

Submit this completed form and reason(s) for the request to this address:

CVR New York ▪ 112 East Post Rd. ▪ Suite 102 ▪ White Plains, NY 10601

Participant Name	Date	Log #
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According to 24 CFR § 5.403, a live-in aide is a person who lives in a housing unit with one or more elderly persons, near-elderly persons or persons with disabilities and is necessary for the care and well-being of the persons, does not provide financial support for any of the household members and lives in the unit only to provide the necessary supportive services.

I request approval for live-in aide services to be provided by:

Name of Live-In Aid	Social Security #	Date of Birth
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By signing below, we acknowledge and agree to the following:

1. The addition of a live-in aide to the household will not create overcrowding in the unit.
2. The live-in aide will provide all required information to CVR New York, including a copy of their photo identification and Social Security card.
3. I will provide CVR New York third party verification of the need for a live-in aide.
4. The Participant must obtain approval from CVR New York and the Landlord /Manager before the live-in aide can be added to the household.
5. The live-in aide must be listed on the lease as a household member and abide by all HCV Program rules and regulations, Family Obligations and provisions of the lease.
6. Verification of the need for a live-in aide will be conducted at each re-examination.
7. The live-in aide has no rights to the voucher or unit. Upon the permanent absence of the household member requiring assistance, the live-in aide shall vacate the unit within 14 calendar days.
8. The live-in aide is not responsible for the financial support of the person needing care.
9. The live-in aide would not be living in the unit except to provide the necessary supportive services.

ACKNOWLEDGEMENT AND SIGNATURE

Participant Signature: _____ Date: _____

Live-In Aid Signature: _____ Date: _____

Company Name (if applicable): _____ Date: _____

Company Address/City/State/Zip: _____