

# Certification for Live-in Aide

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Head of Household Name: \_\_\_\_\_

Head of Household Address: \_\_\_\_\_

I, \_\_\_\_\_, do hereby certify that the following statements are true and correct.  
(Name of Live-in Aide)

1. I will reside in the above named resident's unit while performing the duties of live-in aide.
2. I am not obligated for the support of the above named family member who is a person with a disability and/or elderly.
3. I would not be living in the above named resident's unit except to provide care of the family member who is a person with a disability and/or elderly.
4. I understand that my income will not be counted for the purpose of determining eligibility or rent.
5. I understand that I cannot be considered the remaining member of the tenant family in the event that the family member who is a person with a disability and/or elderly is no longer a member of the family composition.

Live-in Aide signature: \_\_\_\_\_ Date: \_\_\_\_\_

Live-in Aide printed name: \_\_\_\_\_

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