|  |  |  |
| --- | --- | --- |
| Resident/Applicant Name |  | |
| Unit Number (if Resident) |  | |
| Resident Signed Verification Release | Yes  No | |
| Verification Used For | Eligibility for Residency/Assistance  Annual Certification  Interim Certification  Reasonable Accommodation/Modification  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Verification Statement | | |
| *“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 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 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).  Violation of these provisions are cited as violations of 42 U.S.C.  408 (a) (6), (7) and (8).* | | |
| Verification of | |  |
| Name of Contact | |  |
| Contact Title | |  |
| Company Name | |  |
| Phone Number | |  |
| Was Call | | Incoming  Outgoing |
| Date and Time of Call ***(must indicate date & time)*** | | Date       Time |
| Company Address | |  |
| Company Address | |  |
| Company Address | |  |
| Misc Comments re: Contact | |  |

By signing this form, I certify that the information I have provided is correct based on the conversation with the above-named party.

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

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