

LIVE-IN AIDE VERIFICATION
(Certification to be provided by a licensed physician)



DATE: _____

TO: _____

_____, _____, _____

FROM: _____

_____, _____, _____

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE.

SUBJECT: VERIFICATION OF INFORMATION SUPPLIED BY AN APPLICANT FOR HOUSING ASSISTANCE.

NAME: _____
SSN: _____
ADDRESS: _____

_____, _____, _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

LIVE-IN AIDE is defined by HUD as "a person who resides with an elderly, disabled, or handicapped person and who: (a) is essential to the care and well-being of the person; (b) is not obligated for the support of the person; and (c) would not be living in the unit except to provide the necessary supportive services. A Live-In Aide may be a relative. A Live-In Aide is not party to the lease and his/her income is not considered in computing annual income, allowances and assistance."

