us with the information requested below concerning the household member's disability insurance benefits. The household member has consented to the release of this information, as shown below.

We would appreciate your prompt return of this form to the site manager named above. If you could fill out the form below and send it to the management office at the manager's address listed above or fax it to _____ within five days, it would be most appreciated.

INFORMATION REQUESTED

1. How much is the gross weekly or monthly payment? \$ _____ per week/month (*circle one*)

2. When will or did benefits coverage begin? DATE: _____

3. How many weeks of benefits is the household member eligible for? _____

NAME & TITLE OF PERSON SUPPLYING INFORMATION _____

TEL. # _____ EMAIL _____

SIGNATURE _____ DATE _____

HOUSEHOLD MEMBER RELEASE

TO THE HOUSEHOLD MEMBER:

YOU DO NOT HAVE TO SIGN THIS IF THE NAME OR ADDRESS OF EITHER THE SITE MANAGER OR THE INSURER IS LEFT BLANK.

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 five years old, which would be authorized by me on a separate consent attached to a copy of this consent.

SIGNATURE _____ DATE _____

PENALTIES FOR MISUSING THIS VERIFICATION FORM

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 U.S.C. Section 408(a)(6), (7), and (8).