



LIVE-IN- AIDE CERTIFICATION

HEAD OF HOUSEHOLD _____

NAME OF LIVE-IN AIDE _____ SOCIAL SECURITY # OF AIDE _____

NAME OF LIVE-IN AIDE FAMILY MEMBERS WHO WILL BE LIVING IN THE ASSISTED UNIT

We certify the below listed definition is an accurate description in every way of the current relationship between the live-in aide and all adults in the above listed assisted household. We are aware that should this relationship change we are required to report this information in writing to Housing Works within 14 days.

1. The live-in aide is essential to the care and well being of either the above listed head of household or the spouse of the head of household. (Family has fourteen days to provide a written statement from a medical professional of the need for a live-in aide.)
2. The live-in aide is not obligated for support of any person in the assisted household.
3. Neither the live-in aide, nor any of his/her family members, would be living in the assisted unit except to provide supportive services. (Aide to show proof of current residence and income prior to move in.)
4. The live-in aide and his/her family may reside in the unit provided that doing so does not overcrowd the unit in accordance with HUD housing quality standards, and provided that the landlord has given written permission that he/she authorizes the addition (s) to the household.

We certify that we understand and are in compliance with the above requirements. We further certify we are aware that failure to report any changes as specified above can result in the termination of housing assistance.

Tenant

Live-in Aide

___Tenant initial here if you wish this live-in aide to act on your behalf with Housing Works.

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