

RELEASE CONSENT

I, **«full name»**, authorize the release of the requested information to «mgmt_company». A copy of the full consent forms are available, if required, from the requesting party.

_____ (see attached)
Date

To: _____

Verification for the need for a two bedroom apartment

Re: **«full name»**, **«address line1»**, **«address line2»**, **«address line3»**, **«city»**, **«state»** **«zip»**
SSN: **«ssn»**

The government housing regulations define a handicapped person as someone who has physical or mental impairment that meets the following conditions:

- a) One whose condition is expected to be of long-continued and indefinite duration;
- b) Substantially impedes his/her ability to live independently, and is of such a nature that this ability could be improved by more suitable housing conditions;
- c) Substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

In my opinion, the above individual does not meet the above criteria.

Please list any physical requirements of the unit that are necessitated by this handicap (if any). (For example, wider hallways if wheelchair is used, etc.):

Also, government housing regulations require that a married couple provide documentation from a physician for the need for a two bedroom apartment. Please complete the following statement regarding this request.

In my opinion, the above individual(s) does not have a need for a two bedroom apartment. If the applicant does require this type of unit, please provide us with a brief medical reason for this need.

Information provided by:

Name Title Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations of any material fact involving the use or obtaining of federal funds.
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