

LIVE-IN AIDE AGREEMENT

(03/19)

Tenant Name	Apartment Number
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The resident named above has requested a reasonable accommodation for a live-in aide to reside in the unit and provide necessary supportive services for one or more elderly or disabled persons in the household.

Verification of the live-in aide is necessary to provide supportive services essential to the care and well-being of the person has been obtained from the person's physician, psychiatrist, other medical practitioner or health care provider and is attached to this agreement.

BOTH THE TENANT AND THE LIVE-IN AIDE AGREE TO ABIDE BY THE FOLLOWING TERMS

1. The live-in aide is subject to same screening criteria regarding criminal history that applies to applicants and tenants of the property. Failure to meet the requirements listed in the property's tenant selection plan will result in rejection or termination of this agreement and eviction from the property. The live-in aide has completed the attached questionnaire and provided authorization for verification of criminal and sex offender background, which has been completed prior to this agreement.
2. The live-in aide can reside in the unit solely to provide support services to the household member requiring assistance. Only the live-in aide can live in the unit. Other members of the live-in aide's household cannot reside in the unit.
3. The live-in aide is not eligible to remain in the unit once the tenant requiring supportive services is no longer living in the unit, regardless of the circumstances for the tenant's departure. In such case, the live-in aide relinquishes all rights to remain in the unit and must vacate the premises within 72 hours.
4. The live-in aide will abide by the terms of this agreement, the tenant's lease and the attached house rules. Violation of the terms of these documents will result in eviction of the live-in aide.

THE TENANT AGREES TO THE FOLLOWING TERMS

- As the leaseholder, I understand that I am responsible for any and all actions of the live-in aide while said aide is on the property or in the unit.
- As the leaseholder, I understand that I am responsible for damage charges incurred by the live-in aide.

THIS AGREEMENT IS EFFECTIVE THE DATE IT IS EXECUTED BY ALL PARTIES

Tenant Signature	Date
Live-In Aide Signature	Date
Authorized Owner/Agent Signature	Date

Warning: Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. Federal Law requires us to verify drug and criminal background and sex offender registration information. To enable us to do this, please answer the following questions and sign below to consent to a background check.

Have you been evicted from a federally assisted site for drug-related criminal activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when, please explain
Do you currently use illegal drugs or abuse alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently subject to a registration requirement under a state sex offender registration program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of any drug-related crime? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you been convicted of any felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of any crime involving fraud or dishonesty? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of any crime involving violence? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently charged with any of the above criminal activities? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list all states (including the counties) in which you have lived
Have you ever used any other name <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination. I authorize () to verify the above information and I consent to the release of the necessary information to determine my eligibility. I hereby authorize the release of criminal records and/or sex offender registration information to () to a public housing authority, or to an agency contracted by the () to conduct criminal background checks.

Live-In Aide Signature		Date
Live-In Aide Printed Name	Date of Birth	Social Security Number

*This consent is valid for 15 months from the date it is signed.

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8). ** Violations of these provisions are cited as violations of 42 USC **408 (a), (6), (7) and (8).**