



Housing Authority of the City of Austin

Established in 1937

1124 South IH 35, Austin, TX 78704
P.O. Box 41119, Austin TX 78704

(512) 477-1314
Fax (512) 494-0686

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 aide is required. The live-in aide's presence must be determined essential for the care and well being of the elderly or disabled family member and the live-in aide would not be living in the unit except to provide the necessary care.
- b. An original D.P.S. Criminal History Report, no older than 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.