

LIVE-IN AIDE VERIFICATION

(3/19)

To	
From	Contact Person and Telephone Number for Questions
Tenant Name	Social Security Number

PERMISSION FOR RELEASE OF INFORMATION

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.

Tenant Signature	Date
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THIS SECTION TO BE COMPLETED BY MEDICAL PROFESSIONAL

The applicant/tenant listed above has indicated that he/she is disabled and requires a live in aide in order to have equal access to housing the same as if he or she was not disabled. Multifamily housing programs have specific verification requirements for all households indicating the need for a live-in aide. These requirements include (but are not limited to): (1) the aide is determined to be essential to the care and wellbeing of the applicant/tenant; (2) the aide is not obligated for the financial support of the applicant/tenant; (3) the aide would not be living in the apartment for any reason except to provide the necessary supportive services.

The applicant/tenant has indicated that you are a third party professional competent to verify the need for the requested accommodation of a live in aide. We ask that you provide the following general information to determine if a live in aide is required. Please note that the information provided should respond to the general questions and not disclose any confidential information regarding the nature of the disability of the applicant/tenant.

INFORMATION REQUESTED

Is the applicant/tenant disabled as defined below?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In your professional opinion, and with knowledge of the applicant/tenant's disability, does the applicant/tenant require the services of a live in aide in order to enjoy the use of the dwelling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many hours of care or assistance are needed by the applicant/tenant each day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is more than one aide to occupy the unit? If yes, indicate number of aides needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant/tenant require a separate bedroom for medical apparatus or other medically related purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	

Under applicable law, an individual is disabled if he/she has, is regarded as having or perceived as having a physical or mental impairment that limits a major life activity such as caring for one's self, performing manual tasks, participating in social activities, walking, seeing, hearing, speaking, breathing, learning and working, and includes but is not limited to conditions such as cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, Human Immunodeficiency Virus Infection, mental retardation, and emotional illness. This definition does not include sexual behavior disorders, compulsive gambling, kleptomania, pyromania, or psychoactive substance use disorders resulting from current unlawful use of controlled substances or other drugs.

This is not an inquiry as to the nature or severity of the person's handicapped/disability. Simply indicate whether the applicant/resident needs the above.

Signature	Date
Name of Person Supplying the Information	Title

Penalties for misusing this content: 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 and any owner (or any employee of HUD 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 willingly 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 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).