# LIVE-IN AIDE/DISABILITY VERIFICATION

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT**

TO: _____ Date: _____

_____

_____

_____

**Mode of Delivery:**
☐ Mailed Date: _____
☐ Faxed Date: _____
☐ Hand Delivered* Date: _____

RE: _____ _____ _____
Applicant/Tenant Name | Social Security Number | Unit # (if assigned)

I hereby authorize release of my information.

_____ _____
Signature of Applicant/Tenant | Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of his/her need of a live-in aide and/or to verify that he/she is disabled. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

_____
Project Owner/Management Agent

**Return Form To:**

**THIS SECTION TO BE COMPLETED BY A MEDICAL PROFESSIONAL**

## DEFINITION OF DISABLED

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, drug addiction, and alcoholism. This definition does not include any individual who is a drug addict and who is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use [24 CFR Part 8.3].

## INFORMATION REQUESTED

1. Is the above referenced household member disabled as defined above? ☐ Yes ☐ No
2. In your professional opinion, does the household member need the services of a live-in aid in order to have the same opportunity that a non-disabled individual has to use and enjoy their residence? ☐ Yes ☐ No

I certify that the above information is true and correct to the best of my knowledge.

**SIGNATURE** **DATE**

**PRINTED NAME/ TITLE** **TELEPHONE**

**WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.**