

# NEW HORIZONS APARTMENTS

20 Benson Avenue • Worcester, Massachusetts 01605  
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## Medical Verification of NEED FOR A MOBILITY-IMPAIRED/ACCESSIBLE UNIT MUST BE COMPLETED AND RETURNED WITH THE APPLICATION.

Applicant Head/Co-Head of Household: \_\_\_\_\_

Household Member Requiring Accessible Unit: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**RELEASE:** I hereby authorize the release of the requested information below to New Horizons Apts.

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

**Eligibility requirements for admission to New Horizons Apts. when Head/Co-Head of Household is not 62 years of age or older:**

- **Head or Co-Head of Household must have a verified mobility impairment that requires the special features of a mobility-impaired/accessible unit.**

The information below must be completed by a Qualified Medical Professional whose function is to provide services to the disabled and may verify the eligibility requirements stated above. *In order to assist us, please answer the following:*

The applicant/co-applicant has a verified mobility impairment:  YES  NO

**If YES, please describe the special UNIT features that are essential to the successful treatment of the applicant/co-applicant's mobility impairment. Please DO NOT provide confidential medical information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification - Signed under the pains and penalties of perjury:**

***It is my considered medical judgment that the above-named applicant has a mobility impairment that requires a mobility-impaired/accessible unit per the features I have described above.***

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

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Organization/Agency \_\_\_\_\_ Phone \_\_\_\_\_

**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 \*\*208 (a) (6), (7) and (8).\*\* Violations of these provisions are cited as violations of 42 USC \*\*408 (a) (6), (7) and (8).\*\*

