

**LIVE-IN ATTENDANT  
SELF-AFFIDAVIT**

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

Head of Household's Name: <head of household>

Initial Certification

Date of Expected Move-In: \_\_\_\_\_

Re-Certification (Annual or Interim)

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

This form is to be completed by the live-in attendant or, if applicable, the agency that the attendant is employed by.

I, \_\_\_\_\_, certify that: I am the live-in care attendant for:  
<head of household>

The person you are caring for has applied to live in an apartment that is governed by the Federal Low Income Housing Tax Credit Program. This program requires us to verify your live-in attendant status prior to granting eligibility to the applicant. To be qualified as a live-in attendant, you must attest to the following statements. By signing this form, you indicate agreement with these statements.

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 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 vacate that apartment immediately as well. I understand that the Housing Credit Program governs this unit and that the 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.

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

I certify that the information given above is true and complete to the best of my knowledge. I understand that proving false or misleading information is a breach of my lease and may be subject to criminal penalties.

Signature of Applicant/Resident: \_\_\_\_\_

Signature of Live-In Attendant \_\_\_\_\_

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