



LIVE-IN-AIDE CERTIFICATION

Date: _____

Name of Live-In Aide: _____

SS Number: _____

Address _____

City, State _____

Zip Code _____

Telephone Number _____

Fax Number _____

RE: _____
Applicant/Client Name

SSN: _____

TO BE COMPLETED BY PROPOSED LIVE-IN-AIDE

1. I am essential to the care of the above captioned applicant/client and would not be living with the disabled person except to provide supportive services.
2. I am not currently a family member approved by the LHAND nor on the Lease for this household.
3. I am not obligated for financial support of the disabled person needing my care.
4. I have no rights to the apartment, I am not a party to the lease and cannot become a remaining family member for continued occupancy.
5. I have no rights to the voucher (if applicable).
6. My family members will not reside in the unit, unless approved in writing by the LHAND.
7. 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 hereby certify that I understand and accept the Lynn Housing Authority & Neighborhood Development's policies related to Live-In Aides. I certify that the above information is true and correct. I understand that a criminal record screening will be conducted. If I do not pass the criminal record screening, I will not be approved as a live-in aide.

Signature of Live-In Aide

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.