

# LIVE-IN-AIDE TENANT AFFIDAVIT

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

Unit #: \_\_\_\_\_

This form is to be completed by the applicant or tenant. The property manager is also required to obtain medical verification that the applicant or tenant requires a live-in aide.

I, \_\_\_\_\_, certify that  
\_\_\_\_\_ will be my live-in-aide.

You have applied to or live in an apartment that is governed by the Federal Low Income Housing Tax Credit Program. This program requires us to verify that said person qualifies to be your live-in-aide. To be qualified, you must attest to the following statements. By signing this form, you indicate agreement with these statements.

- I am not responsible for the financial support of said person.
- Said person is not responsible for my financial support.
- Said person would **not** otherwise be living in this unit **except** to provide the necessary support and care to allow me to live independently.
- I understand that said person has no survivorship rights to this unit and that if I move-out, for any reason, said live-in aid must immediately vacate the apartment as well. I understand that the Housing Credit Program governs this unit and that the occupants of such a unit must meet all eligibility requirements of this program. I understand that my live-in aide has not been certified as such and that their only reason for living in the unit is to provide me with supportive care.

Additional Comments: \_\_\_\_\_

*I certify under penalties of perjury that the information given above is true and complete to the best of my knowledge. I understand that proving false or misleading information is a breach of my lease and may be subject to criminal penalties.*

Signature of Applicant/Resident: \_\_\_\_\_

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

