



Live-In Aide Certification

Name of Live-in Aide

Address

City, State and Zip Code

I intend to provide live-in aide service for _____ while he/she is a participant in the Section 8 Housing Choice Voucher program. The HUD guidelines define live in aide as a person who resides with one or more elderly persons, or near-elderly persons, or persons with disabilities, and who meets all of the following criteria:

- Is determined to be essential to the care and well-being of the participant.
- Is not obligated for the support of the participant.
- Would not be living in the unit except to provide the necessary supportive services.

I hereby certify that I meet all the qualifications as a live-in aide as specified. I understand as a live-in aide I qualify for occupancy in the unit only as long as the individual needing supportive services requires services. I also understand that I do not qualify for continued occupancy as a remaining family member, and that I must abide by the terms of the lease to remain in the unit as a live-in aide.

Signature of Live-in Aide:

Name

Date

Print name of live in aide

4/2015

NEW HAMPSHIRE HOUSING FINANCE AUTHORITY

32 Constitution Drive, Bedford, NH 03110
Mail: PO Box 5087, Manchester, NH 03108

603.472.8623
NHHFA.org

