



Date

Name
Address
Address
Address
Address

RE: Name
Address
Address
Address

Fax

The above applicant/client is a recipient of housing assistance under a program of the US Department of Housing and Urban Development (HUD). HUD requires the housing authority to verify information that is used in determining this person's eligibility or level of benefits. We ask for your cooperation in providing the following information and returning the form via fax or by mail to the staff person listed below.

The applicant/tenant has consented to this release of information as noted by their signature on the attached release.

Sincerely,
RAM name, Assisted Housing Division
RAM@nhhfa.org

Direct Phone contact: 603-310-____
Direct Fax: 603-488-____

For Medical Professional Use Only

For the purpose of our programs, a live-in aide is defined as a person who resides with one or more elderly persons, or near-elderly persons, or persons with disabilities, and is determined to be essential to the care and well-being of the persons.

In my professional opinion, the above-named person:

- requires the assistance of a live-in aide
- does not require the assistance of a live-in aide

Signature

Date

Telephone

NEW HAMPSHIRE HOUSING FINANCE AUTHORITY

32 Constitution Drive, Bedford, NH 03110
Mail: PO Box 5087, Manchester, NH 03108

603.472.8623
NHHFA.org

