

LIVE-IN CARE ATTENDANT AFFIDAVIT

DATE: _____

TO: _____

ADDRESS: _____

TEL: _____ FAX: _____

FROM: _____

ADDRESS: _____

MANAGER: _____

TEL: _____ FAX: _____

Mr./Ms. _____ has applied for, or currently resides at _____. As part of our processing, it is necessary to obtain an affidavit from you, as the designated live-in care attendant. Please complete the section below and return it in the enclosed self-addressed envelope. Thank you for your prompt response.

I, _____, hereby certify that:

- I am the live-in care attendant of the above-mentioned applicant/resident.
- I am not responsible for the financial support of said person.
- Said person is not responsible for my financial support.
- I would not otherwise be living in this unit EXCEPT to provide the necessary support and care to allow the said person to live independently.

I understand that I have no survivorship rights to this unit and that if said person moves-out, for any reason, I must immediately vacate the apartment as well. I understand this unit is governed by the requirements of the LIHTC Program and that occupants of such a unit must meet all eligibility requirements of this Program. I understand that I have not been certified as such and that my only reason for living in the unit is to provide supportive care to said person.

I certify that the above information is true and correct to the best of my knowledge.

SIGNATURE/TITLE

DATE

PRINTED NAME

TELEPHONE

“THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER”



EQUAL HOUSING OPPORTUNITY



WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

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