

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

DATE	:	 		
TO:		 		-
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FROM	[:			-
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			, CRSON LISTED ABOV	
	ECT: VERIF ING ASSISTA	DRMATION SU	IPPLIED BY AN APPLI	CANT FOR
	NAME:			-
	SSN: ADDRESS:			-
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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."

I certify that		, (SSN:		
does	does not	require the services of a Live-In Aide.		

WHAT QUANTITY OF SUCH SERVICES DOES THE APPLICANT REQUIRE? (Does the applicant require 24 hour attention which would prevent the Live-In Aide from having other employment, or periodic help throughout the day and/or night, etc.?)

COMMENTS:

INFORMATION PROVIDED BY:

NAME

TITLE

DATE

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

RELEASE: 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 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.

Housing projects managed by Human Resource Development and Employment, Inc. (HRDE) do not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.