



Housing Authority of the City of Decatur, Georgia

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TTD/TTY 1-800-545-1833 Ext 852
www.decaturhousing.org

LIVE-IN AIDE AGREEMENT

I, _____ (Live-In Aide), do hereby understand that I am a

Live-In Aide for _____ (Participant), who resides at

_____.

I also understand that my primary purpose as a Live-In Aide is to assist, care for and provide the necessary supportive services for the above referenced participant.

I understand that in accordance with the federal regulations, I cannot remain in the unit under any circumstances after the recipient of my care is admitted to a nursing home, personal care home, becomes deceased or my services are no longer essential to his/her care and well-being.

If the sole member of the household is the recipient of my care, it is understood the Housing Assistance Payment Contract will be terminated and no housing assistance payments will be made to the owner for any month following the month the participant moves out of the unit or becomes deceased. I will be liable for any damages to the unit and any rent due as a result of my failure to vacate the dwelling unit after the sole member of the household moves from the unit or becomes deceased.

I understand I am a Live-In Aide, and as such, I am not eligible for housing assistance as a surviving member of the household.

Signature of Live-In Aide

Date

I, _____ (Participant), hereby certify the above person resides in my unit solely as a Live-In Aide. I understand he/she is not a surviving member of my household and is not entitled to housing assistance.

Signature of Participant

Date

DHA Representative

Date