



HOUSING AUTHORITY

Live-In Aide Agreement

Unit Number: _____ Date: _____

Statement of Live-In Attendant

I understand that I am living at _____ and am enjoying the benefits of the public housing program solely because of my employment with _____.
(Resident)

My employer has provided me with a copy of the Public Housing Lease Agreement ("Lease") for this unit. I agree to follow all terms in the Lease, as well as the rules and regulations of the public housing program. It is also my responsibility to maintain the unit in a safe and sanitary manner.

I understand that I will only be allowed to remain in the unit as long as the above-named person employs me.

I understand that I do not pay an income-based rent, am not a Tenant under the Lease, and have no rights under the Lease. If, under any circumstances, I am found to be in violation of the Lease and/or House Rules, my employer will be required to terminate my services and my employer and/ or Housing Authority will require that I vacate the unit immediately. I also acknowledge that any violation by me under the Lease and/or House Rules, as well as the rules and regulations of the public housing program, may subject my employer to termination of the Lease by Housing Authority. I agree to hold Housing Authority harmless from liability as a result of injury or loss while employed by _____.

I also understand that if my employer moves out of public housing, is evicted, abandons the unit, vacates the unit as a result of Lease termination or expiration, or dies, I will not be entitled to any benefits under the Lease or continued housing and agree to vacate the unit immediately.

Live-in Attendant

Date

Resident

Date

Address

Phone

Housing Authority Staff

Date

Note: Social Security Card and Photo I.D. must be provided