

**Pre-Existing Family Member Live-In Aide Agreement  
Statement of Live-In Attendant**

Unit Address (“The Unit”): \_\_\_\_\_

My name is \_\_\_\_\_. I understand that I am living at \_\_\_\_\_ (address) and am enjoying the benefits of the Section 8 subsidy solely because of my employment as a live-in aide for \_\_\_\_\_ (name of resident in need of live-in aide)(the “Resident in Need of Live-in Aide”).

I certify that I would not have been living in this Unit, but for the need to provide necessary supportive services to the Resident in Need of Live-in Aide.

I understand that by agreeing to be the live-in aide for the Resident in Need of Live-in Aide, I will no longer be part of the household composition for this Unit. This will be effective as of the date of this Agreement. (Please note: A Household Composition Change Request will still need to be completed to remove the live-in aide from the household composition. However, failure to complete the Household Composition Change Request will not render this Agreement form void, and the live-in aide will still be considered as removed from the household composition by signing this Agreement)

**I also understand that if the Resident in Need of Live-in Aide’s Section 8 subsidy is terminated, I will not be entitled to any continuing Section 8 benefits received by the household.**

I understand that if my employment as a live-in aide for the Resident in Need of Live-in Aide is terminated for any reason, if I wish to return to the household, I will need to first request permission from New York State Homes and Community Renewal and comply with all requirements and procedures to be added as a household member.

I have reviewed this form and certify that the information shown is true and correct.

\_\_\_\_\_  
Live-in Aide

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Section 8 Administrator Staff

\_\_\_\_\_  
Date