EQUAL HOUSING OPPORTUNITY

Housing Authority

DISABILITY EXPENSE ALLOWANCE VERIFICATION

(Transmittal Letter)

Dear Sir or Madam:

Federal law permits the deduction from income of expenses required for a family member with disabilities for attendant care or auxiliary apparatus when the expense permits an adult family member (including the person with a disability) to work. Verification of the need for and amount of such expenses can result in a reduced rent for the family.

Will you please fill in the information or certify as to the need for attendant care or auxiliary apparatus as requested on the attached form? Once completed please return it to us as soon as possible. We will keep the information in strict confidence and will use it to determine the family's eligibility for reduced rent.

Sincerely,_____

TENANT/APPLICANT RELEASE

I/We, _____, hereby give consent for the information sought by this letter to be released as requested.

_____

Signature Date