



HOUSING AUTHORITY OF THE CITY OF BASTROP

PO Box 707(mailing), 502 Farm Street (physical), Bastrop, TX 78602

PH: 512-321-3398 TTY: 1-800-735-2989 FAX: 512-303-0568

The Owner does not discriminate against persons with disabilities

ATTENDANT CARE VERIFICATION

TO WHOM IT MAY CONCERN: Public Housing Authorities are required by Federal Law to verify the cost of attendant care for residents with disabilities so that the costs may be taken into consideration when computing rent. You will note that the resident has signed a release form below, giving you permission to supply us with this information. If you could fill out the form below and return it to the Bastrop Housing Authority at P.O. Box 707, Bastrop, TX 78602 or fax it to 512-303-0568 within 5 days, it would be most appreciated.

Sincerely yours, _____ (Housing Authority Representative)

WARNING: 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 the unauthorized disclosures or improper use 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 \$5000.00. Any applicant or participant affected by negligent disclosure or 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), U.S.C. 408 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C, 408 (a) (6), (7) and (8).

TENANT/APPLICANT RELEASE

I, _____, hereby authorize the release of the requested information

Signature

Date

I hereby certify that I provide care for _____ (disabled person) and that this care enables _____ to earn employment income.

During the year beginning _____ and ending _____, I will be providing care _____ hours per week, for _____ weeks of the year. My rate of pay is _____ per hour, and I will be paid once every _____. Hours when I will be providing care area as follows:

Monday:	_____	hours
Tuesday:	_____	hours
Wednesday:	_____	hours
Thursday:	_____	hours
Friday:	_____	hours
Saturday:	_____	hours
Sunday:	_____	hours

Name: _____ Address: _____

Signature _____ Phone #: _____

Title: _____ Date: _____