Live-in Aide Agreement

VHDA Housing Choice Voucher Program

LIVE-IN AIDE NAME	HEAD OF HOUSEHOLD NAME
disabilities and who: (1) is determined to be essent	with one or more elderly persons, near-elderly persons or persons with tial to the care and well-being of the persons, (2) is not obligated for the in the unit except to provide the necessary supportive services.
 The live-in aide must consent to an annual permission to live in the housing unit based. The live-in aide must not (1) commit fraud, federal housing program, (2) commit drugother amounts to VHDA or any public hous or other federal housing program. The live-in aide has no rights to the vouche longer part of the assisted household, the longer part of the assisted household, the longer part of the in aide would not be living in the unit of the live-in aide may make a request to the 	on requested by VHDA or the local housing agency. I criminal background screening. The live-in aide may be denied don the results of the screening. I bribery or any other corrupt or criminal act in connection with any related criminal activity or violent criminal activity, or (3) owe rent or sing agency in connection with the Housing Choice Voucher Program er or housing unit. If the household member requiring assistance is no live-in aide must vacate the unit. Inancial support of the person needing care. Init except to provide the necessary supportive services. Is local housing agency to approve members of their family to reside in considered if it does not create overcrowding in the unit and the
By signing this form, you attest that you have reagreement.	ad the information above and agree to the provisions outlined in this
Live-in Aide's Signature	Date
Head of Household's Signature	Date

Previous editions are obsolete VHDA LIAA-1 (Rev 2/17)