ASSISTANCE ANIMAL VERIFICATION FORM

Name of Medical Professional:		PLEASE RETURN FORM TO:
Address:		
SUBJECT: Verification of Information Supplied by an Applica	ant/Tenant for Housing Assis	tance
NAME:		
ADDRESS:	· · · · · · · · · · · · · · · · · · ·	
This person has applied for housing assistance under a proghousing owner to verify all information that is used in determ		of Housing and Urban Development (HUD). HUD requires the or level of benefits.
We ask your cooperation in providing the following information information will help to ensure timely processing of the applications.		son listed at the top of the page. Your prompt return of this plicant/tenant has consented to this release of information as shown
Area to be	completed by a Medi	cal Professional
to grant this accommodation the owner of the property accommodation. The following is a definition of an assoccupancy requirements and procedures governing the further guidance in verifying the need for an assistance.	y will need to verify that the sistance animal as define HUD-subsidized multiface animal.	ed by the HUD 4350.3 Occupancy Manual that describes the amily housing programs. This definition should give you
benefit of a person with a disability, or animals that pr a person's disability. Assistance animals – often refer animals" – perform many disability-related functions, i alerting individuals who are deaf or hard of hearing to fetching items, alerting persons to impending seizures	ovide emotional support to tred to as "service animals ncluding but not limited to sounds, providing minimals, or providing emotionals mals that assist persons w	guiding individuals who are blind or have low vision, all protection or rescue assistance, pulling a wheelchair, support to persons with disabilities who have a disability-rith disabilities are professionally trained. Other assistance
		ance, or perform tasks for the benefit of a person with a ore identified symptoms or effects of a person's disability?
Name and Title of Person Supplying the Information	Firm/Organization Name	
Signature	Date	
	ices that would required the	ation obtained under this consent is limited to information ne owner to verify information that is up to 5 years old, which nsent.
Signature	Date	
NOTE TO APPLICANT/TENANT: You do not have	to sign this form if eithe	r the requesting organization or the organization

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 U.S.C. 408 (a) (6), (7) and (8).



supplying the information is left blank.