

LIVE- IN AIDE ACKNOWLEDGEMENT

I/we _____, is/are participant(s) in the South Sioux City Housing Agency's Housing Program, and have requested that _____, reside in my dwelling unit located at _____, as a Live-in aide.

1. I/we have provided SSCHA with the required documentation that this Live-Aide is a medical requirement, and that this person would not otherwise reside with me/us.
2. I/we have provided SSCHA with the required documentation to verify that I/we am/are disabled.
3. The Live-in Aide and I understand that a Live-in Aide is a person who resides with a disabled person(s) 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.
4. The Live-in Aide and I/we understand that the Live-in Aide is not a member of my/our family. Because the Live-in Aide is not a member of my family, the income of the Live-in Aide is not included in my annual income for rent purposes.
5. The Live-in Aide and I/we understand that the Live-in Aide is not listed on my Lease except as a Live-in Aide.
6. The Live-in Aide and I/we understand that the Live-in Aide cannot be a remaining family member. In the event, that my/our participation in the Housing Program ends for any reason, I/we understand that the Live-in Aide is not a third-party beneficiary of the dwelling Lease and will not have any rights to participate in the Housing Program and must immediately vacate the unit.

Resident(s)

Date

Live-In Aide

Date