



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

AUXILIARY APPARATUS COST VERIFICATION
 FAMILY MEMBER WITH DISABILITY

Family member's name: _____ Age: _____
 _____ Age: _____

Indicate the type of apparatus furnished to the handicapped or disabled family member:

wheelchair reading device walker other: _____

Indicate if apparatus is leased or purchased:

Date purchased: ____/____/____ Cost: \$ _____

Date leased: ____/____/____ Cost: \$ _____

Are installment or lease payments being made? yes no

If yes, indicate amount and frequency \$ _____ Weekly Monthly Other: _____

Term of installment purchase or lease: _____ (# of months), from
 _____ to _____.

Estimated apparatus costs for upcoming 12 months _____.

Equipment added to vehicles to permit use by a handicapped or disabled individual:

Describe type of equipment: _____

Estimated cost (labor and materials): \$ _____

Type of vehicle modified:

Car: _____ make _____ model _____ year _____ tag # _____

Truck: _____ make _____ model _____ year _____ tag # _____

Van: _____ make _____ model _____ year _____ tag # _____

Date modified: ____/____/____.

Are payments being made on vehicle modifications? yes no

If yes, indicate amount and frequency \$ _____ Weekly Monthly Other: _____

Term of installment purchase: _____

(# of months), From _____ To _____

Estimated vehicle modification costs for upcoming 12 months: \$_____

Name of individual or company that has or will provide apparatus or vehicle modification:

Name: _____ Phone #: _____

Address: _____

Contact person:

Signature

Date

Title