LIVE IN AIDE SELF AFFIDAVIT

Applicant/Tenant Name:	Unit #:
This form is to be completed by the live-in attendant or, if a employed by. Property manager is also required to obtain a live in aide.	
I,	_, certify that I am the live-in care attendant
for:	
The person you are caring for has applied to live in an apar Income Housing Tax Credit Program. This program require prior to granting eligibility to the applicant. To be qualified a following statements. By signing this form, you indicate agr	es us to verify your live-in attendant status as a live-in attendant, you must attest to the
[] I am not responsible for the financial support of	said person.
[] Said person is not responsible for my financial s	upport (I have income of my own)
[] I would not otherwise be living in this unit excep to all said person to live independently.	ot to provide the necessary support and care
[] I understand that I have no survivorship rights to for any reason, I must immediately vacate the apart Credit Program governs this unit and that the occup requirements of this program. I understand that I had only reason for living in the unit is to provide suppor	ment as well. I understand that the Housing eants of such a unit must meet all eligibility ave not been certified as such and that my
Additional Comments:	
I certify under penalties of perjury that the information given my knowledge. I understand that proving false or misleadin may be subject to criminal penalties.	•
Signature of Applicant/Resident:	
Signature of Live-In Attendant:	
Date:	