

**LIVE-IN CAREGIVER AFFIDAVIT**

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT/TENANT**

This Affidavit is being delivered in connection with the undersigned's eligibility for residency in the following property:

Project Name: \_\_\_\_\_ Unit Number (if assigned): \_\_\_\_\_

Building Address: \_\_\_\_\_

**By my signature, I hereby authorize disclosure of the information requested below in order to determine my eligibility to rent as required by Section 42 of the Internal Revenue Code.**

\_\_\_\_\_  
Applicant/Tenant Signature

**Return Form to:**

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date                      Social Security #

**THIS SECTION TO BE COMPLETED BY LIVE-IN CAREGIVER OR CAREGIVER'S EMPLOYER**

The above-named individual has applied for residency or is currently residing in housing that requires certification of the following statements from his/her Live-in Caregiver. Please review and complete the information below, then return the form to the address or fax number listed above.

**I duly state the following:**

1. I am/will be residing with \_\_\_\_\_, said person listed above.
2. I am **ESSENTIAL** to the care and well-being of said person.  
**(Management must attach verification of need by said person's health care professional or case manager.)**
3. I am **NOT** obligated or responsible for the financial support of said person.
4. I would not otherwise be living in the unit **EXCEPT** to provide the necessary supportive care services for said person.
5. I understand that I have no rights to the apartment that will be/is rented to said person. However, I understand that I must abide by the lease agreement signed by said person. If said person vacates the residence for **ANY REASON**, I will vacate premises as well. I understand that if I would like to occupy an apartment, I will be required to complete the LIHTC Certification Process on my own record.

**I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding tax credit housing. I understand that providing false or misleading information may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement.**

\_\_\_\_\_  
Signature of Live-In Caregiver

\_\_\_\_\_  
Printed Name of Live-in Caregiver

\_\_\_\_\_  
Date

**NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**