



We know the way home.

## Live-In Aide Addendum to Lease

### Statement of Live-In Attendant

I understand that I \_\_\_\_\_  
am living at \_\_\_\_\_ and am enjoying the  
benefits of the Housing Choice Voucher program solely because of my  
employment as a care-provider for: \_\_\_\_\_ (Resident)

I agree to follow all terms in the Tenancy Lease as well as the rules and  
regulation of the Housing Choice Voucher & Family Responsibilities. It is  
also my responsibility to maintain the unit in a safe and sanitary manner.

I understand that I will be allowed to remain in the unit only as long as I  
am employed as a care provider of the tenant named above. If, under  
any circumstances, I am found to be in violation of the Leasing  
Agreement and/or Family Responsibilities under the HCV program, my  
employer AKA the head of household will terminate my services and  
require that I vacate the premises immediately.

I also understand that if my employer moves, is evicted, abandons the  
unit, or dies; I am not entitled to any benefits or continued housing.

\_\_\_\_\_  
Live-In Attendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Housing Authority Staff

\_\_\_\_\_  
Date

**NOTE: Social Security Card and picture I.D. must be provided.**

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This institution is an equal opportunity provider

