

# Live-In Aide Application

Resident Name \_\_\_\_\_

Resident Address \_\_\_\_\_

The definition of a live-in aide is recorded in 24 CFR Section 5.403 which states that a live-in aide is a person who resides with one or more elderly persons, near-elderly persons or persons with disabilities and who is: (1) determined to be essential to the care and well-being of the persons; (2) is not obligated for the support of the persons; and (3) would not be living in the unit except to provide the necessary supportive services. It should be noted that the definition applies to a specific person. In accordance with this definition, a live-in aide is not a member of the assisted family and is not entitled to the HCV as the remaining member of the tenant family.

In accordance with 24 CFR Section 982.316, the PHA must approve the person identified as the live-in aide. The PHA may disapprove such a person if s/he has: (1) committed fraud, bribery or any other corrupt or criminal act in connection with any federal housing program; (2) committed drug-related criminal activity or violent criminal activity; or (3) currently owes rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act.

By submitting this Application to become a Live-In Aide, you must submit a current Photo ID.

You are acknowledging the following information:

- The care you provide to the resident is essential to their care and well-being
- You are not financially responsible for the rental unit
- You are not listed as a household member and have no rights to the rental unit
- The resident can request for your removal at any time
- Under penalty of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. By signing below, I authorize Housing Catalyst / Villages Ltd. to investigate my criminal background. I understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement.

Applicant Name	Phone Number
Date of Birth	Social Security Number
Current Address	
Relationship to Resident	
Signature	Date