



CERTIFICATE OF LIVE-IN AIDE

The Housing Authority of the County of Dauphin and HUD defines a Live-in Aide as “a person who resides with one or more elderly persons or 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.” [24 CFR 5.403]

I, _____ understand the following:

- (1) I am determined to be essential to the care and well being of the person(s) needing the care; and,
- (2) I am not obligated for the financial support of the person(s) needing the care; and,
- (3) I would not be living in the unit except to provide the necessary supportive services; therefore I am not entitled to HACD assistance.

I further understand that HACD will conduct a criminal background check, and if the following proves to be true, it will constitute in my denial as a live-in aide:

- (1) If I commit fraud, bribery or any other corrupt or criminal act in connection with any federal housing program; or
- (2) If I have a history of drug-related criminal activity or violent criminal activity; or
- (3) If I currently owe rent or other amounts to HACD or to another public housing agency in connection with Section 8 or public housing assistance under the 1937 Act.

I, after being duly sworn, depose and say that I understand the above statement and that it is true and correct; and furthermore, failure to provide truthful or correct information is subject to my denial and/or dismissal as a live-in aide.

Signature _____

Social Security Number _____

Signature of Head of Household _____

Date _____