

LIVE-IN-AIDE VERIFICATION FORM

- The below listed resident lives in an apartment at this property.
- This property receives Federal funds through the {Department of Housing and Urban Development} or {Rural Development}.
- To receive federal funds, we must adhere to strict policies concerning the eligibility of our residents.
- We consider a request for a live-in-aide as a request for a reasonable accommodation and as an exception to our usual resident selection and qualification criteria.
- We consider an effort to obtain housing for an ineligible person who is not legitimately needed as a live-in aide to be fraud.

The resident's signature below authorizes you to provide information concerning this resident's request for a full time live-in aide to occupy his/her apartment.

Resident's printed name: _____

Signature: _____

Under the Fair Housing Act, a "disability" is a physical or mental impairment which substantially limits one or more of a person's major life activities, a record of having such an impairment, or being regarded as having such an impairment. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.

1. Does this resident have a disability, as defined by the Fair Housing Act?

Yes _____ No _____ I don't know _____

2. If the resident/applicant is disabled, is it necessary for this resident to obtain the full time services of a live-in-aide to be able to successfully live in this property, perform daily living activities, and meet the lease terms? Please be aware that it is not adequate to state that the resident will merely "benefit" from the services of the live-in aide. The services provided by the aide must be necessary.

Yes _____ No _____ I don't know _____

3. If yes, what services does this resident need (please list):

4. If yes, do you believe that the proposed live-in aide (name of proposed live-in-aide) _____ will be able to provide the services needed by this resident?

Yes _____ No _____ I don't know _____

5. If necessary would you be willing to testify in court to the information you provided in this form?

Yes _____ No _____

Name and address of person completing this form:

(Printed name) _____

(Address) _____

(Telephone) _____

(Relationship to Resident) _____

Signature: _____ Date: _____