

## Verification of Need for Subsidy Standard Exception

**Program Requirements:**

- The applicant/participant below has requested an exception to Home Forward subsidy standards by requesting a live-in aide or an extra bedroom due to age, health, or as a reasonable accommodation for a disability.
- **This form must be completed by a knowledgeable professional, such as a doctor or other medical professional, social worker, or case worker.**

Head of Household Name:

Name of person who needs the accommodation:

Type of accommodation recommended:    **A.**  Live-in Aide    **B.**  Extra Bedroom

Is this request directly related to the person's age, disability, or health-related need?     Yes     No

Is their condition/need subject to change?     Yes     No

### A. Live-in Aide Recommendation

Why does the person need a live-in aide?

- Housekeeping     Assistance with daily tasks  
 Medical Care     Other: \_\_\_\_\_

In my professional opinion, a live-in aide is *essential* to the care and well-being of this person.     Yes     No

### B. Extra Bedroom Recommendation

Please explain why the person needs an extra bedroom (for disability or health-related need other than live-in aide):

If extra bedroom is for medical equipment, please indicate the size and dimensions of equipment needed (attach additional sheet if necessary):

### Certification

**Warning:** Section 1001 of Title 18 of the US Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction, punishable by fine not to exceed \$10,000 and/or imprisonment of not more than 5 years.

*I certify that I have completely read the criteria for the recommendation listed on the back of this form and completed this form of my own volition. I understand that exceptions to the housing subsidy standards may only be approved when necessary due to age, health-related need, or as a reasonable accommodation due to a disability.*

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

Name Printed: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency/Office Address:

### **Criteria to determine need for Live-in Aide**

A live-in aide may be approved as an accommodation for a near elderly, elderly, or disabled person.

The following criteria applies for approving a live-in aide:

1. The live-in aide must be essential to the care and well-being of the person.
2. The live-in aide must not be obligated for the support of the person(s).
3. The live-in aide would not be living in the unit except to provide necessary supportive services.

### **Criteria to determine need for Extra Bedroom**

Increased subsidy for an extra bedroom may be approved due to age, a health-related need, or as a reasonable accommodation for a disability.

The following criteria applies to approve an extra bedroom:

1. The subsidy exception must be justified by the age, health-related need, or disability of the household member needing the extra bedroom.
2. The extra bedroom must be used for the intended purpose or other reasonable uses approved by Home Forward.

