



25 High Street
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REASONABLE ACCOMMODATION - LIVE-IN AIDE CERTIFICATION

This form is to be completed by the requested live-in aide.

Name of Live-in Aide: (First, Middle, Last): _____

Birthdate: _____ SSN: _____

Current Physical Address: _____

City: _____ State: _____ Zip: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____

E-Mail Address: _____

LIVE-IN AIDE:

1. I certify that the person I have 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. As the live-in aide I will not be providing any financial compensation to the Applicant/Participant or being allowed to live in the assisted unit.
3. As the live-in aide: I am not related to the Applicant/Participant
 I am related to the Applicant/Participant
(relationship) _____
4. As a live-in and a relative, I certify that all the following are true:
 - I can provide the required service for Applicant/Participant.
 - I have never been a member of the Applicant/Participant's household.
 - I will not be making regular contributions to Applicant/Participant's household while I reside in the assisted unit.
 - I will maintain my finances separately and live independently from the Applicant/Participant's household, providing are primarily as a business transaction.

5. As a live-in aide, I cannot move other family members into the assisted unit.
 6. I have not been convicted of a violent criminal, drug-related criminal, or criminal activity, have not been evicted from a federally assisted for drug-related criminal activity in the past five (5) years.
 7. I am not a lifetime registered sex offender, in any State in the United States.
 8. I will not move to the assisted unit until Caribou Housing Authority and Owner/Landlord approves.
 9. I understand, in the event that the Applicant/Participant that I am assisting, were to move out of the unit into assisted living, nursing home, or to pass away; that I must vacate the assisted unit as quickly as possible. If I fail to vacate the unit, the owner/landlord may begin eviction proceedings.
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CERTIFICATION:

WARNING: Section 1001 of Title 18 of the U.S. Code makes is a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States.

x.

Signature of Live-In Aide

Date