

LIVE-IN AIDE AGREEMENT

If you need this document in a different language or **LARGER FONT** or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Date: _____

Participant Name: _____ Voucher #: _____

According to 24 CFR § 5.403, a live-in aide is a person who lives in a housing unit with one or more elderly persons, near-elderly persons or persons with disabilities and is necessary for the care and well-being of the persons, does not provide financial support for any of the household members and lives in the unit only to provide the necessary supportive services.

I request approval for live-in aide services to be provided by:

(Name of Live-In Aide) (Social Security #) (Date of Birth)

By signing below, we acknowledge and agree to the following:

1. The addition of a live-in aide to the household will not create overcrowding in the unit.
2. The live-in aide will provide all required information to CHA, including a copy of their photo identification and Social Security card, for the purpose of conducting a criminal background check.
Note: The live-in aide **may** be denied permission to live in the unit based on the results of this screening.
3. Third party verification of the need for a live-in aide must be provided to CHA.
4. The Participant must obtain approval from CHA and the Property Owner/Manager before the live-in aide can be added to the household.
5. The live-in aide must be listed on the lease as a household member and abide by all HCV Program rules and regulations, Family Obligations and provisions of the lease.
6. Verification of the need for a live-in aide shall be conducted at each re-examination.
7. The live-in aide has no rights to the voucher or unit. Upon the permanent absence of the household member requiring assistance, the live-in aide shall vacate the unit within 14 calendar days.
8. The live-in aide is not responsible for the financial support of the person needing care.
9. The live-in aide would not be living in the unit except to provide the necessary supportive services.

Signature of Participant Date

Signature of Live-In Aide Date

Company Name (if applicable) Date

Company Address City State ZIP Code

*rev. 5/11, barcode: Live in Aide

CHA HOUSING CHOICE VOUCHER PROGRAM OFFICE LOCATIONS

Central Office
60 E. Van Buren Street, Chicago, IL 60605

South Office
1749 E. 75th Street, Chicago, IL 60649

Southwest Office
10 W. 35th Street, Chicago, IL 60616

West Office
2750 W. Roosevelt Road, Chicago, IL 60608

CHA Customer Call Center / TTY
312-935-2600 / 312-461-0079

Web
www.thecha.org/hcv