

**Danbury Tower**  
40 William St  
Danbury, CT 06810-7780  
(203) 748-6670



TTY/TDD – Dial 711  
or 1-800-842-9710  
(Voice callers:  
1-800-833-8134)

Date: \_\_\_\_\_  
Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

Thank you for contacting Danbury Tower to inquire about submitting an application for housing.

Enclosed is an application for housing, an I-Speak Language Identification Flashcard and a Supplement to the Application form HUD-92006, and, if applicable, additional attachments required for your property as outlined on the application.

Once we receive a completed application and attachments, signed by all household members 18 years of age and older, you will be notified regarding your initial eligibility status. If there is no waiting list for the unit type you are applying for, we will contact you regarding an initial meeting.

At the meeting, we will need to independently verify all of your income and assets, as well as any qualified deductions (medical, disability or childcare expenses) prior to determining eligibility. There are other qualifying criteria which are described in our Tenant Selection Plan, which we will review with you during the interview.

Again, thank you for contacting Danbury Tower, and please contact us with any questions.

Sincerely,

Property Manager  
Danbury Tower



All properties managed by SHP Management Corp. act in accordance with the Fair Housing Act, HUD, and applicable state and local laws which prohibit discrimination based on an applicant's or resident's actual or perceived inclusion in a protected class or category, which include: race, color, religion (creed), national origin (ancestry), sex / gender, gender identity or expression, genetic information, affectional or sexual orientation (including transgender status), disability (learning, physical or mental), marital/domestic partnership/civil union status, familial/parental status (families with children under the age of 18 or pregnant woman), age, elderliness, lawful source of income, receipt of public and/or rental assistance, military status, veteran status, unfavorable discharge from military service, status as a victim of domestic abuse, order of protection status or political affiliation. The Designated 504 Coordinator may be reached by email at: [504coordinator@shpmanagement.com](mailto:504coordinator@shpmanagement.com)



### **IMPORTANT NOTICE**

Effective April 15, 2011, all SHP Management properties will be **SMOKE FREE**. In addition to existing smoking bans in common areas, residents, their guests and SHP staff will not be allowed to smoke in individual apartments.

The Department of Housing & Urban Development issued a notice in September 2010 encouraging owners of assisted apartments to implement smoke free housing policies. Our company firmly supports this initiative and is proud to join other companies and public housing authorities who have also joined this effort.

If you are a smoker, this rule change does not affect your eligibility. Smoking will be allowed in designated areas on the grounds of the property, but not within 20-feet of a building's entrance, or anywhere in a building.

To learn more about the benefits of smoke free housing, please contact the rental office for more information, or visit the following internet sites:

[www.makesmokinghistory.org](http://www.makesmokinghistory.org)  
<http://www.cdc.gov/tobacco/>



**SHP MANAGEMENT CORP 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.**



**SHP MANAGEMENT CORP.**  
**RENTAL APPLICATION**  
 "Equal Housing Opportunities"

Name of development: Danbury Tower

Number of bedrooms desired: \_\_\_\_\_

How did you hear about these units? \_\_\_\_\_

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street Apt. # City State Zip code

E-mail address: \_\_\_\_\_

The following information is required by HUD for all those who would live in the apartment. Allowable exceptions are:

1. Household members 62 years of age or older as of January 31, 2010 and who were in receipt of rental assistance as of January 31, 2010. Please provide evidence of prior rental assistance, i.e. prior HUD 50059 or 50058.
2. Household members who are non-eligible citizens and are not contending eligible immigration status.
3. Household members age 6 or under added to the applicant household within a 6-month period prior to the household's date of admission if the child has not been issued a SSN. The household will have 90-days after the date of admission to provide the documentation.

Name	Soc. Sec. #	Place of Birth	Date of Birth

Current landlord: \_\_\_\_\_ Landlord's address: \_\_\_\_\_

Landlord's phone: \_\_\_\_\_ How long have you lived here? \_\_\_\_\_

Monthly rent: \$ \_\_\_\_\_ Monthly Utilities: \$ \_\_\_\_\_

Previous landlord: \_\_\_\_\_ Landlord's address: \_\_\_\_\_

Landlord's phone: \_\_\_\_\_ How long have you lived here? \_\_\_\_\_

Monthly rent: \$ \_\_\_\_\_ Monthly Utilities: \$ \_\_\_\_\_

Apt. address & reason for moving: \_\_\_\_\_

Have you ever been evicted from housing or currently owe a landlord money? Yes or No If yes, please explain: \_\_\_\_\_

Insert <u>Recipient's Name</u> on each applicable line below		Source of Income; Address and Phone	Amount Received
Name		Employer Address/Phone	Gross Annual
Name		Employer Address/Phone	Gross Annual
Name	Claim #	Social Security	
Name	Claim #	Social Security	
Name	Claim #	Disability, Social Security Income	
Name	Claim #	Disability, Social Security Income	
Name	Claim #	Death Benefits: Pension, Retirement Fund - Name/Address	
Name	Claim #	Death Benefits: Pension, Retirement Fund - Name/Address	
Name	Claim #	Unemployment	

Insert Recipient's Name on each applicable line below		Source of Income; Address and Phone	Amount Received
Name	Claim #	Veteran's Benefit, Military Pay: VA File #:	
Name	Claim #	Workers' Compensation: Address	
Name	Claim #	Public Assistance, TANF	
Name	Claim #	Alimony / Child Support (circle)	
Name	Claim #	Finances from rent or sale of property	
Name	Claim #	Lottery winnings	
Name	Claim #	Periodic contributions from outside sources/agencies: Name/Address	
Name	Claim #	Severance Pay	
Name	Claim #	Insurance Policy: Address	Monthly Amount
Name	Claim #	Annuity, Non-revocable Trust: Contact Name/Address:	Monthly amount
Other:			

#### Assets: Checking Accounts

Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_ Balance: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ %  
 Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_ Balance: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ %  
 Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_ Balance: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ %

#### Assets: Savings/Certificates/EBT Direct Express Accounts:

Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_ Balance: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ %  
 Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_ Balance: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ %  
 Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_ Balance: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ %

#### Assets: Stocks and Bonds:

Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_ Balance: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ %  
 Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_ Balance: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ %  
 Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_ Balance: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ %

#### Real Estate:

Description/Address: \_\_\_\_\_  
 Value: \_\_\_\_\_ Balance due on mortgage: \_\_\_\_\_

#### Miscellaneous Information:

- ☐ Person displaced by natural disaster.  
☐ Person displaced by government action.  
☐ Person displaced by private action beyond their control.

Please explain any item checked above in the following space: \_\_\_\_\_

**Student Status:** Are you enrolled at an accredited institution of higher learning? ☐ Yes ☐ No

**Veterans Information:** If you or any member of your household is an Active, Retired, or Discharged member of the armed services, please list the member's name, branch of service and indicate their current status.

Member's Name	Branch of Service	Active/Retired/Discharged

**Pets:** Will you be living with a pet? ☐ Yes ☐ No Type of pet: \_\_\_\_\_  
 If dog/cat, is pet neutered? ☐ Yes ☐ No Are shots current? ☐ Yes ☐ No  
 \*Evidence of current registration with the local town/municipality may be required prior to move in.

**Do you own a vehicle?** Yes / No Registration #: \_\_\_\_\_

**Credit References:**

Name/Address/Phone: \_\_\_\_\_  
 Acct. #: \_\_\_\_\_

Name/Address/Phone: \_\_\_\_\_  
 Acct. #: \_\_\_\_\_

The following information will be required by the federal government to monitor this owner's compliance with Equal Housing Opportunity and Fair Housing laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished.

**Please provide your Race/National Origin: This information is for statistical purposes only (Optional):**

- ☐ White ☐ American Indian / Alaskan Native ☐ Black or African American  
☐ Hispanic or Latino ☐ Asian ☐ Other \_\_\_\_\_  
☐ Native Hawaiian or Other Pacific Islander ☐ I do not wish to furnish this information

**Optional:** Do you or any member of your household have a disability as defined in Section 223 of the social Security Act?  
☐ Yes ☐ No If so, you may be entitled to a Reasonable Accommodation which would allow you to more fully use and enjoy the program or its facilities. A Reasonable Accommodation may include special unit features such as wheelchair accessibility, grab bars, braille, hearing impaired devices, sign language, use of a service animal, etc. If so, please provide additional information: \_\_\_\_\_

**Additional Required Information:**

1. Have you or any member of your household ever been charged or convicted of a misdemeanor or felony?

☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

2. Has any member of the household had a problem with the use, sale, purchase, or manufacture, either in the past or currently, with illegal drugs? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

3. Has any member of the household had a problem with alcohol abuse or a pattern of alcohol abuse that would interfere with others' health, safety, and right to peaceful enjoyment of the property? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

4. Are you or any member of your household subject to a lifetime sex offender registration in any state?

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Please list every state that a member of the applicant household has resided in and who resided there. If additional space is necessary, please list on a separate page.

Applicant Member	State	Applicant Member	State

**Please note: HUD may prohibit admission to an applicant subject to lifetime sex offender registration after June 25, 2001. Failure to furnish accurate information may also result in rejection or denial of admission. Management has a no tolerance policy for drugs. If you are applying and have a drug conviction, we will not provide you with housing.**

This is to inform you that as part of our procedure for processing your application, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

By signing this application, you are hereby authorizing SHP Management Corp. to request a credit report on the applicant(s), which may include rental history, arrest and/or conviction records and retail credit history. A screening result of "Approved" does not guarantee eligibility or acceptance into the property. Applicants must meet all project eligibility and property screening criteria.

Please note that this is a preliminary application and in no way insures occupancy. Additional information may be requested to complete processing of your application. Your signature gives written consent to the management to verify information in this application. A false statement or misrepresentation on your application will be grounds for denial of residency.

By my signature below, I certify the accuracy and completeness of the information provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If mailing application, please send to the address below:**

**Site Address:** 40 William Street  
Danbury, CT 06810

**Telephone:** 203-748-6670

**TTY/TDD & Voice Callers:** 711 or TDD/TTY 800-842-9710 or 800-833-8134 (VC)

**"It is unlawful to discriminate against an applicant or tenant because of their race, color, national origin, religion, gender, familial status, disability, age, marital status, sexual orientation or source of income pursuant to Conn. Gen. Stat. Sections 46a-64d and 46a-81e and the Federal Fair Housing Act, 42 U.S.C. Section 6301 et. seq."**

Danbury Towers does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, age, familial status or physical or mental disability.

An aggrieved person may file a complaint of a housing discrimination act with:

Matt Brucker  
7 Thomas Drive  
Cumberland Foreside, ME 04110  
207-829-9200, TTY 800-437-1220

Boston Regional Office of FHEO, U.S. Dept. of HUD  
Thomas P. O'Neill, Jr. Federal Building  
10 Causeway Street, Room 321  
Boston, MA 02222-1092  
617-994-8300, 800-827-5005, TTY 617-565-5453

Navigate Affordable Housing Partners  
100 Pearl Street 14<sup>th</sup> Floor  
Hartford, CT 06103  
888-466-5572



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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **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 include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other:
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

\_\_\_\_ Check this box if you choose not to provide the contact information.

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

☐

ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.

1. Arabic

☐

Խնդրում ենք նշում կատարել այս քանակությունը,  
կթեխնում կամ կարդում եք հայերեն:

2. Armenian

☐

যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।

3. Bengali

☐

ល្ងើងបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។

4. Cambodian

☐

Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.

5. Chamorro

☐

如果你能读中文或讲中文，请选择此框。

6. Simplified Chinese

☐

如果你能讀中文或講中文，請選擇此框。

7. Traditional Chinese

☐

Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.

8. Croatian

☐

Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.

9. Czech

☐

Kruis dit vakje aan als u Nederlands kunt lezen of spreken.

10. Dutch

☐

Mark this box if you read or speak English.

11. English

☐

اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.

12. Farsi



<input type="checkbox"/>	Cocher ici si vous lisez ou parlez le français.	13. French
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
<input type="checkbox"/>	Σημειώστε αυτό το πλαίσιο αν διαβάσετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/>	Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérti vagy beszél a magyar nyelvet.	19. Hungari
<input type="checkbox"/>	Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
<input type="checkbox"/>	Marchi questa casella se legge o parla italiano.	21. Italian
<input type="checkbox"/>	日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
<input type="checkbox"/>	한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
<input type="checkbox"/>	ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	24. Laotian
<input type="checkbox"/>	Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

- |                          |  |                |
|--------------------------|--|----------------|
| <input type="checkbox"/> | Assinale este quadrado se você lê ou fala português.                           | 26. Portuguese |
| <input type="checkbox"/> | Însemnați această căsuță dacă citiți sau vorbiți românește.                    | 27. Romanian   |
| <input type="checkbox"/> | Пометьте этот квадратик, если вы читаете или говорите по-русски.               | 28. Russian    |
| <input type="checkbox"/> | Обележите овај квадратикћ уколико читате или говорите српски језик.            | 29. Serbian    |
| <input type="checkbox"/> | Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.             | 30. Slovak     |
| <input type="checkbox"/> | Marque esta casilla si lee o habla español.                                    | 31. Spanish    |
| <input type="checkbox"/> | Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog. | 32. Tagalog    |
| <input type="checkbox"/> | ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.                             | 33. Thai       |
| <input type="checkbox"/> | Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.                        | 34. Tongan     |
| <input type="checkbox"/> | Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.         | 35. Ukrainian  |
| <input type="checkbox"/> | اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔                     | 36. Urdu       |
| <input type="checkbox"/> | Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.               | 37. Vietnamese |
| <input type="checkbox"/> | באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.                            | 38. Yiddish    |

# STOP

## IMPORTANT - Please READ

This building is for Elderly and/or persons with disabilities. If you are elderly (62 years old or older) do not complete the following 3 pages.

**If you are 61 years of age or younger, complete the Verification of Disability (the next 3 pages) Please provide your name and your address in "Subject" section and the Doctor name and address in the "To" section. Remember to sign and date the Release of Information on the last page.**

DO NOT complete the fields for the Dr. to provide that information.  
We will send the Verification to your Dr. to complete if you have a disability.

Please either mail or bring the entire application, including the Verification of Disability, to the Rental office.

Thank you,  
Management

**VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR  
ADMISSION IS BASED ON DISABILITY**

**FOR USE WITH ALL PROGRAMS EXCEPT SECTION 202 AND 811 PROGRAMS**

Date: \_\_\_\_\_

To: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

From: \_\_\_\_\_

Property Manager  
Danbury Tower  
40 William Street  
Danbury, CT 06810  
(p) 203-748-6670 (f) 475-282-3530

**RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE**

Subject: Verification of Disability Information Supplied by an Applicant for Housing Assistance.

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_

**EXPLANATION OF THIS VERIFICATION**

Some Assisted Housing Projects limit eligibility to some or all of the units to persons with disabilities. Some of these units may be limited to persons with particular types of disabilities. This verification is needed only when:

- 1) Your eligibility for admission is dependent on your being disabled; or
- 2) You claim eligibility for allowances that are given to persons with disabilities. An owner may only request the minimum information necessary to determine whether you meet the applicable definition of disabled under the program which provides you with housing assistance.

The definitions of disabled will vary depending on the project you are applying for or living in. The owner is required to check the definition or definitions that apply to your situation based on the guidance provided in the HUD Handbook 4350.3 Rev 1.

The third party from whom this verification is being requested has knowledge of whether your disability meets the applicable definition(s) of disabled. The owner must verify this information before deciding on your eligibility for allowances given to persons with disabilities. This verification is not to be used in assigning accessible units.

This verification is (**Owner/manager**: You must check the reason why this inquiry is necessary.):

- ☐ Required for determining the applicant's eligibility for a project or units in a project where occupancy is limited to persons who are disabled.



We Do Business in Accordance With the Federal Fair  
Housing Law  
(The Fair Housing Amendments Act of 1988)

## VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION IS BASED ON DISABILITY

- ☐ Required for the applicant/tenant to receive allowances available only to households whose head or spouse is elderly, disabled.

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. The applicant/tenant has consented to this release of information as shown below.

### INFORMATION BEING REQUESTED:

For each numbered item below, check the appropriate box that accurately describes the person listed above.

1. ☐ YES ☐ NO Has a disability, as defined in 42 U.S.C. 423, which means;
- Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months; or
  - 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 he/she has previously engaged with some regularity and over a substantial period of time.

**NOTE:** For the purposes of this definition, the term blindness, as defined in section 416(i)(1) of this title, means central vision acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.

2. ☐ YES ☐ NO Has a physical, mental, or emotional impairment that:
- Is expected to be of long-continued and indefinite duration;
  - Substantially impedes the person's ability to live independently; and
  - Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

3. ☐ YES ☐ NO Has 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:
- Is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - Is manifested before the person attains age 22;
  - Is likely to continue indefinitely;
  - 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; and
    - Economic self-sufficiency; and
  - Reflects the person's need for a combination and sequence of special,



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**VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR  
ADMISSION IS BASED ON DISABILITY**

interdisciplinary, or generic care, treatment, or other services that are of  
lifelong or extended duration and are individually planned and  
coordinated.

4. ☐ YES ☐ NO Is the above a person whose disability is based **solely** on any drug or alcohol dependence (the person has no other disability which meets the above definition).

Information provided by:

\_\_\_\_\_  
Print Name and Title of Person Supplying the Information

\_\_\_\_\_  
Firm / Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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.

\_\_\_\_\_  
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.

**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) and (8). \*\* Violations of these provisions are cited as violations of 42 USC \*\*408 (a) (6), (7) and (8). \*\*

SHP Management Corp. 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.



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