

LIVE-IN AIDE VERIFICATION

The individual named below is an applicant/resident of a housing program that requires verification of live-in aide status. The information provided will remain confidential and used only to determine eligibility. Please complete and return promptly.

DATE: _____

NAME: _____

EMAIL: _____

PHONE: _____ FAX: _____

DEVELOPMENT NAME: _____

EMAIL: _____

PHONE: _____ FAX: _____

RELEASE STATEMENT FOR APPLICANT/RESIDENT I hereby authorize the above-named management agent to make inquiries regarding release of information for the purpose of determining my eligibility for occupancy.

PRINTED NAME: _____

SIGNATURE: _____

The following is to be completed by live-in aide.

Please fill in ALL blanks. Enter N/A if an item is not applicable to the above individual.
(Note: Information provided may require additional documentation)

I, _____, hereby certify that:
(Printed Name)

- I am the live-in aide of the above-mentioned applicant/resident
- I am not responsible for the financial support of said person
- Said person is not responsible for my financial support
- I would not otherwise be living in this unit EXCEPT to provide the necessary support and care to allow the said person to live independently

Are you related to the above-named individual by blood/marriage? Yes No

I understand that I have no survivorship rights to this unit and that if said person moves-out, for any reason, I must immediately vacate the apartment as well. I understand this unit is governed by the requirements of the LIHTC Program and that occupants of such a unit must meet all eligibility requirements of this Program. I understand that I have not been certified as such and that my only reason for living in the unit is to provide supportive care to said person.

LIVE-IN AIDE SIGNATURE:

I certify that the above information is true and correct to the best of my knowledge.

Printed Name

Signature

Date

