

LIVE-IN CARE ATTENDANT CERTIFICATION

I, _____, duly state the following:

1. I am/will be residing with (insert name of resident)_____.
2. I am **ESSENTIAL** to the care and well-being of said person.
(*Please provide verification of need by said person’s healthcare 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 unit 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 accord.
6. I understand that while I have no rights to the apartment unit, I must abide by all tenant rules and that I am subject to criminal background checks as applicable to all other residents.

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

Signature of Live-in Care Attendant

Date



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.

