

**REQUEST FOR LIVE-IN AIDE**  
**(THIS PAGE TO BE COMPLETED BY CLIENT AND AUTHORIZED PROFESSIONAL)**

The U.S. Department of Housing and Urban Development (HUD) and the City of Housing Division define Live-In Aide as a person who resides with one or more elderly persons, or persons with disabilities, and who: (1) is determined to be essential to the care and well-being of the persons, (2) is not obligated for the support of the persons, and (3) would not be living in the unit except to provide the necessary supportive services [24 CFR 5.403].

**TO BE COMPLETED BY CLIENT:**

Name of Head of Household: \_\_\_\_\_

Name of Family Member requiring Live-In Aide: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

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

Telephone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

**Name of Requested Live-In Aide:** \_\_\_\_\_

**THE FOLLOWING TO BE COMPLETED BY AN AUTHORIZED LICENSED PROFESSIONAL:**

I am a: Physician: \_\_\_\_\_ Social Worker: \_\_\_\_\_ Case Worker: \_\_\_\_\_

In order for the City Housing Division to allow a live-in aide to reside with the applicant(s), written verification from a reliable, knowledgeable professional medical health care provider is required to confirm that the live-in aide will be essential for the care and well-being of the elderly or disabled family member.

Please provide remarks here as to why the live-in aide is essential for the care of the individual:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print:  
Name and Title of Licensed Professional: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Licensed Professional

**Return form to:**  
**City of Pensacola**  
**Housing Division**  
**P.O. Box 12910**  
**Pensacola, FL 32521-0031**  
**(Physical Address: 420 W. Chase St)**  
**(850) 858-0350**



**CERTIFICATE OF LIVE-IN AIDE**  
**(THIS PAGE TO BE COMPLETED BY LIVE-IN AIDE)**

The U.S. Department of Housing and Urban Development (HUD) and the City of Pensacola Housing Division define Live-In Aide as a person who resides with one or more elderly persons or persons with disabilities and who: (1) is determined to be essential to the care and well-being of the persons, (2) is not obligated for the financial support of the persons, and (3) would not be living in the unit except to provide the necessary supportive services [24 CRF 5.403].

---

I, \_\_\_\_\_, understand and verify the following:  
(Printed name of Live-In Aide)

- I agree to provide for the care and well-being of the person needing the care;
- I am not responsible for the financial support of the person needing the care; and
- I would not be living in the unit except to provide the necessary supportive service.

I further understand that the Housing Division will conduct a criminal background check and if the following proves to be true, it will result in my denial as a live-in aide:

- If I commit (or have committed) fraud, bribery or any other corrupt or criminal act in connection with any federal housing program; or
- If I have a felony conviction for drug-related criminal activity or violent criminal activity within three years of making this application.

**I acknowledge that I am obligated to abide by all of the policies, requirements and regulations of the Section 8 Housing Choice Voucher Program and the Housing Division, as well as applicable lease requirements.**

**I understand that should unforeseen occurrences result in \_\_\_\_\_**  
(Print Tenant's Name)

**no longer requiring a live-in aide, I will not be considered as a remaining family member as defined by federal regulation and the Housing Division and will not be eligible for continued rental assistance. I further understand that should the family's housing assistance be terminated, I am not considered a remaining family member and am not eligible to take over the voucher.**

\_\_\_\_\_  
Signature of Live-In Aide

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Division Approval

\_\_\_\_\_  
Date

**RETURN FORM TO**  
**City of Pensacola**  
**Housing Division**  
**P.O. Box 12910**  
**Pensacola, FL 32521-0031**  
**(Physical Address: 420 W. Chase St)**  
**(850) 858-0350**