LIVE-IN AIDE AGREEMENT

Head of Household: ____________________________________________________________

Name of household member requiring assistance: ________________________________

Name of Live-in Aide: _________________________________________________________

Relationship of Live-in Aide to person requiring assistance: _____________________

As a condition to obtain the Housing Authority of the City of Austin’s approval, the head-of-household
and the above named Live-in Aide hereby acknowledge and agree as follows:

1) The Live-in Aide shall be living in the unit solely to provide support services to the
   household member requiring assistance. If the household member requiring assistance no
   longer resides in the unit or dies, the Live-in Aide shall have no rights or privileges for
   continued Housing Choice Voucher assistance or to remain in the unit as a Live-in Aide.

2) The Live-in Aide is listed on the lease, but cannot be considered as a remaining family
   member for continued occupancy purposes. However, as a party to the lease, the Live-in
   Aide must abide by all terms and conditions of the lease. If the Live-in Aide violates the
   terms of the lease, HACA may withdraw approval for a particular live-in aide.

3) The Live-in Aide certifies that he/she lives at the above unit address full time with no other
   residence.

4) The Live-in Aide certifies that he/she is essential to the care and well-being of the disabled
   person requiring assistance; is not obligated for the support of the disabled person; and
   would not be living in the unit except to provide the necessary supportive services.

5) At any time, HACA may refuse to approve a particular person as a live-in aide, or withdraw
   such approval, if:
   (a) The person has committed fraud, bribery or any other corrupt or criminal
       act in connection with any federally housing program;
   (b) The person has committed drug-related criminal activity or violent criminal activity; or
   (c) The person currently owes rent or other amount to HACA or to
       another housing authority in connection with Section 8 or public housing assistance
       under the 1937 Act.

Please sign below to certify that you’ve read this agreement and understand the live-in aide
requirements:

Head-of-Household’s Signature _____________________________ Date________________

Live-in Aide’s Signature _____________________________ Date________________
The following items will be required for official approval of a live-in aide, as stated in the Section 8 Administrative Plan Section L. 10. Addition of Live-in Aides

a. Documentation from a physician to indicate the need for a live-in aid is required. The live-in aid's presence must be determined essential for the care and well being of the elderly or disabled family member and the live-in aid would not be living in the unit except to provide the necessary care.

b. An original D.P.S. Criminal History Report, no older that sixty (60) calendar days, is required for any prospective live-in aide age 17 years or older. HACA's admission criminal history screening criteria will apply.