



Houston Housing Authority

2640 Fountain View Drive | Houston, Texas 77057 | Phone: 713.260.0500 | TTY: 713.260.0547 www.housingforhouston.com

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# LIVE-IN AIDE HOUSING AGREEMENT

Pursuant to 24 CFR § 5.403, a live-in aide is a person who resides with one or more elderly persons, or near-elderly persons, or person 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.

Occasional, intermittent, multiple or rotating care givers typically do not reside in the unit and would not qualify as live-in aides. Therefore, an additional bedroom may not be approved for a live-in aide under these circumstances. See HUD PIH 2010-51.

Name of Household Member Requiring a Live-in Aide: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The applicant/tenant hereby requests the Houston Housing Authority's approval for the live-in aide to reside in the unit. As a condition of obtaining the Houston Housing Authority's approval, the applicant/resident and the live-in aide hereby acknowledge and agree as follows:

1. The live-in aide must meet the same screening requirements as household members. **The live-in aide agrees to provide a copy of his or her state-issued photo identification card, a copy of his or her social security card, and a Criminal Background Check Release Form in order for the Houston Housing Authority to conduct a criminal background screening.** The live-in aide may be denied permission to live in the housing unit based on the results of the background screening. **Incomplete submission of information may delay the Houston Housing Authority from processing the request for a reasonable accommodation.**
2. The live-in aide must be listed on the lease as a household member and shall not violate any provisions of the lease. If the individual with a disability is a Housing Choice Voucher Program participant, the Houston Housing Authority shall list the live-in aide on the HAP contract. Housing Choice Voucher Program participants must also obtain their landlord's approval for a live-in aide prior to the live-in aide occupying the premises.
3. The live-in aide may remain in the housing unit only as long as the live-in aide is serving the household member requiring assistance. The live-in aide shall not have any rights to the voucher or to the housing unit. Upon the death of the household member requiring assistance, the live-in aide shall vacate the housing unit within ten (10) calendar days.
4. Although relatives are not automatically excluded as eligible live-in aides, they must meet the definition stated above. By signing this agreement, a relative who is a live-in aide acknowledges that he or she does not have any rights to the voucher or the housing unit as a family member.

Live-in Aide's Printed Name: \_\_\_\_\_

Live-in Aide's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Head of Household's Printed Name: \_\_\_\_\_

Head of Household's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



A Fair Housing and Equal Employment Opportunity Agency. Individuals with disabilities may contact the 504/ADA Administrator at 713-260-0353, TTY 713-260-0547 or [504ADA@housingforhouston.com](mailto:504ADA@housingforhouston.com). For housing discrimination complaints, call 1-888-560-8913.

## CRIMINAL BACKGROUND CHECK RELEASE FORM

The Houston Housing Authority (HHA) requires all applicants or participants (Head of Household and listed household members 18 and older) to submit to a criminal background screening in accordance with Federal law and HHA program requirements. The background screening may be conducted prior to admission, prior to moves, or at any time during participation in an HHA program for the purposes of determining your initial or continuing eligibility. HHA will exercise all rights according to HUD guidelines to deny or evict any applicant or tenant who fails the background screening according to HHA policies and procedures. Federal law requires you to cooperate by supplying information regarding the criminal activity of any adult members of your household.

**\*\*\*Warning: 18 USC 1001 provides that any individual who knowingly and willfully falsifies, conceals, or covers up a material fact, or; makes any materially false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain and materially false, fictitious, or fraudulent statement or entry shall be fined no more than \$10,000 or imprisoned for not more than five years, or both.**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle: \_\_\_\_\_

Date Of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_

DL / ID# and State \_\_\_\_\_ Any names used other than listed above: \_\_\_\_\_

List all counties and states you have lived in during the last five (5) years: \_\_\_\_\_

1. Have you been arrested or convicted within the **past five (5) years** of **any misdemeanor or felony** offense, or do you have any pending criminal charges? Include any charges for which you are currently on deferred adjudication, but do not include minor traffic offenses [such as parking tickets] or moving violations [such as speeding]. (\_\_\_\_) YES (\_\_\_\_) NO

2. If you answered **yes** to Question #1 please provide the below information for ALL charges and/or convictions within the past five (5) years. If more space is needed, please attach an additional page.

| Charge | Status/Outcome | County/State |
|--------|----------------|--------------|
|        |                |              |
|        |                |              |
|        |                |              |

3. Are you subject to a registration requirement under any State sex offender registration program? (\_\_\_\_) YES (\_\_\_\_) NO

4. If you answered yes to Question #3, please identify the State(s) of registration: \_\_\_\_\_

By executing this form, I acknowledge that I am giving consent for (1) any law enforcement agency to release criminal conviction records concerning me to HHA and (2) HHA to receive the criminal conviction records from a law enforcement agency for use in accordance with 24 CFR, Part 5, Subpart J. This consent remains effective as long as I am: (1) an active applicant seeking admission to an HHA program or (2) an active participant in an HHA program. I certify that the above information and answers provided are true and correct. I also understand that if any of this information is found to be false, my application may be denied or my program participation may be terminated at any time.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(For Office Use Only)**

Program: PHO (Property: \_\_\_\_\_) HCV VASH EHV  
Reason for background check: New Applicant Recertification Other (specify) \_\_\_\_\_

Please return results to: Name: \_\_\_\_\_ Title: \_\_\_\_\_