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LIVE-IN CARE ATTENDANT AFFIDAVIT

RETURN TO: _____

DATE: _____ APT. #: _____

TEL #: _____

DEVELOPMENT NAME: _____

FAX #: _____

APPLICANT/RESIDENT: _____

I duly state the following:

1. I am/will be residing with _____
2. I am **ESSENTIAL** to the care and well-being of said person.
Please provide verification of need by said person's health care professional or case manager.
3. I am **NOT** obligated or responsible for the financial support of said person.
4. I would not otherwise be living in the unit **EXCEPT** to provide the necessary supportive care services for said person.
5. I understand that I have no rights to the apartment that will be/is rented to said person. However, I understand that I must abide by the lease agreement signed by the said person. If said person vacates the residence for **ANY REASON** I will vacate premises as well. I understand that if I would like to occupy an apartment, I will be required to complete the Certification Process on my own record.

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of tax credit housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement.

Signature of Live-In Care Attendant

Date

Subscribed and sworn to before me under oath this _____ day of _____, Year _____

Signature of Notary Public

Notary Public, State of _____ My commission expires _____, Year _____

OFFICE USE ONLY:



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

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