



This is to be used only for the DHCD PRA 811 Program

LIVE IN AIDE / ATTENDANT CARE VERIFICATION

To: From:

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

Name: _____

Social Security Number: _____

Address: _____

This person has applied for housing assistance under a program of the US. Department of Housing and Urban Property (HUD) or currently lives at a property with housing assistance. HUD requires our agency 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 property's rental office at the addressed indicated above. Your prompt return of this information will help to assure timely processing of the application for assistance. The applicant/resident has consented to this release of information as shown below and via the attached HUD Form 9887A.

Sincerely,

Property Manager

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 that 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

Note to Applicant/Tenant: You do not have to sign this form if either of the top boxes of the form are left blank.

I certify that: _____ does does not need a Live In Aide/Attendant
and the assistance of a Live In Aide/Attendant is is not medically necessary.

Print Name and Title of Person Supplying the Information	Signature and 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 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). **

We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.

