

Involuntarily Displaced Verification

TO:

RE:

Name

Social Security Number

FROM:

Thank you for your prompt response. All information is Confidential.

Please contact _____

at () _____ if you have any

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information 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, which 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

THIS SECTION TO BE COMPLETED BY GOVERNMENT AGENCY/OTHER

The above named person(s) has indicated that he/she has been or will be involuntarily displaced and has vacated or will have to vacate his/her current housing for one of the following reasons:

- ☐ a disaster, such as fire or flood, that resulted in extensive damage or has destroyed the unit.
- ☐ an activity carried on by an agency of the United States or by a State or local government body or agency in connection with code enforcement or a public improvement or development program.
- ☐ an action by the owner which resulted in the above named person(s) having to vacate the unit, where:
 - 1) the reason for the owner's action is beyond the above named person's ability to control or prevent; and/or,
 - 2) the action occurred despite the above named person's having met all previously imposed conditions of occupancy; and/or,
 - 3) the action taken is other than a rent increase.
- ☐ The occurrence of any of the following events:
 - 1) actual or threatened physical violence directed against the above named person or one or more members of the person's family by a spouse or other member of the person's household, or, the above named person currently lives with an individual who engages in such violence;

- 2) existing family members find it impossible to continue residing together and alternate housing arrangements must be made. These circumstances are to be made evident in writing. Examples would include a parent residing with children or adult children residing with grandparents;
- 3) the applicant or applicant's family members provided information on criminal activities to a law enforcement agency; and, based on a threat assessment, a law enforcement agency recommends re-housing the family to avoid or minimize a risk of violence against family members as a reprisal for providing such information;
- 4) one or more of the applicant's family have been the victim of one or more hate crimes; and the applicant has vacated a housing unit because of such crime, or the fear associated with such crime has destroyed the applicant's peaceful enjoyment of the unit; or,
- 5) a member of the family has mobility or other impairment that makes the person unable to use critical elements of the unit; and the owner is not legally obligated to make the changes to the unit that would make critical elements accessible to the disabled person as a reasonable accommodation.

Involuntary displacement preference does not apply to persons involuntarily displaced for nonpayment of rent or failure to follow the provisions of a lease or rental agreement, or individuals required to move as a consequence of divorce or separation.

I certify that _____ ☐ **has been** ☐ **will be** involuntarily displaced for the reason(s) indicated on page one and or two.

Additional Comments, if any: _____

Signature _____
 Print your name _____
 Title _____
 Address _____

Date _____
 Tel. # _____

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, the PHA and any owner (or any employee of HUD the PHA 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 willfully 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, the PHA 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 42 U.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).