



## LIVE-IN AIDE CERTIFICATION

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

Name of Live-In Aide: \_\_\_\_\_ SSN: \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_ Fax Number \_\_\_\_\_

RE: \_\_\_\_\_ Applicant SSN: \_\_\_\_\_  
Applicant/Client Name

### TO BE COMPLETED BY PROPOSED LIVE-IN AIDE

1. I am essential to the care of the above named applicant/client and would not be living with the disabled person except to provide supportive services.
2. I am not obligated for financial support of the disabled person needing my care.
3. I have no rights to the unit, I am not a party to the lease, and I cannot become a remaining family member for continued occupancy.
4. Only upon prior written approval from LRHA may any family members move into the unit with me.
5. I must vacate the apartment immediately upon termination of my role as the live-in aide.

Do you intend to act as a Live-in Aide for the above named applicant/client?  Yes  No

**I, the undersigned, certify under penalty of perjury that the information provided above is true and correct. I hereby certify that I understand and accept LRHA's policies related to Live-in Aides. I understand that a criminal record screening will be conducted. If I do not pass LRHA's screening process, I will not be approved as a live-in aide.**

\_\_\_\_\_  
Signature of Live-in Aide

\_\_\_\_\_  
Date

**WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §§ 3729, 3802).**