



1740 Avenue G, Plano, TX 75074 Phone: 972-423-4928 Fax : 972-516-0251

## Live-In Aide Request

The U. S. Department of Housing and Urban Development (HUD) regulations (24 CFR 982.316) states: “a family that consists of one or more elderly, near-elderly or disabled persons may request approval for a live-in aide to reside in the unit and provide necessary support services for a family member who is a person with disabilities”.

A Live-in Aide is defined as a person who resides with one or more elderly persons or near-elderly persons or persons with disabilities and who: 1) is determined to be essential to the care and well-being of the persons; 2) is not obligated for the support of the persons; and 3) would not be living in the unit except to provide the necessary support services.

Tenant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\*\*\*\*\*

Name of Disabled/Elderly Family Member: \_\_\_\_\_

Please answer the following:

1. Name of requested Live-In Aide: \_\_\_\_\_

2. What are the qualifications of the Live-In Aide that will provide the needed care?

If you or anyone in your family is a person with disabilities and you require a specific accommodations in order to fully utilize our programs and services, please contact our Compliance Officer at 972-423-4928

*Revised 9/16/2009*

3. Will you and the Aide maintain separate finances:    Yes                    No

4. What will be the sole duties /responsibilities of the Live-In Aide?

Pleas provide any comments to assist in the evaluation of the Live-In Aide Request

---

---

---

---

---

---

I certify that I, or a member of my family am/is in need of a Live-In Aide.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

**\* Note: Prior to approval, all required eligibility and screening of the live-in aide will be completed included criminal acts in connection with any federal housing programs, drug-related criminal activity or violent criminal activity, moneys owed to any housing program, documentation that the live in aide left their previous residence in good standing and that the owner of the unit has approved the live-in aide.**

If you or anyone in your family is a person with disabilities and you require a specific accommodations in order to fully utilize our programs and services, please contact our Compliance Officer at 972-423-4928

*Revised 9/16/2009*



CERTIFICATE OF LIVE-IN AIDE

A Live-in Aide is defined as a person who resides with one or more elderly persons or near-elderly persons or persons with disabilities and who: 1) is determined to be essential to the care and well-being of the persons; 2) is not obligated for the support of the persons; and 3) would not be living in the unit except to provide the necessary support services.

\*\*\*\*\*

The following is to be completed by the Live-In Aide Applicant:

I \_\_\_\_\_, understand the following:

1. I am determined to be essential to the care and well-being of the person(s) needing the care;
2. I am not obligated for the financial support of the person(s) needing care; and
3. I would not be living in the unit except to provide the necessary supportive services, therefore am not entitled to Plano Housing Authority assistance.

I further understand that Plano Housing Authority will conduct a criminal background check. If the following proves to be true, it will constitute my denial as a live-in aide:

1. If I commit fraud, bribery or any other corrupt or criminal act in connection with any federal housing program;
2. If I have a history of drug-related criminal activity or violent criminal activity; or
3. If I currently owe rent or other amounts to Plano Housing Authority or to another public housing agency in connection with HCV program or Public Housing assistance under the 1937 Act.

I, after being duly sworn, depose and say that I understand the above statement and that it is true and correct and furthermore, failure to provide truthful or correct information is subject to my denial and/or dismissal as a live-in aide assistant.

Live-In Aide Applicant Signature \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Head of Household Signature: \_\_\_\_\_

NOTARY PUBLIC:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction

If you or anyone in your family is a person with disabilities and you require a specific accommodations in order to fully utilize our programs and services, please contact our Compliance Officer at 972-423-4928

*Revised 9/16/2009*



## VERIFICATION OF LIVE-IN AIDE

Tenant/Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Tenant Social Security Number: \_\_\_\_\_

The Individual named above have applied for/receives housing assistance subsidized through the Department of Housing and Urban Development (HUD). Federal regulations require that before a live-in aide can be approved, the medical necessity of an aide must be verified.

**A live-in aide is defined as: a person who resides with one or more elderly persons or near-elderly persons or persons with disabilities and who:**

- 1) is determined to be essential to the care and well-being of the persons;**
- 2) is not obligated for the support of the persons; and**
- 3) would not be living in the unit except to provide the necessary support services.**

\*\*\*\*\*

TO BE COMPLETED BY THIRD PARTY: *(to be completed by knowledgeable professional)*

I, \_\_\_\_\_ (name and title), hereby certify that for the above named individual, a live in aide is essential for his/her care and well-being per HUD regulations and the definition stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**May we contact you if additional information is needed to verify request?** Yes No

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

If you or anyone in your family is a person with disabilities and you require a specific accommodations in order to fully utilize our programs and services, please contact our Compliance Officer at 972-423-4928

*Revised 9/16/2009*