



Preventing homelessness. Improving lives. One room at a time.

You are applying for a Single Room Occupancy at the Bedford Veterans Quarters, located at 204 Springs Rd, Building #5, Bedford, MA 01730.

Please be sure the attached application includes:

- Caritas Communities, Inc. Application Form
- Information Release Waiver
- HUD – 9887 Packet
- EIV Third Party Information Release
- Bank Verification Form
 - One form to be filled out per bank account, by Bank representative.
 - You may submit 6 months of bank statements in place of this form.
- Affidavit of No Assets form
 - To be filled out **only** if you hold no assets or bank accounts.
- Under 5,000 Asset Certification
- Income Verification
 - Please have your employer fill out the attached Employee Verification form.
 - Include your most recent two months of paystubs with the completed form.
 - If you are receiving benefit income (SSI/SSDI, Pension, etc.), you must attach a recent copy of your benefits letter, dated within the last 3 months.
- Declaration of 214 Status Form
- Drug And / Or Violent Criminal Activity Consent Form
- VA Releases
- Copy of Birth Certificate
- Copy of DD-214
- Copy of Photo ID
- Copy of Social Security Card
- Copy of VA Card
- Pharmacy Printout of Current Medications (if applicable)

In order to be considered for housing, you must have:

- The ability to pass a CORI check;
- Gross income that totals less than the Section 8 limits (\$67,800);
- At least 120 days of sobriety (Please be aware that random breathalyzer, blood draw, and urinalysis can and will be conducted during your tenancy. No alcohol or non-prescribed drugs will be tolerated).

If you have any questions, please call or e-mail:

Frank Connell, Housing Management Coordinator
781-843-1242, ext. 18
fconnell@caritascommunities.org

OR

Gail Bishop, House Manager
781-275-6296
gbishop@caritascommunities.org



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Revised July 2017

BEDFORD VA HOUSING APPLICATION

| | | |
|---------------|-------|---------------------|
| Name: | DOB: | Social Security No: |
| Full Address: | | |
| Day Phone: | Cell: | Email: |

| | |
|---|--|
| Are you a convicted Sex Offender? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Circle Level/Status:</i> 1 2 3 Pending | |
| Do you have a history of illegal drug use? <i>If yes, attach description</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of a felony? <i>If yes, attach description</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been evicted from any housing? <i>If yes, attach description</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will you be in the next year / have you been in the last 5 months a full-time student? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently homeless or have you been homeless in the past (6) months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Source of Income | Gross Monthly Income | Do you expect a change in the next 12 months? Why? |
|-----------------------|----------------------|--|
| Employment | \$ | |
| SSI/SSDI Benefits | \$ | |
| Pension or Retirement | \$ | |
| Veteran's Benefits | \$ | |
| Unemployment | \$ | |
| Other - explain | \$ | |

| | | |
|--|--|-------------------|
| Do currently work for the VA CWT or CCT programs? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, which? |
| Do you have a Representative Payee? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Rep. Payee Name: | | Rep. Payee Phone: |

| | | | |
|---|--|--|--|
| Do you have a checking account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Do you have a savings account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you own any property? <i>If yes, attach description</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you sold/disposed of any assets, including real estate, in the last 2 years? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have any other assets not listed above (excluding personal property)? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| Military enlistment length: ___ years From ___ To ___ | Combat: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Branch (please circle) WWII Korea Vietnam Grenada Panama Desert Storm OEF OIF Other | |
| Service period (please circle) Army Navy Marine Air Force National Guard Other | |



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BEDFORD VA HOUSING APPLICATION

| | |
|---|-----------------|
| How did you hear about Bedford Veterans Quarters: | |
| Agency Name: | Counselor Name: |
| Contact Number: | Address: |
| Are you currently utilizing the Bedford VA for Services? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If not, are you interested in enrolling for VA healthcare? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Particular Service request: | |

| | |
|-------------------------------|-------------------------------------|
| Primary Care Physician | Case Manager / Social Worker |
| Name: | Name: |
| Address: | Agency: |
| Phone: | Phone: |
| Email: | Email: |

| | |
|--------------------------|---------------------------|
| Current Landlord: | Previous Landlord: |
| Name: | Name: |
| Address: | Address: |
| Home Phone: | Home Phone: |
| Length of Stay: | Length of Stay: |

| | |
|--------------------------|-------------------------|
| Current Employer: | Former Employer: |
| Position: | Position: |
| Supervisor: | Supervisor: |
| Phone: | Phone: |
| Dates Employed: | Dates Employed: |

| | | |
|----------------------------|---------------|--------|
| Personal Reference: | Relationship: | Phone: |
|----------------------------|---------------|--------|

| | |
|-------------------------------------|---------------|
| In case of emergency notify: | Relationship: |
| Address: | Phone: |

I understand I must pay a security deposit for this room prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understands that providing false statements or information constitutes an act of fraud. False, misleading or incomplete information will lead to cancellation of this application or termination of a lease agreement after occupancy. I agree to comply with income recertification requirements, including the annual submission of information regarding all sources of income from employers and government programs, including income from assets such as bank accounts, CD's, & 401K's.

SIGNATURE: _____ **DATE:** _____



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Name _____

Address _____

City, State, Zip _____


INFORMATION RELEASE WAIVER

EXPLANATION: YOUR SIGNATURE ON THIS INFORMATION RELEASE WAIVER IS NECESSARY FOR THE PROCESSING OF YOUR CERTIFICATION/RE-CERTIFICATION. YOU SHOULD BE AWARE THAT A CREDIT REPORT WILL BE ORDERED INITIALLY AND MAY BE REPEATED IF NECESSARY. THIS RELEASE AUTHORIZES VERIFICATION OF INFORMATION REGARDING YOU FROM SOURCES SUCH AS, BUT NOT LIMITED TO: BANKING INSTITUTIONS, LANDLORDS, SOCIAL SECURITY ADMINISTRATION, DEPARTMENT OF WELFARE, DEPARTMENT OF EMPLOYMENT & TRAINING, YOUR EMPLOYER, ETC.

I AUTHORIZE YOU TO RELEASE TO CARITAS COMMUNITIES, INC., MANAGING AGENT, ALL INFORMATION SPECIFICALLY REQUESTED BY SAME FROM YOU TO VERIFY MY INCOME AS WELL AS CREDIT, LANDLORD AND OTHER REFERENCES AS MAY BE NECESSARY. IT IS UNDERSTOOD THAT ALL INFORMATION RELEASED WILL BE KEPT AS CONFIDENTIAL AS POSSIBLE. HOWEVER, YOU SHOULD BE AWARE, THE INFORMATION REPORTED MAY BE REVIEWED BY SOMEONE OTHER THAN A CARITAS COMMUNITIES, INC. STAFF PERSON (I.E. ATTORNEY, AUDITOR, ETC.).

CONDITIONS: I AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSES STATED ABOVE. THE ORIGINAL OF THIS AUTHORIZATION IS ON FILE WITH THE MANAGEMENT OFFICE AND WILL STAY IN EFFECT FOR A YEAR AND A MONTH FROM THE DATE SIGNED.

AS A CONDITION OF CONTINUED OCCUPANCY I FURTHER UNDERSTAND THAT I WILL BE REQUIRED TO SIGN THIS INFORMATION RELEASE WAIVER EACH YEAR AT RECERTIFICATION TIME.

 _____
Signature

_____ Date

_____ Social Security Number

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "Request for Copy of Tax Form" must be prepared and signed separately.



Name _____

Address _____

City, State, Zip _____

Tenant Consent to Disclose EIV Income Information

Name of Third Party Authorized to View EIV Information:

Gail Bishop, Caritas Communities, Inc.

Name of Third Party Authorized to View EIV Information:

Frank Connell, Caritas Communities, Inc.

A. Third party to view and/or discuss information for the sole purpose of recertification interview and/or assistance is a/an:

Occupancy Specialist

B. Enterprise Income Verification (EIV) information to be viewed and/or discussed for the sole purpose of recertification interview and/or assistance:

- a. EIV Income Report
- b. EIV New Hires Report
- c. EIV Income Discrepancy Report
- d. EIV No Income Report

C. Penalties for Misuse of Information:

The following federal law prohibits the misuse of the information viewed or discussed pursuant to this consent and certification. Tenants, authorized third parties, and HUD or authorized entities employees may be subject to these penalties.

“[W]hoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully – (1) falsifies, conceals, or covers up by any trick, scheme, or device a materials; (2) makes any materially false, fictitious, or fraudulent statement or entry, shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under Chapter 109A, 109B, 110, or 117, or section 1591, than the term of imprisonment imposed under this section shall be not more than 8 years” 18 U.S.C. 1001.

“Any office or employee of an agency, who by virtue of his employment or official position, has possession of, or access to, agency records which contain individually identifiable information the disclosure of which is prohibited by this section or by rules or



regulations established thereunder, and who knowing that disclosure of the specific material is so prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000. 5 U.S.C. 552a(i).


“The Secretary [of Health and Human Services] shall require the imposition of an administrative penalty (up to and including dismissal from employment), and a fine of \$1,000, for each act of unauthorized access to, disclosure of, or use of, information in the National Directory of New Hires established under subsection (i) of this section by any officer or employee of the United States or any other person who knowingly and willfully violates this paragraph” 42 U.S.C. 653(l).

Federal law also provides penalties for misusing Social Security numbers. 42 U.S.C. 408(a) (6), (7) and (8).

Any applicant or participant affected by negligent disclosure of 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.

CERTIFICATION:

I hereby authorize the third party listed on this consent to view and/or discuss the EIV information identified above for the sole purpose of assisting in the recertification of my housing assistance in accordance with the rights afforded to me by the Privacy Act of 1974. I understand further use of such information is prohibited by the Privacy Act and Social Security Act, and that it may not be disclosed, redisclosed, copied, duplicated, or removed from the property for any reason. I have also read and understand the penalties for such misuse of the information, as provided on this form.

 _____
Signature of tenant authorizing release Date

Signature of authorized third party Printed name Date

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "Request for Copy of Tax Form" must be prepared and signed separately.

U.S. Department of Housing and Urban Development

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Notice and Consent for the Release of Information

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

| | | |
|---|---|--|
| HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): | O/A requesting release of information (Owner should provide the full name and address of the Owner.): | PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.): |
|---|---|--|

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the Owner or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A or the PHA responsible for the unauthorized disclosure or improper use.



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BANK ACCOUNT VERIFICATION

Section 1 – To Be Filled Out By Applicant

RESIDENT: _____

Address: _____

Social Security No: _____

I authorize you to release to Caritas Communities, Inc., managing agent, all information specifically requested below. It is understood that all information released will be kept as confidential as possible. However, you should be aware, the information reported may be reviewed by someone other than a caritas communities, inc. Staff person (i.e. attorney, auditor, etc.).

Signature _____ **Date** _____

Section 2 - To Be Filled Out By Your Bank

To Whom It May Concern:

The person named above has applied to a Caritas Communities housing project. Caritas is a non-profit housing company and it is necessary that they have documentation of asset accounts with your institution.

BANK: _____

Address: _____

Checking Acct# _____ **6 Month Avg. Bal** _____ **Rate of Int.:** _____

Savings Acct# _____ **Current Balance** _____ **Rate of Int.:** _____

Signature: _____ **Date:** _____

Position: _____



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AFFIDAVIT OF NO ASSETS

I, _____, attest that i do not have any assets. Should I obtain any bank accounts, CDs, etc., i will immediately notify management and provide them with documentation.

Signature of Resident/Applicant

Date

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 statements to any department of the United States Government.

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets are less than \$5,000.00
Complete only one form per household; include assets of children

Applicant/Tenant: _____ **Unit #:** _____

Complete 1 or 2:

1. I/we do not have any assets at this time (skip to #5)
2. I/we do have assets as follows:

| | | |
|--------------------------------|----------|---|
| Cash on hand | \$ _____ | |
| Balance on prepaid debit card | \$ _____ | Interest/Dividend Income: _____ |
| Avg 6 mo checking acct balance | \$ _____ | Interest/Dividend Income: _____ |
| Current savings acct balance | \$ _____ | Interest/Dividend Income: _____ |
| 401k/IRA/CD/Money Market | \$ _____ | Interest/Dividend Income: _____ |
| Stocks/Bonds/Retirement | \$ _____ | Interest/Dividend Income: _____ |
| Life Insurance (except Term) | \$ _____ | Interest/Dividend Income: _____ |
| Safe Deposit Box | \$ _____ | Interest/Dividend Income: _____ |
| Equity in Real Estate | \$ _____ | Rental Income: _____ |
| Lump Sum Amounts received | \$ _____ | <i>i.e. lottery/inheritance/insurance/lawsuit</i> |
| Other: | \$ _____ | Interest/Dividend Income: _____ |
| Other: | \$ _____ | Interest/Dividend Income: _____ |
| Other: | \$ _____ | Interest/Dividend Income: _____ |

- For all assets list the cash value which is the market value minus the cost of converting the asset to cash such as broker fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
- List only amounts accessible to the household members. For instance, do not list pension or retirement account balances that cannot be accessed without terminating employment
- Do not list necessary personal property such as clothing, furniture, televisions, etc.
- Include any personal property held as an investment such as artwork, antique cars, coin collections, gems, etc.

3. The net household assets above are less than \$5,000.0 YES NO
4. Total annual income from all assets is: _____
5. In the past 2 years I/we have sold or given away assets (such as cash, real estate, etc.) for less than fair market value: YES NO
 If YES list asset disposed: _____ Date of disposal: _____
 Fair market value: _____ Amount received: _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

| | |
|-----------------------|------|
| (Signature of Tenant) | Date |
| (Signature of Tenant) | Date |
| (Signature of Tenant) | Date |
| (Signature of Tenant) | Date |



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VERIFICATION OF EMPLOYMENT

TO BE COMPLETED BY EMPLOYER

Company: _____ Employee: _____

Address: _____ City, State, Zip: _____

Contact Telephone for person completing form: _____

YOU MUST ALSO ATTACH 2 MONTHS OF YOUR MOST RECENT PAYSTUBS

(All questions must be answered, if not applicable, please indicate N/A.)

1. Date of employment _____ Position/Occupation _____
2. Date of termination (if applicable) _____
3. Current rate of regular pay _____ per _____ (hour, week, month, etc.)
4. Current rate of overtime pay _____ per _____ (hour, week, month, etc.)
5. Number of hours/week employee normally works _____
6. Anticipated average amount of overtime/week _____
7. Gross **annual** earnings you anticipate for this employee for the next twelve months \$ _____
(Gross amount including all tips, bonuses, overtime, commissions).
8. Anticipated tips, commissions, bonuses \$ _____
9. Do you anticipate any change in the employee's rate of pay in the near future? **YES** _____ **NO** _____
If Yes: Revised rate \$ _____. Effective date for revised rate _____
10. Do you anticipate any change in the number of hours the employee works? **YES** _____ **NO** _____
If yes, explain under question #17 below.
11. Does this employee receive vacation with pay? **YES** _____ **NO** _____
12. Does this employee receive sick leave with pay? **YES** _____ **NO** _____
13. Amount deducted for medical coverage: \$ _____
14. Amount deducted for savings plan: \$ _____
15. If the employee's work is seasonal or sporadic, indicate lay-off periods: _____
16. Does this employee receive an earned income tax credit? **YES** _____ **NO** _____

Signature: _____ **Title:** _____ **Date:** _____

DECLARATION OF SECTION 214 STATUS

Notice to Applicants and Tenants:

In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration Statement carefully. Sign and return it to Caritas Communities, Inc. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify under penalty of perjury,¹ that to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence for proof of age,² or
- I have eligible immigration status as checked below (see explanation on reverse side of form). Attach INS document(s) evidencing eligible immigration status, and signed verification consent form.
 - Immigrant status under 1001 (a) (15) or 101 (a) (20) of the INA,³ or
 - Permanent residence under 249 of INA,⁴ or
 - Refugee, asylum or conditional entry status under 207, 208 or 203 of the INA,⁵ or
 - Parole status under 212 (d) (f) of the INA,⁶ or
 - Threat to life or freedom under 243 (h) of the INA,⁷ or
 - Amnesty under 245 of the INA⁸

Signature of Family Member

Date

- Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

PHA: Enter INS/SAVE Primary Verification # _____ Date: _____

(See reverse side for footnotes and instructions)

¹Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

²Eligible immigration status and 62 years of age or older. For non citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

³Immigration status under 101(a) 15 or 101(a)(20) of INA. A non citizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively (immigrant status). This category includes a non-citizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), (special agricultural worker status), who has been granted lawful temporary resident status.

⁴Permanent residence under 249 of INA. A non citizen who entered the U.S. before January 1, 1972 or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

⁵Refugee, asylum, or conditional entry status under 207, 208, or 203 of INA. A non citizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) (refugee status), pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status] or as a result of being granted conditional entry under 203 (a)(7) of the INA (U.S.C. 1153 (a) 7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

⁶Parole status under 212(d)(5) of INA. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C 1182(d)(5)) [parole status].

⁷Threat to life or freedom under 243(h) of INA. A non citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

⁸Amnesty under 245A of INA. A non citizen lawfully admitted for temporary or permanent residence under 245A of the INA (5 U.S.C. 1255a) [amnesty granted under INA 245A].

Instruction to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), the PHA must enter INS/AVE Verification Number and date that it was obtained. A PHA signature is not required.

Instructions to Family Member For Completing Form: On opposite page print or type first name, middle initial(s) and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for child.



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DRUG AND / OR VIOLENT CRIMINAL ACTIVITY CONSENT FORM

By signing below, I give my consent to Caritas Communities, Inc. to obtain information from law enforcement agencies (including but not limited to the MA Criminal History Systems Board, police departments, probation departments) relating to any drug-related or violent criminal activity.

I understand that if Caritas Communities, Inc. determines that I, as an adult family member, have participated in drug-related or violent criminal activity, the family (and/or live-in aide) may be denied eligibility, the opportunity to transfer, or be terminated from the program.

Signatures:



Head of Household

Date

The above consent expires one year after the date signed.



REQUEST FOR AND AUTHORIZATION TO RELEASE HEALTH INFORMATION

PRIVACY ACT AND PAPER WORK REDUCTION ACT INFORMATION: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read the instructions, gather the necessary facts and fill out this form. The execution of this form does not authorize the release of information other than that specifically described below.

The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including the last four of your Social Security Number (SSN) and Date of Birth (used to locate records for release) is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA10P2 "Patient Medical Record - VA", 08VA05 "Employee Medical File System Records (Title 38)-VA" and in accordance with the Notice of Privacy Practices. VA may also use this information to identify veterans and person claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

TO: DEPARTMENT OF VETERANS AFFAIRS (Name and Address of VA Health Care Facility)
Bedford VAMC
200 Springs Road
Bedford MA 01730

Form with three columns: LAST NAME- FIRST NAME- MIDDLE INITIAL, LAST 4 SSN, DATE OF BIRTH

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED
Caritas Communities Staff at Bedford Veterans Quarters (Building 5)

PURPOSE(S) OR NEED: Information is to be used by the individual for:
[X] TREATMENT [X] BENEFITS [] LEGAL [] EMPLOYMENT [X] OTHER (Please specify) housing needs

INFORMATION REQUESTED: Check applicable box(es) and state the extent or nature of information to be provided:
[X] HEALTH SUMMARY (Prior 2 Years)
[X] INPATIENT DISCHARGE SUMMARY (Dates): verbal discussion of inpatient stays
[X] PROGRESS NOTES:
[X] SPECIFIC CLINICS (Name & Date Range): HCHV, HUD/VASH, MH/SUD, CWT, medical
[] SPECIFIC PROVIDERS (Name & Date Range):
[] DATE RANGE:
[X] OPERATIVE/CLINICAL PROCEDURES (Name & Date):
[X] LAB RESULTS:
[] SPECIFIC TESTS (Name & Date):
[] DATE RANGE:
[X] RADIOLOGY REPORTS (Name & Date):
[X] LIST OF ACTIVE MEDICATIONS:
[X] FLU VACCINATION (Dose, Lot Number, Date & Location):
[X] OTHER (Describe): verbal/written info exchange, including all necessary topics

| | | | |
|--|--|-------------------------|---------------|
| LAST NAME- FIRST NAME- MIDDLE INITIAL | | LAST 4 SSN | DATE OF BIRTH |
| SENSITIVE DIAGNOSES: REVIEW AND, IF APPROPRIATE, COMPLETE WHEN RELEASE IS FOR ANY PURPOSE OTHER THAN TREATMENT. I request and authorize Department of Veterans Affairs to release the information pertaining to the condition(s) below for the non-treatment purpose(s) listed in this authorization. <input checked="" type="checkbox"/> DRUG ABUSE <input checked="" type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE <input type="checkbox"/> SICKLE CELL ANEMIA <input checked="" type="checkbox"/> HUMAN IMMUNODEFICIENCY VIRUS (HIV) I understand that information on these sensitive diagnoses may be released for treatment purposes without me checking the above boxes, and will be released even if the boxes are unchecked <u>unless</u> I indicate by checking the box below that I do not want this information released for this specific disclosure. <input type="checkbox"/> I do not want sensitive diagnoses released for treatment purposes under this specific authorization. I realize this does not impact other future requests unrelated to this authorization. | | | |
| AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing records. Any disclosure of information carries with it the potential for unauthorized redisclosure, and the information may not be protected by federal confidentiality rules. I understand that the VA health care provider's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions. | | | |
| EXPIRATION: Without my express revocation, the authorization will automatically expire. <input type="checkbox"/> AFTER ONE-TIME DISCLOSURE, IF ALL NEEDS ARE SATISFIED <input type="checkbox"/> ON _____ (enter a future date other than date signed by patient) <input checked="" type="checkbox"/> UNDER THE FOLLOWING CONDITION(S): <u>upon discharge from Bedford Veterans Quarters and/or satisfaction of need</u> | | | |
| PATIENT SIGNATURE (Sign in ink) | | DATE (mm/dd/yyyy) | |
| LEGAL REPRESENTATIVE SIGNATURE (if applicable) (Sign in ink) | | DATE (mm/dd/yyyy) | |
| PRINT NAME OF LEGAL REPRESENTATIVE | | RELATIONSHIP TO PATIENT | |
| FOR VA USE ONLY | | | |
| TYPE AND EXTENT OF MATERIAL RELEASED | | | |
| DATE RELEASED | | RELEASED BY: | |