



DRUG AND ALCOHOL FREE HOUSING
VERIFICATION FORM

Please return this form to:

TO: _____

CASCADIA HOUSING
PO Box 9275
Portland, OR 97207

FAX: 503.402.8119

RE: Verification of Information Supplied by an applicant for Housing Assistance

NAME: _____

This person has applied for housing in a facility that qualifies as Drug and Alcohol Free housing under Oregon Law. As such, the owner is required to verify all information that is used to determine this person's eligibility.

We ask for your cooperation in providing the following information and returning it to the person listed above. Your prompt return of this information will help to ensure timely processing of their application. The applicant has consented to the release of this information, as indicated on the next page.

INFORMATION REQUESTED:

A "program of recovery" means a verifiable program of counseling and rehabilitation treatment services, including a written plan, to assist recovering alcoholics or drug addicts to recover from their addiction to alcohol or drugs while living in drug and alcohol free housing.

I verify that _____ is actively, and on a regular basis,
participating in a program of recovery for (circle one): alcohol drugs both

The program they attend is (check which applies):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Alcoholics Anonymous | <input type="checkbox"/> Allied |
| <input type="checkbox"/> Narcotics Anonymous | <input type="checkbox"/> Coda |
| <input type="checkbox"/> Volunteers of America | <input type="checkbox"/> CCC |
| <input type="checkbox"/> Cascadia BHC | <input type="checkbox"/> TPI/Jeans Place |

Other Agency (where) _____

Cascadia Housing projects will consider all Reasonable Accommodation requests. Cascadia Housing projects do not discriminate on the basis of handicapped status in the admission or access to, treatment or employment in, its Federally assisted programs and activities. Director of Asset Management is the 504 Coordinator and is available at:

Cascadia
Phone: 503-238-0769
Fax: 503-402-8119

Site Address: 847 NE 19th
Portland, OR 97232

Mailing Address: PO Box 9275
Portland, OR 97207



THE PLAN OF RECOVERY IS:

Print Name and Title of Person Supplying the Information

Signature & Name of Agency/Organization

Date

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

Release of Information:

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

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). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

Cascadia Housing projects will consider all Reasonable Accommodation requests. Cascadia Housing projects do not discriminate on the basis of handicapped status in the admission or access to, treatment or employment in, its Federally assisted programs and activities. Director of Asset Management is the 504 Coordinator and is available at:

Cascadia
Phone: 503-238-0769
Fax: 503-402-8119

Site Address: 847 NE 19th
Portland, OR 97232

Mailing Address: PO Box 9275
Portland, OR 97207

