

Verification of Handicap Assistance Expense

Date: _____

To: _____

From: _____

Phone: _____

Phone: _____

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

Name: _____

Social Security #: _____

Address: _____

Phone: _____

This person has applied for housing under a program of the U.S. Government. The Government 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 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 the information as shown below.

Information Being Requested: The applicant / tenant has the following handicap care expenses:

- | | |
|---|----------|
| 1. Retrofitting a vehicle (Count only the cost to make the vehicle usable by the handicapped person who has to use it, not the total cost of the vehicle) | _____ |
| 2. Attendant Care (Note to Owner: If the same person provides attendant care and child care, use the child care verification form to cover this expense) | _____ |
| 3. Auxiliary aid (e.g. powered wheelchair) | _____ |
| 4. Other (list) _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Total | \$ _____ |

Will any of these expenses be reimbursed by an outside source? Yes _____ No _____ Unknown _____

If yes, mark each expense for which the applicant / tenant will be reimbursed with an asterisk (*).

Amount reimbursed \$ _____ For whom? _____

Name and Title of Person Supplying Information

Organization

Signature

Date

Note: If this is a HUD Financed property Individual Consent Authorization (FAM form #H004B) must be attached.