



Housing Authority of the City of Austin

Established in 1937

CARE ATTENDANT/ LIVE-IN AIDE VERIFICATION

To: _____

From Dept/Dev.: _____

Attn: _____

Attn: _____

Address: _____

Date: _____

Fax: _____

ANNUAL ()

INTERIM ()

INITIALS ()

HACA is required to verify the incomes, assets, and expenses of all members of families applying for or living in federally assisted housing. To comply with these requirements, HACA asks for your cooperation in supplying the information requested below. HACA will keep such information confidential and use it only to determine this individual's eligibility and rent. Your prompt return of this form by mail or fax is greatly appreciated.

Re: _____

S. S. # _____

Applicant/ Tenant Name

Address: _____

Client # / TX-Acct #: _____

I hereby authorize the release of the information requested below to the Housing Authority of the City of Austin.

X _____

Signature

Date

1. Name of Family Member requiring Live-in Aide: _____

2. Explain how a live-in aide is essential to the care and well-being of this family member: _____

3. Does the client have a permanent / Lifelong disability? Yes No

4. Is the live-in aide needed: Full-time? Part-time?

5. If part-time, what hours of the day? From _____ am/pm to _____ am/pm

6. What duties will the live-in aide be responsible for? _____

7. Does this person currently have a live-in aid? Yes No If yes, who? _____

8. Is there any other member in the household than can perform the above duties? Yes No

If yes, who? _____

Health Care Representative: _____

Phone No: _____

Signature: _____

Date: _____

Title: _____

NOTE: HUD requires that the applicant must not assist in any way with the process of obtaining income verification. Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to matters within its jurisdiction.