

Customize your forms the easy way with TrackPro Organizer. This form is available on CD or disk. Call (800) 742-5442 or visit www.TrackProServices.com

ELDERLY/FRAIL ELDERLY VERIFICATION

TO:		DATE:	APT. #:
		DEVELOPMENT NAME:	
		APPLICANT/RESIDENT:	
	TEL.#:		
FROM:			
	TEL.#:	FAX #:	

Special consideration in subsidized rental housing is authorized by law to individuals or families of individuals with elderly or frail elderly status. For the purpose of qualifying for special consideration, the definition for elderly or frail elderly are:

- An elderly person should have reasonably good health and mobility, are fairly active, have some discretionary income from pensions/retirement funds, and do not need assistance to manage their affairs. (Age range 60 to 75).
- A frail elderly person experiences more serious health/mobility limitations, such as severe arthritis, inability to drive, deafness, memory loss, nutritional imbalance; yet may still be able to attain some level of independent living with the availability of services as needed. (Age range 80's to 90's). Individuals under the age of 85 may be frail elderly if their health/mobility are seriously limited. Necessary services must be available on an "as needed" or optional basis.

In order to comply with State and Federal regulations requesting verification of all income, assets, and allowances for recipients of rental subsidy, please complete the following information and return as soon as possible to the above address in the envelope provided. Thank you.

Proof of age will be requested if you are applying to live in a designated Elderly Development. Acceptable age verifications include a copy of: (1) Birth Certificate, (2) valid State Driver's License, or (3) valid State I.D. Card.

I hereby authorize release of any information requested by the property manager regarding my income, assets, and allowances.

Applicant/Resident Signature

TO BE COMPLETED BY THE APPLICANT'S PHYSICIAN:

□ YES □ NO

In my opinion ______ definitions stated above. does meet one or both of the

Signature of Physician Verifying Information

Telephone Number

Date

Title

OFFICE USE ONLY:





©2008 Heartland Properties, Inc.