

Certification of Live-In Aide

Applicant Name requiring Live-In Aide: _____

Name of Live-In Aide: _____

We certify the below definition is an accurate description in every way of the current relationship between the applicant and live-in aide listed above. We are aware that should the relationship change we are required to report this information to staff.

1. The live-in aide is essential to the care and well-being of the above listed applicant. Verification for this need can be obtained by contacting the following professional:

a. Name and contact number of Physician:

2. The live-in aide is not obligated for the financial support of any person in the household.

3. The live-in aide would not be living in the unit except to provide supportive services to the above listed applicant.

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

Signature of Applicant/Tenant

Printed Name

Date

Signature of Live-In Aide

Printed Name

Date