



## Live-In Aide Agreement

I, \_\_\_\_\_, will be residing with \_\_\_\_\_ as  
(Name of Live-In Aide) (Name of Resident)

their Live-in Care Attendant. I understand that the definition of a live-in aide means a person who resides with one or more elderly persons, or near-elderly person(s), person(s) with disabilities, and who

1. \_\_\_\_\_ is determined to be essential to the care and well-being of the said person;
2. \_\_\_\_\_ is not obligated for the financial support of the said person; and
3. \_\_\_\_\_ would not be living in the unit except to provide the necessary supportive services.

Please initial the above items and provide verification of need from applicant/resident's health care professional or case manager.

As a condition of obtaining the management's approval, the applicant/resident and the Live-In Aide hereby acknowledge and agree as follows:

1. The Live-In Aide is not a resident of the property. The Live-In Aide shall not become a resident of the property regardless of the length of his/her/their stay in the unit or his/her/their relationship to the resident.
2. The Live-In Aide shall be living in the unit solely to provide support services to the household member requiring assistance, and shall not contribute income to the support of the household.
3. If the household member requiring assistance moves out or no longer occupies the unit, the Live-In Aide shall vacate the unit no later than the household member's departure date. Upon termination of the Live-In Aide's services for any other reason, the Live-In Aide shall vacate the unit immediately.
4. The Live-In Aide shall not violate any of the Lease terms and the Public Housing Regulations. Management may evict the Live-In Aide if he/she/they violate(s) any of the Lease terms and Public Housing Regulations.
5. The Live-In Aide shall complete the Fob Application to receive a Fob to access the Dwelling Unit, if needed.

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 understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

LANDLORD REPRESENTATIVE	RESIDENT and LIVE IN AIDE Signatures Required	
Signature:	Signature:	Date:
Title:	Signature:	Date:
Date:	Signature:	Date:
	Signature:	Date:

I, \_\_\_\_\_, am removing \_\_\_\_\_ as my Live In Aide effective \_\_\_\_\_.  
(Name of Resident) (Name of Live-In Aide)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_