

REQUEST FOR A LIVE-IN AIDE

CLIENT NO. _____

UNIT NO. _____

The Department of Housing and Urban Development (HUD) and The Housing Authority of the County of Cook (HACC) 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].

In order for this agency to allow a live-in aide to reside with our tenant(s), written verification from a reliable, knowledgeable professional is required to prove that the live-in aide will be essential for the care and well-being of the elderly, near-elderly or disabled family member.

TO BE COMPLETED BY TENANT

(Please Print Legibly)

NAME OF HEAD OF HOUSEHOLD: _____

STREET ADDRESS: _____ APT No: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NO: _____

SIGNATURE OF TENANT: _____

SOCIAL SECURITY NO: _____ - _____

NAME OF REQUESTED LIVE-IN AIDE: _____

TO BE COMPLETED BY AN AUTHORIZED LICENSED PROFESSIONAL

- I AM A: Physician
 Social Worker
 Case Worker

PLEASE STATE REMARKS HERE: _____

FULL NAME: _____

FULL TITLE: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

TELEPHONE NO: _____ FAX NO: _____

SIGNATURE: _____

RETURN FORM TO:
Tenant's Current Property Manager
at the Housing Authority of the County of Cook



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

Request was: Denied Date: _____

Reason being: _____

Request was: Approved Date: _____

Reason being: _____

NAME OF PERSONNEL RECEIVING INFORMATION

TITLE

SIGNATURE

DATE