

Northeast Oregon Housing Authority

Serving Union-Grant-Baker & Wallowa County

Mailing Address

P.O. Box 3357

Office Location

2608 May Lane
La Grande, OR



PHONE: 541-963-5360

800-425-8638

WEBSITE: www.neoha.org

FAX: 541-963-3682

TDD: 541-963-2465

EMAIL: neoha@uwtc.net

Northeast Oregon Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities. NEOHA Executive Director has been designated to coordinate compliance with the nondiscrimination requirements contained in the HUD regulations implementing Section 504 (24CFR,pt8)11/2013

VERIFICATION OF DISABILITY

VERIFICATION OF THE EXISTENCE OF A DISABILITY

Date: _____

Third party qualified to verify existence of disability:

Name: _____
Address: _____
City, State, Zip: _____

Return To: NORTHEAST OREGON HOUSING AUTHORITY
P.O. BOX 3357 / 2608 MAY LANE
LA GRANDE, OR 97850

Regarding: _____ **Social Security Number:** _____
Applicant/Tenant Name

Third party verification. As defined by the HUD Occupancy Handbook, chapter 3, paragraph 3-28.B, appropriate sources of information include but are not limited to a physician, psychologist, clinical social worker, other licensed health care provider, or the Veterans Administration.

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 ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

APPLICANT/TENANT 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, the applicant, on a separate consent attached to a copy of this consent.

Applicant/Tenant Signature _____ **Date** _____

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

INFORMATION BEING REQUESTED: For each numbered item below, based on the following definitions mark an "X" in the applicable box that accurately describes the person listed above.

- 1- YES NO Has a **DISABILITY** as defined in **42 U.S.C. 423** (1) The term "disability" means:
- A. Inability to engage in any substantial gainful activity by reason if any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.
 - B. 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 the individual has previously engaged with some regularity and over a substantial period of time.
- 2- YES NO Has a **PHYSICAL, MENTAL OR EMOTIONAL IMPAIRMENT** that:
- A. Is expected to be of long-continued and indefinite duration.
 - B. Substantially impedes one's ability to live independently.
 - C. Is of such a nature that such ability could be improved by more suitable housing conditions.
- 3- YES NO Has a **DEVELOPMENTAL DISABILITY** as defined in **42 U.S.C. 6001** the term "developmental disability" means a severe, chronic disability of an individual 5 years of age or older that:
- A. Is attributable to a mental or physical impairment or combination of mental and physical impairments.
 - B. Is manifested before the individual attains age 22.
 - C. Is likely to continue indefinitely.
 - D. Results in substantial functional limitations in three or more of the following areas of major life activity:
 - (i) self-care
 - (ii) receptive and expressive language
 - (iii) learning
 - (iv) mobility
 - (v) self-direction
 - (vi) capacity for independent living
 - (vii) economic self-sufficiency
 - E. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated.
- 4- YES NO Is a person who's disability is based solely on any drug or alcohol dependence.
- IF #4 is MARKED YES, >>> For purposes of qualifying for low-income housing, THIS PERSON DOES NOT MEET HUD'S DEFINITION OF DISABILITY.**
This definition does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome.

To the best of my knowledge this condition has existed since: _____

It is my opinion that the above mentioned individual is: CHECK (✓) APPLICABLE CONDITION

- IS a PERSON WITH DISABILITIES
- IS NOT a PERSON WITH DISABILITIES

I CERTIFY THE ABOVE INFORMATION IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE

_____ **Third Party Verifier; Name, Title, Firm/Organization** _____ **Date** _____

WARNING: Title 18 U.S.C. 1001 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 use 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 persons 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 42U.S.C. 208 (f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h) REVISED March 9, 2012