

# LIVE-IN ATTENDANT SELF-AFFIDAVIT

Head of Household's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Initial Certification                      Date of Expected Move-In: \_\_\_\_\_  
 Re-Certification (Annual or Interim)      Effective Date: \_\_\_\_\_

This form is to be completed by the live-in attendant or, if applicable, the agency that the attendant is employed by.

I, \_\_\_\_\_, certify that:

I am the live-in care attendant for: \_\_\_\_\_.

The person you are caring for has applied to live in an apartment that is governed by HUD-subsidized multifamily housing program. This program requires us to verify your live-in attendant status prior to granting eligibility to the applicant. To be qualified as a live-in attendant, 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.

I would **not** otherwise be living in this unit **except** to provide the necessary support and care to all said person to live independently.

I understand that I have no survivorship rights to this unit and that if said person moves-out, for any reason, I must immediately vacate that apartment as well. I understand that the HUD-subsidized multifamily housing program governs this unit and that the occupants of such a unit must meet all eligibility requirements of this program. I understand that I have not been certified as such and that my only reason for living in the unit is to provide supportive care to said person.

I also understand that the owner has the right to evict a live-in aide who violates any of the house rules or requirements of the lease.

I certify 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.

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

**Please sign this document in the presence of a Notary Public**

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

Signature of Live-In Aide: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public

