



LIVE-IN AIDE REASONABLE ACCOMMODATION OVERVIEW & REQUEST

Live-in Aide means 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 persons, (2) is not obligated for the support of the persons, and (3) would not be living in the unit except to provide the necessary supportive services [24 CFR 5.403].

Housing Connect must approve a Live-in Aide if needed as a reasonable accommodation in accordance with 24 CFR 8, to make the program accessible to and usable by the family member with disabilities.

The income of a Live-in Aide is not counted in the calculation of annual income for the family [24 CFR 5.609(b)]. Relatives may be approved as Live-in Aides if they meet all of the criteria defining a Live-in Aide. Because Live-in Aides are not *family* members, a relative who serves as a Live-in Aide would not be considered a remaining member of a tenant family.

PHA Policy

A family's request for a Live-in Aide must be made in writing. Third party written verification of the disability and/or disability related need will be required from a reliable, qualified professional, such as a doctor or therapist. This qualified professional must verify that the Live-in Aide is essential for the care and well-being of the elderly, near-elderly, or disabled family member. They must also explain why occasional, intermittent, multiple, or rotating care givers would not be sufficient to meet the need

Since HUD regulations require that PHAs must approve the person identified as the Live-in Aide, Housing Connect will not approve an unidentified Live-in Aide, nor a larger unit than the family qualifies for under the PHA's subsidy standards, for an unidentified Live-in Aide.

Housing Connect will not approve a particular person as a Live-in Aide, and may withdraw such approval if [24 CFR 982.3 16(b)]:

The person commits fraud, bribery or any other corrupt or criminal act in connection with any federal housing program;

The person commits drug-related criminal activity or violent criminal activity; or

The person currently owes rent or other amounts to Housing Connect or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act.

For approval the family and Live-in Aide will be required to submit a notarized certification stating that the Live-in Aide is (1) determined to be essential to the care and well-being of the persons; (2) is not obligated for the support of the person(s) needing the care, and (3) would not be living in the unit except to provide the necessary supportive services. It will also include the above referenced language from [24 CFR 982.3 16(b)]



For continued approval, the family may be required to submit a new, written request-subject to PHA verification-at each annual reexamination. If there is a change with a Live-in Aide, a new notarized certification will be required and each Live-in Aide will be subject to all Housing Connect eligibility criteria.

Housing Connect will consider a relative as a Live-in Aide if they are able to demonstrate they have a current residence other than that of the person receiving assistance, they will also be required to submit a notarized certification stating that as a Live-in Aide:

1. The person is capable of and essential to providing the required care
2. The person has never been a member of the household while the family was receiving housing assistance, and the family member has not made regular contributions to the household's income while the family has been receiving housing assistance
3. There is no reason for the person to live in the unit other than to provide care for the persons with disabilities
4. The person intends to maintain separate finances and live independently from the assisted household except to provide the necessary care and will not be considered a remaining family member if the person with the disability leaves the unit or passes away

Within 15 business days of receiving a request for a Live-in Aide, including all required documentation related to the request, Housing Connect will notify the family of its decision in writing.



LIVE-IN AIDE REASONABLE ACCOMMODATION REQUEST FORM

(THIS FORM IS AVAILABLE IN LARGER FONT OR ALTERNATIVE FORMAT UPON REQUEST)

Applicant/Tenant/Participant: Please complete this form and submit it to a staff person at Housing Connect

Date of Request: _____ Housing Specialist/Property Manager: _____

Head of Household: _____ TTD/ Phone: _____

Address: _____ City/State/Zip: _____

- Section 8 Public Housing Waiting List Section 8 Waiting List Public Housing Supportive Housing Tax Credit

Household member who needs accommodation (if different than Head of Household): _____

1. Please provide the following reasonable accommodation(s):

2. I need this reasonable accommodation because:

If Third-Party verification is required, my signature authorizes my provider/practitioner to provide the information requested on the Third-Party Verification Form and any other information necessary to assess this request. If further information is required Housing Connect may contact the qualified professional on the Third-Party verification form.

Signature

Printed Name

Date

Warning: 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 purpose 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 \$5000. 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).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**

HOUSING CONNECT INITIAL RESPONSE: Must be completed and signed by Housing Connect staff

- No Third Party Verification is required-The applicant/resident's disability is known or obvious to Housing Connect Staff and the nexus between the disability and the requested accommodation or modification is apparent; the request will be forwarded to the appropriate Housing Connect staff. If **NO THIRD PARTY VERIFICATION** is required, copy given to 504 Coordinator
- Third-party verification is required for either **verification of a disability** and/or **disability related need**. A copy of this form along with the appropriate **THIRD-PARTY VERIFICATION** Form was provided to requestor.

Housing Connect Staff Signature

Printed Name

Date

