



Arlington Housing Authority  
 501 West Sanford Street, Suite 20  
 Arlington, Texas 76011  
 Phone: (817) 275-3351  
 Fax: (817) 962-1200

Updated 02-22-18

## LIVE-IN AIDE DECLARATION

Ref: CRF 982.316

I, \_\_\_\_\_, understand that:  
 (Print Live-In Aide Name)

a) I am prohibited from providing financial support of any kind to the client:

\_\_\_\_\_  
 (Print Client's Name)

- b) If not for the client's need for a live-in aide, I would not be living with this person.
- c) I am not allowed to remain in the unit once the client requiring supportive services is no longer living in the unit, regardless of the circumstances for the client's departure.

I understand that if I am related to the client:

- a) I have no claim to the benefits provided to the client from the HCV housing assistance program.
- b) I cannot be added to the client's HCV contract as a dependent.

I understand that my family members may not reside in the client's unit if:

- a) It increases the subsidy by the cost of additional bedrooms.
- b) The presence of my family members causes overcrowding as defined by the Housing Authority.

**Live-In Aide:**

**Client:**

**Housing Staff:**

\_\_\_\_\_  
 (Print Name)

\_\_\_\_\_  
 (Print Name)

\_\_\_\_\_  
 (Print Name)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Date)

**Warning:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.