



Celebrating 70 years of serving Alameda

Housing Authority of the City of Alameda

701 Atlantic Avenue - Alameda, California 94501-2161 - Tel: (510) 747-4300 - Fax: (510)522-7848 - TDD: (510) 522-8467

LIVE-IN AIDE CERTIFICATION FORM

(To be completed by tenant after eligibility for Live-in aide is initially approved and at each annual reexamination)

Head of Household: _____ Date: _____

Name of Live-in Aide: _____

Aide Social Security #: _____

1. _____ I certify that the person 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. _____ The medical condition requiring the live-in aide assistance still exists and the live-in aide is currently residing in the unit or will be on _____ (date):

3. The live-in aide:

_____ Is not related to me

_____ Is related to me (Relationship): _____

- But I certify that the following are true:
- The relative is capable of providing the required care for me
- The relative has never been a former member of the household while the family has been receiving housing assistance.
- The relative has never made regular contributions to the household while our family has been receiving housing assistance
- There is no other reason for the relative to live in the unit other than to provide care for me, the disabled person.
- The relative will maintain their finances separately and live independently from my household providing care purely as a business transaction.

Warning: Any person who signs this statement and who willfully states as true any material matter which he/she knows to be false, is subject to the penalties prescribed for Perjury in Section 118 of the California Penal code and section 11054 of the Welfare and Institutions Code.

Head of Household Signature: _____ Date: _____

Live-In Aide Signature: _____ Date: _____