

# Housing Authority of the City of Natchitoches

536 Culbertson Lane Natchitoches, LA 71458  
Telephone (318) 352-9774 FAX Number (318) 357-8064

## APPLICANT /TENANT REQUEST FOR LIVE-IN AIDE

Date: \_\_\_\_\_

Applicant/Tenant Name

Requesting Live-In Aide: \_\_\_\_\_

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

Name of Live-in Aide: \_\_\_\_\_

The applicant/tenant named above hereby requests permission from the Housing Authority (HA) for the above-named Live-in Aide to reside in the assigned/assisted unit. Listed below is the contact information of the health care provider who can verify that;

- (a) the above-named applicant/tenant requires live-in assistance, and
- (b) the Live-in Aide named above is qualified to provide this assistance.

Healthcare Provider: \_\_\_\_\_

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

As a condition to obtaining HA approval, the applicant/tenant hereby acknowledges and agrees as follows:

1. The Live-in Aide is not a participant/recipient of housing assistance. The Live-in Aide shall not become a participant/recipient of housing assistance regardless of the length of his/her stay in the unit or his/her relationship to the applicant/tenant.
2. The Live-in Aide shall be living in the unit solely to provide support services to the tenant requiring assistance. If the tenant requiring assistance no longer resides in the unit, the Live-in Aide shall have no rights or privileges to housing assistance.
3. If the tenant requiring assistance dies, the Live-in Aide shall vacate the unit within 10 days of said tenant's death. If the tenant requiring assistance moves out, the Live-in Aide shall vacate the unit no later than said tenant's departure date. Upon termination of the Live-in Aide's services for any other reason, the Live-in Aide shall vacate the unit within 24 hours.
4. The Live-in Aide shall not violate any of the lease requirements.
5. If the Live-in Aide has provided fraudulent information regarding the reason for, or the eligibility of the live-in aide status, the live-in aide must immediately vacate the unit.

\_\_\_\_\_  
*Signature of Applicant/Tenant or authorized Person with Power of Attorney*

\_\_\_\_\_  
*Date*

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

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## **VERIFICATION OF LIVE-IN AIDE**

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

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

The individual named above has applied for or receives housing assistance subsidized through the Department of Housing and Urban Development. Federal regulations require that before a live-in aide can be approved, the medical necessity of an aide must be verified. We would appreciate your cooperation in answering the questions on this form and returning it to the Housing Authority as soon as possible. The household member has consented to this release of information.

I, the applicant/tenant named above, authorize the release of any relevant information regarding my condition for purposes of verifying my disabled status.

\_\_\_\_\_  
*Signature of Applicant/Tenant or authorized Person with Power of Attorney*

\_\_\_\_\_  
*Date*

### **Definition of a live-in aide:**

A person living in a unit solely to care for a person or persons who is/are disabled, or is/are at least 50 years of age, and who:

- Is determined to be essential to the care and well being of the person(s)
- Is not obligated for support of the person(s), and
- Who would not be living in the unit except to provide necessary supportive services.

### **Definition of "Disabled":**

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, and muscular dystrophy. Multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction, and alcoholism.

This definition does not include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property of safety because of alcohol use [24 CFR Part 8.3 and HUD Handbook 4350.3, (Exhibit 2-2)].

### **To be completed by a Healthcare or Knowledgeable Professional third party:**

Is the person requesting the live-in aide considered disabled as defined above? .....  Yes  No

In your professional opinion, is a live-in aide essential in order for the applicant/tenant named above to have the same opportunity that a non-disabled individual has to use and enjoy the facilities/services? .....  Yes  No

### **Healthcare Professional supplying verification:**

Name / Title: \_\_\_\_\_

Organization/Firm: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **LIVE-IN AIDE APPLICATION & ACKNOWLEDGEMENT FORM**

Tenant/Applicant requesting Live-In Aide: \_\_\_\_\_

Tenant address: \_\_\_\_\_

Is the tenant/applicant related to, or have a relationship with person requested to be the live-in aide?

NO  YES, If "YES" explain: \_\_\_\_\_

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Live-In Aide name: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_  
Street Apt.No. City St Zip

Do you own this unit?  YES  NO If "NO", Do you rent this unit?  YES  NO

If you rent this unit, list name of Landlord; \_\_\_\_\_

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

Are there any additional family members that will be living in the assisted unit where you will be acting as the Live-in Aide?

NO  YES, list below

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Live-in Aide must provide the following documents;

1. State-issued Birth Certificate(s) for all members of Live-in Aide's family to be in unit
2. Social Security Card(s) for all members of Live-in Aide's family to be in unit
3. State-issued Photo ID for all members of Live-in Aide's family to be in unit age 18 and older

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As a condition to obtaining HACN approval to become the Live-in Aide to the tenant named above, I hereby acknowledge and agree as follows:

I have been determined to be essential to the care and well-being of the person(s) named above.  
I am not obligated for support of the person(s), and  
I would not be living in the unit except to provide necessary supportive services.

Also;

- As the Live-in Aide, I am not a participant/recipient of housing assistance. The Live-in Aide shall not become a participant/recipient of housing assistance regardless of the length of his/her stay in the unit or his/her relationship to the applicant/tenant.
- As the Live-in Aide, I shall be living in the unit solely to provide support services to the tenant requiring assistance. If the tenant requiring assistance no longer resides in the unit, the Live-in Aide shall have no rights or privileges to housing assistance.
- If the tenant requiring assistance dies, the Live-in Aide shall vacate the unit within 10 days of said tenant's death. If the tenant requiring assistance moves out, the Live-in Aide shall vacate the unit no later than said tenant's departure date. Upon termination of the Live-in Aide's services for any other reason, the Live-in Aide shall vacate the unit within 24 hours.
- The Live-in Aide shall not violate any of the lease requirements.
- I understand that if any information that I have or will provide regarding the reason and/or eligibility of my Live-in Aide status was/is fraudulent, I must immediately vacate the unit.
- I understand that a Criminal Background investigation for all persons to be living in unit age 18 and older is required as part of the approval process, and incidents of law enforcement involvement may cause denial of approval.

**I affirm that I understand the above requirements, and that all information I have provided to the Housing Authority of the City of Natchitoches for the purpose of Live-In Aide verification is true and correct. I authorize the release of any information required to complete the approval process.**

\_\_\_\_\_  
*Live-In Aide Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Other Adult Signature*

\_\_\_\_\_  
*Date*

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