



ASHEVILLE HOUSING AUTHORITY

Housing Choice Voucher Program
165 South French Broad Avenue
Asheville, NC 28801

Business Hours: 9 a.m. – 5 p.m. Monday – Thursday

REQUEST FOR CARE ATTENDANT / LIVE-IN AIDE

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

Request made by (Name): _____

Address: _____

Name of household member who requires live-in aide: _____

Explain how a live-in aide is essential to the care and well-being of this family member: _____

Live-in aide is needed: full-time part-time

List any qualified health professionals who can verify the need for a live-in aide:

Name & Title: _____

Phone Number: _____ Email: _____

Name & Title: _____

Phone Number: _____ Email: _____

Current address of proposed live-in aide: _____

Previous address of proposed live-in aide: _____

Rate live-in aide will be paid: \$ _____ per _____

Is the proposed live-in aide a relative? Yes No

I certify that the information contained herein is true and correct.

Signature

Date

Warning! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

CARE ATTENDANT / LIVE-IN AIDE AFFIDAVIT

To: _____

Date: _____

The Asheville Housing Authority's Housing Choice Voucher Program is a federally funded program assisting qualified households with rental assistance. The individual named below has expressed the need for a care attendant or live-in aide. It is necessary for the Housing Authority to obtain an affidavit from you, as the designated care attendant or live-in aide. Please complete this form and return it to our office as soon as possible. Thank you for your assistance.

Re: _____

Address: _____

I hereby authorization release of the following information to the Asheville Housing Authority.

Signature: _____ Date: _____

- I am the care attendant or live-in aide for the above-named individual.
- I am not responsible for the financial support of the above-named individual.
- The above-named individual is not responsible for my financial support.
- I would not otherwise be residing with the above-named individual except that I am essential to his/her care and well-being.

I understand that I have no survivorship rights to rental assistance if, for any reason, the above-named individual is no longer a participant in the Housing Choice Voucher Program.

I certify that the above information is true and correct.

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Warning! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

Please return to:

**Housing Choice Voucher Program
Asheville Housing Authority
PO Box 1898
Asheville NC 28802**

VERIFICATION OF NEED FOR CARE ATTENDANT / LIVE-IN AIDE

To: _____

Date: _____

The Asheville Housing Authority's Housing Choice Voucher Program is a federally funded program assisting qualified households with rental assistance. The individual named below has authorized the Housing Authority to verify information regarding his/her need for a care attendant or live-in aide. Please complete this form and return it to our office as soon as possible. Thank you for your assistance.

Re: _____

Address: _____

I hereby authorization release of the following information to the Asheville Housing Authority.

Signature: _____ Date: _____

Verification of Certifying Professional:

- I cannot certify that the above-named individual requires a care attendant or live-in aide at this time.
- I am certifying that a care attendant or live-in aide is essential to the care and well-being of the above-named individual.

	From:	To:
Days/Hours Required: Sunday	_____ am/pm	_____ am/pm
Monday	_____ am/pm	_____ am/pm
Tuesday	_____ am/pm	_____ am/pm
Wednesday	_____ am/pm	_____ am/pm
Thursday	_____ am/pm	_____ am/pm
Friday	_____ am/pm	_____ am/pm
Saturday	_____ am/pm	_____ am/pm

Signature: _____ Date: _____

Please return to:

**Housing Choice Voucher Program
Asheville Housing Authority
PO Box 1898
Asheville NC 28802**