

LIVE-IN CARE ATTENDANT AFFIDAVIT

I, _____, will be residing with _____ as
(Name of Live-In Aide) (Name of Tenant)

their Live-in Care Attendant. I understand that the definition of a live-in aide means a person who resides with one or more elderly persons, or near-elderly person(s), or person(s) with disabilities, and who

- (1) _____ is determined to be **essential** to the care and well-being of the said person;
- (2) _____ is **not** obligated for the [financial] support of the said person; and
- (3) _____ would not be living in the unit **except** to provide the necessary supportive services.

Please initial the above items that are applicable and provide verification of need from applicant/tenant's health care professional or case manager.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease agreement.

Signature of Live-in Care Attendant

Printed Name

Date