



Addendum To Lease – Live In Aide

Landlord: _____ **Tenant:** _____
Address: _____ **Live-In Aide:** _____
_____ **Address:** _____

ADDITIONAL TERMS:

Live-in Aide

The tenant is receiving live-in aide services from the above named live-in aide. The live-in aide qualifies for occupancy in the unit only as long as the individual needing supportive services continues to require services. The live-in aide does not qualify for continued occupancy as a remaining family member. The live-in aide must abide by the other terms of the lease.

Signatures:

Tenant:

By: _____ Date: _____

By: _____ Date: _____

Print or type name of Family representative

Live In Aide:

By: _____ Date: _____

Print or type name of Live In Aide

Owner:

By: _____ Date: _____

By: _____ Date: _____

Print or type name of signatory

4/2015

NEW HAMPSHIRE HOUSING FINANCE AUTHORITY

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