



# CARIBOU HOUSING AGENCY

Housing Choice Voucher Program

25 High Street

Caribou, ME 04736

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[www.cariboumaine.org](http://www.cariboumaine.org)



## REASONABLE ACCOMMODATION - LIVE-IN AIDE CERTIFICATION

This form is to be completed by the requested live-in aide.

Name of Live-in Aide: (First, Middle, Last): \_\_\_\_\_

Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

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

Current Mailing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### LIVE-IN AIDE:

1. I certify that the person I have selected as my live-in aide is essential to my care and well-being, is not obligated for my support, and would not be living in the unit except to provide the necessary supportive services.
2. As the live-in aide I will not be providing any financial compensation to the Section 8 Applicant/Participant or being allowed to live in the assisted unit.
3. As the live-in aide:  I am not related to the Section 8 Applicant/Participant  
 I am related to the Section 8 Applicant/Participant  
(relationship) \_\_\_\_\_
4. As a live-in and a relative, I certify that all the following are true:
  - I can provide the required service for Section 8 Applicant/Participant.
  - I have never been a member of the Section 8 Applicant/Participant's household.
  - I will not be making regular contributions to Section 8 Applicant/Participant's household while I reside in the assisted unit.
  - I will maintain my finances separately and live independently from the Section 8 Applicant/Participant's household, providing care primarily as a business transaction.
5. As a live-in aide, I cannot move other family members into the assisted unit.

6. I have not been convicted of a violent criminal, drug-related criminal, or criminal activity, have not been evicted from a federally assisted for drug-related criminal activity in the past five (5) years.
  7. I am not a lifetime registered sex offender, in any State in the United States.
  8. I will not move to the assisted unit until Caribou Housing Agency and Owner/Landlord approves.
  9. I understand, in the event that the Section 8 Applicant/Participant that I am assisting, were to move out of the unit into assisted living, nursing home, or to pass away; that I must vacate the assisted unit as quickly as possible. If I fail to vacate the unit, the owner/landlord may begin eviction proceedings.
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**CERTIFICATION:**

**WARNING: Section 1001 of Title 18 of the U.S. Code makes is a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States.**

x.

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Signature of Live-In Aide

Date