

REQUEST TO ADD LIVE-IN AIDE

The Housing Authority of Prince George's County (HAPGC) must grant approval before a Live-in Aide may reside in a subsidized unit. This form must be submitted to HAPGC before a Live-in Aide is added to the household composition.

DEFINITION OF LIVE-IN AIDE, HUD CFR Section 5.403

A person who resides with one or more elderly persons, near-elderly persons, or persons with disabilities, and who:

- (1) Is determined to be essential to the care and well-being of the person(s);
- (2) Is not obligated for the support of the person(s); and
- (3) Would not be living in the unit except to provide the necessary supportive services.

PURPOSE OF A LIVE-IN AIDE

A Live-in Aide is permitted by HAPGC and the landlord to occupy the Tenant's unit as a reasonable accommodation to the Tenant's disability only as long as the Tenant requires the services of a Live-in Aide to be able to successfully live in these premises, perform daily living activities, and meet the lease terms. At any time should the Tenant no longer need the services of the Live-in Aide, the Tenant shall insure that the aide immediately move from the Tenant's unit.

SCREENING: Tenant and the proposed Live-in Aide agree to provide HAPGC and the Landlord with all information necessary for screening the Live-in Aide to determine whether the aide meets reasonable occupancy criteria for Live-in Aides.

LIVE-IN AIDE HAS NO RIGHTS OF OCCUPANCY: The Live-in Aide qualifies for occupancy only as long as the Tenant needs supportive services and remains a Tenant. The Live-in Aide has no rights to occupancy, even if the Live-in Aide is a family member of the Tenant and may not qualify for continued occupancy as a remaining family member. The Live-in Aide cannot be listed as a household occupant on the current lease between the Landlord and the Head of Household. To be permitted to occupy the unit, the Live-in Aide must complete and sign section II of the Live-in Aide request form. A spouse is NOT eligible for Live-in Aide designation.

RECERTIFICATION OF THE TENANT'S NEED FOR THE LIVE-IN AIDE: HAPGC has the right to recertify the Tenant's need for the continued occupancy by the Live-in Aide. Upon request, the Tenant agrees to provide HAPGC with any information necessary to confirm his/her continued need of the services of the Live-in Aide. HAPGC will allow 1 additional bedroom for occupancy by the Live-in Aide. However, HAPGC will deny approval of the Live-in Aide if the presence of the Live-in Aide's family will overcrowd the unit or property resulting in violation of HUD Housing Quality Standards; or create an undue financial burden.

I have read, understand and agree to comply with the terms of the rules and regulations as it relates to the addition of a Live-in Aide for supportive services in a subsidized housing program.

Head of Household Signature _____ Date _____

Please note that you can ask for a reasonable accommodation to use HAPGC housing or services. This can include auxiliary aids or services, materials in an alternative format, or help in completing paperwork or changes to your housing based on your disability. Contact the 504 Coordinator at (301)883-5576 or email dhcd-504@co.pg.md.us for assistance.



PART I: TO BE COMPLETED BY FAMILY

Head of Household (print) _____

Last 4 Digits of SSN XXX-XX- _____

Address _____

Current unit/allocation size _____

Total number of additional occupants, including the Live-in Aide, being requested to add _____

Number of adults _____ Number of children _____

I understand that the actions of my Live-in Aide and/or any other guest in my home are my responsibility. I also understand that if their actions are a breach of the lease or program requirements, that their actions could result in my lease and housing assistance being terminated. In addition I understand that if I no longer need a Live-in Aide or if my current Live-in Aide no longer resides in the unit, I must report this change to HAPGC within 10 business days.

Signature of Head of Household _____ Date _____

PART II: TO BE COMPLETED BY LIVE-IN AIDE

Live-in Aide Name _____

SSN _____

DOB _____ Race _____ Ethnicity: Hispanic or Non-Hispanic (*circle one*)

Gender: Male or Female (*circle one*)

1. Have you ever lived in subsidized housing?

YES NO

If yes, where and when? _____

2. If yes, do you owe money to a housing authority?

YES NO

3. Have you been evicted for drug or criminal activity in the last three years?

YES NO

4. Are you a US citizen?

YES NO

5. Are you required to register as a sex offender in any state? If “yes”, provide state name

YES NO

6. Have you been incarcerated or under parole/probation or arrested in the last 5 years?

YES NO

Please note that you can ask for a reasonable accommodation to use HAPGC housing or services. This can include auxiliary aids or services, materials in an alternative format, or help in completing paperwork or changes to your housing based on your disability. Contact the 504 Coordinator at (301)883-5576 or email dhcd-504@co.pg.md.us for assistance.



1. Are you employed?

YES NO

If you have answered yes to question 7, fill out your employment info below:

Place of Employment _____

Employment Address/Location _____

Employment HR Phone Number _____

Employment HR Fax Number _____

Present Position _____

Current Base Pay _____ per _____ (hour, week, month, year, bi-wk, bi-mo)

What day/days do you work? (**Circle**) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

How many hours do you work during the week? _____

What Shift do you work? (**Circle**) Morning Evenings Nights

If you answered no to question number 7, fill out a zero income statement.

I understand that my eligibility as a Live-in Aide in a federally funded housing program is dependent on the results of eligibility. My signature below not only certifies that the information provides on this form is true and complete but also authorizes HAPGC to conduct such check. In addition, I understand that I would not be living in the unit except to provide the necessary supportive services and have no rights to the subsidized housing unit or rental subsidy.

Signature of Live-in Aide _____

Date _____

PART III: TO BE COMPLETED BY HAPGC

(HOH must be provided a copy of page one of this application)

Approved Denied

Reason for Denial _____

HAPGC Staff Signature _____

Date _____

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