



FAMILY REQUEST TO ADD LIVE-IN AIDE

The Division of Housing (DOH) must grant approval before a live-in aide may reside in a Division of Housing (DOH) subsidized unit. This form must be submitted with a copy of the Live-in Aide's state issued ID and Social Security card to DOH a minimum of 30 days before adding a live-in aide.

PART I: TO BE COMPLETED BY FAMILY

Head of Household (print) _____ SSN _____

Address _____ City _____ ZIP _____

Current Allocation Size _____ Proposed Allocation Size (if applicable) _____

I understand that the actions of my live-in aide or any other guest in my home are my responsibility. I also understand that if their actions are a breach of the lease or of program obligations that their actions could result in my housing being terminated. In addition, I understand that if I no longer need a live-in aide or if my current live-in aide no longer resides in my unit I must report this change within 10-days to my residential coordinator.

Signature of Head of Household _____ Date _____

PART II: TO BE COMPLETED BY LIVE-IN AIDE

Live-in Aide Name _____ SSN _____

DOB _____ Race _____ Ethnicity: Hispanic or Non-Hispanic (*circle one*)

Gender: Male or Female (*circle one*) Yes No

Have you ever lived in subsidized housing?
 If yes, where and when _____

If yes, do you owe money to any other housing authority?

Have you been evicted for drug or criminal activity in the last three years?

Are you a U.S. citizen?

Are you required to register as a sex offender in any state?

Have you been incarcerated or under parole, probation or been arrested within the last three years?

I understand that my eligibility as a live-in aide under the Housing Choice Voucher Program is dependent on the results of a criminal background check conducted through the Colorado Bureau of Investigation. My signature below not only certifies that the information provided on this form is true and correct but also authorizes DOH to conduct a CBI check on myself. In addition, I affirm that the subsidized housing unit will be my primary and only address.

Signature of Live-in Aide _____ Date _____

PART III: ADDITIONAL SIGNATURES

Landlord Initials _____ Residential Coordinator Initials _____

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DOH USE ONLY

Approved _____ Denied _____ Agency notified by Fax _____ Email _____ Phone _____ Mail _____

Reason for Denial _____

Staff Signature _____ Date _____

