

VERIFICATION OF NEED FOR AN ASSISTANCE OR EMOTIONAL SUPPORT ANIMAL

TO: \_\_\_\_\_  
Name and address of medical or mental professional who is knowledgeable of and treats below named person's disability

FROM: \_\_\_\_\_  
Heber Springs Housing Authority                                      HSHA Representative                                      Telephone #

*Information Regarding Individual Requesting an Assistance or Emotional Support Animal*

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_ Address: \_\_\_\_\_

The person named above has requested an Assistance or Emotional Support Animal in the family's public housing rental unit. **A person making such a request must have a handicap that significantly limits a major life activity. The assistance or emotional support animal requested must alleviate one or more symptoms of the verified disability.** There must be a nexus between the individual's disability and the requested animal.

We ask your cooperation in providing the following information and returning it to the Housing Authority. Your prompt return of this information will help to ensure timely processing of the request. Enclosed is a self-addressed, stamped envelope for this purpose.

**RELEASE:** I hereby authorized the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_  
Printed Name of Requester or Parent if Requester is a Minor      Signature of Requester or Parent      Date

**Individual with handicaps (disabilities) as defined in 24 CFR 8.3 means any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.** As used in this definition, the phrase: Physical or mental impairment includes: (1) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or(2) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.  
*"Handicap"* does not include any individual who is a current alcoholic or drug abuser.  
  
The term *"Major Life Activities"* includes functions such as caring for one's self, performing manual task, walking, seeing, hearing, speaking, breathing, learning and working.

By my signature below, I verify that the individual named above has mental or physical handicap that significantly limits a major life activity and of which symptoms can be relieved by an assistance or support animal. Please describe below the type of animal needed.

\_\_\_\_\_

NAME AND TITLE OF PERSON SUPPLYING INFORMATION  
  
\_\_\_\_\_  
Signature

FIRM/ORGANIZATION/MEDICAL FACILITY  
  
\_\_\_\_\_  
DATE

**PENALTIES FOR PROVIDING FALSE OR FRAUDULENT INFORMATION:** 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 PHA (or any employee of HUD or the PHA) 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 PHA 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).