

CERTIFICATE OF LIVE-IN AIDE

HACC and HUD defines *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 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].

I, _____, understand the following:

- (1) I am determined to be essential to the care and well-being of the person(s) needing the care;
- (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 am not entitled to HACC assistance.

I further understand that HACC 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;
- (2) If I have history of drug-related criminal activity or violent criminal activity; or
- (3) If I currently owe rent or other amounts to HACC 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 assistant.

Signature: _____

Social Security Number: _____ - _____ - _____

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF LOCAL MANAGER

DATE

NOTARY PUBLIC

Subscribed and sworn before me this _____ day of _____ 20 _____

Notary Public: _____

My commission expires: _____

RETURN FORM TO:
HOUSING AUTHORITY OF THE COUNTY OF COOK
PO BOX 430, 1710 EAST END AVENUE
CHICAGO HEIGHTS, ILLINOIS 60412
T: 708-755-1700 F: 708-755-4047 TTY: 708-755-4806



The Housing Authority of the County of Cook does not discriminate in the admission or access to this program on the basis of race, color, religion, ethnic origin, gender, source of income, disability, age or familial status.

FOR OFFICE USE ONLY

RECEIVED BY:		INITIALS:		DATE:	
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