homeforward
hope. access. potential.

Rent Assistance Department
135 SW Ash Street
Portland, OR 97204-3541
TEL: 503.802.8333 **FX**: 503.802.8589 **TTY**: 503.802.8554

Request to Add Live-in Aide

Program Information:
- An elderly, near-elderly, or disabled household member may request to add a live-in aide to their household if the following criteria are met: 1) The live-in aide is essential to the care and well-being of the person(s), 2) The live-in aide is not obligated for the support of the person(s) needing the care, and 3) The live-in aide would not be living in the unit except to provide the necessary supportive services.

Instructions:
- Complete below to request to add a live-in aide to the household.
- Attached documents must also be completed by the applicant/participant and live-in aide.
- After request is received, Home Forward will determine the live-in aide's eligibility and confirm landlord's approval to add the live-in aide to the household. Home Forward and the landlord must approve the live-in aide before move in.

1. Head of Household

Name (please print):	SSN (last 4 digits):
Address:	Current Phone:

Name of Household Member Requiring a Live-in Aide:

2. Live-in Aide

Full Name of Live-in Aide (please print):

Has the live-in aide ever used another name? ☐ No ☐ Yes If yes, list name(s)?

Birth Date:	Full SSN:	Sex: ☐ Male ☐ Female	Is the live-in aide a person with a disability: ☐ Yes ☐ No

Race: ☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

3. Are the following documents attached and signed?

Home Forward Authorization for Release of Information – signed/dated by live-in aide .... ☐ Yes ☐ No

HUD Authorization for Release of Information/Privacy Act Notice – *signed/dated by live-in aide* .... ☐ Yes ☐ No

HUD Debts Owed to Public Housing Agencies and Terminations – *signed/dated by live-in aide* .... ☐ Yes ☐ No

Applicant/Participant and Live-in Aide Certification – *signed/dated by applicant/participant & live-in aide* .... ☐ Yes ☐ No

Current, Valid Photo ID for Live-in Aide.. ☐ Yes ☐ No

Verification of Social Security Number for Live-in Aide .... ☐ Yes ☐ No

Provide copy of Social Security card, a copy of Social Security Administration (SSA) letter which contains the full name and full SSN, or copy of document issued by a federal, state, or local government agency which contains the name and full SSN of the live-in aide.

If you answered "No" to any of the questions above, the request cannot be completed.
Please respond to any requests for additional information by the deadline requested.

1. Return this completed form and the documents listed above to Home Forward.
2. Home Forward will provide written notification of its decision within 15 business days of receiving a request, including all required documentation related to the request.
3. Remember, you must wait for approval before the live-in aide can move in.

Head of Household Signature:	Date:

Home Forward Use Only

RASC Name:	Tcode: