

## LIVE-IN AIDE AGREEMENT

Project: \_\_\_\_\_

Unit Number: \_\_\_\_\_

Date: \_\_\_\_\_

Bedroom Size: \_\_\_\_\_

\_\_\_\_\_(Name) is a live-in aide, and he/she will be working for  
\_\_\_\_\_(Resident) and residing at Apartment # \_\_\_\_\_ located at  
\_\_\_\_\_(property) \_\_\_\_\_(address)

He/she agrees to the following terms:

1) \_\_\_\_\_(Name) is an employee of \_\_\_\_\_(Resident).

The employer/employee relationship may be severed at will by the employer. The live-in aide has no other rights to the unit. If the employer/employee relationship is severed, the employee will move out of the unit immediately.

2) The Live-in Aide agrees to comply with mandatory screening for criminal background; must complete the attached questionnaire and consent to a criminal background investigation.

3) If the resident (employer) dies, the Live-in Aide (employee) has no right to remain in the unit and will vacate the apartment immediately.

4) While the Live-in Aide (employee) is in the unit, he or she agrees that they are bound by the terms of the lease.

5) The Live-in Aide certifies that he or she has read and understands the Residential Lease Agreement and the Resident Handbook for \_\_\_\_\_(property).

6) Both the Tenant and the Live-in Aide certify that they have received a copy of this Addendum to the Lease.

Live-In Aide: \_\_\_\_\_ Date: \_\_\_\_\_

Resident: \_\_\_\_\_ Date: \_\_\_\_\_

Resident: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord: \_\_\_\_\_ Date: \_\_\_\_\_

01/08 *Equal Housing Opportunity*

**Warning:** 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.

**Federal law** requires us to verify drug and criminal background and sex offender registration information for all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or over must answer the following questions and sign below to consent to a background check. **Each household member age 18 or over must complete a separate form.** The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents \_\_\_\_\_ (property name) will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity?

\_\_ yes \_\_ no (If yes, when, please explain?) \_\_\_\_\_

2. Do you currently use illegal drugs or abuse alcohol? \_\_ yes \_\_ no

3. Are you currently subject to a registration requirement under a state sex offender registration program? \_\_ yes \_\_ no

4. Have you been convicted of any drug-related crime? \_\_ yes \_\_ no

5. Have you been convicted of any felony? \_\_ yes \_\_ no

6. Have you been convicted of any crime involving fraud or dishonesty? \_\_ yes \_\_ no

7. Have you been convicted of any crime involving violence? \_\_ yes \_\_ no

8. Are you currently charged with any of the above criminal activities? \_\_ yes \_\_ no

9. Please list all states (including the counties) in which you have lived: \_\_\_\_\_

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

10. Have you ever used any other name? \_\_ yes \_\_ no If yes, please list:

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Hickory Hill Apartments (property name) to verify the above information and I consent to the release of the necessary information to determine my eligibility. **I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to**

\_\_\_\_\_ (property name), to a public housing authority, or to an agency contracted by the  
\_\_\_\_\_ (property name) to conduct criminal background checks.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ (Please Print)

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

\*This consent is valid for 15 months from the date it is signed.

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8). \*\* Violations of these provisions are cited as violations of 42 USC \*\*408 (a), (6), (7) and (8).\*\*