

VERIFICATION OF NEED FOR A LARGER UNIT

(03/20)

Date	Please Return To		
Address	City	State	ZIP Code
Applicant/Tenant Name	Last 4 of Social Security Number		

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 assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose.

Management Agent Signature

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)

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. **The applicant or tenant does not have to sign the consent if the form does not clearly indicate who will provide the requested information and who will receive the information.** This consent form is valid for 15 months from the date it is signed.

Tenant Signature(s)

Date

- 1) The individual listed above qualifies as an elderly person under HUD Program Regulations. He/she has requested a larger unit and indicates there is a verifiable need for the reasonable accommodation. Please provide sufficient information to demonstrate the need for a larger unit.

2) The individual listed above qualifies as a person with a disability under HUD Program Regulations. He/she has requested a larger unit as a reasonable accommodation. To show the requested accommodation is necessary there must be an identifiable relationship, or nexus between the requested accommodation and the individual's disability. Please provide sufficient information to demonstrate the disability-related need for a larger unit.

COMPLETED BY

Name	Title	Agency
Signature	Date	Telephone Number