LIVE-IN AIDE REQUEST FORM

Applicant/Tenant's Name: _____

Applicant/Tenant's Address: _____

Current Phone #: _____

Applicant/Tenant's Signature: _____ Date: _____

Definition of Live-in Aide:

A live-in aide is defined as a person who resides with an elderly or disabled person and who:

1. Is determined to be essential to the care and well-being of the person.
2. Is not obligated for the support of the person.
3. The live-in aide may **not have ever been a part of the assisted family household** or would not be living in the unit except to provide necessary supportive service.

I, _____, (*Applicant/Tenant's Name*) am providing the necessary information and documentation for consideration of my approval to be added to the household as a live-in aide. I have attached a copy of the following required documents to this request: B*irth Certificate, Social Security card, and or a valid NC State Issues Driver's license, and Declaration Citizenship 214 Form. Note: if your Live-In Aide is approved,* t*his office will need an updated copy of your lease showing the Live-In Aide being added to the household. (Request your Declaration Citizenship Form from the front desk.)*

Name of Live-in Aide: _____

Relationship to Applicant/Tenant: _____ # of Minor Children to the live-in aide: _____

Current Address of Live-in Aide: _____

Social Security Number of Live-in Aide: _____-_____-_____

Date of Birth of Live-in Aide: _____

Current Phone Number of Live-in Aide: _____-_____

I realize that no individual can be added to the household until Raleigh Housing Authority approves him/her. I also acknowledge that verification will not begin if the required documentation is not attached. I hereby give Raleigh Housing Authority permission to request and obtain any information or materials needed to complete and verification of eligibility as a live-in aide. A criminal background check will also be performed. **If the individual has engaged in any criminal activity within the time period listed below, they will not be allowed to move into your unit. Misdemeanor within the last 5 years; Felony within** *the last 7 years*

_____   _____
Signature of Live-In Aide   *Date*

(For Raleigh Housing Authority Use Only)

APPROVED: *Effective Date:* _____

DISAPPROVED: *Reason for denial:* _____

Housing Official Signature: _____ *Date:* _____