

LIVE-IN CARE ATTENDANT AFFIDAVIT

DATE _____

To:	From:
Street Address:	Street Address
City,	City, State, zip
State, zip	Manager's Name:
Tel. ()	Tel: ()
FAX: ()	Fax: ()
<p>Mr./Ms. _____ has applied for residency at _____ . As part of our processing, we must obtain an affidavit from you, the designated live-in care attendant. Please complete the section below and return it in the enclosed self-addressed envelope. Thank you for your cooperation and prompt response.</p>	

I, _____, hereby certify that:

- I am the live-in care attendant of the above-named applicant/tenant.
- I am not responsible for the financial support of said applicant/tenant.
- Applicant/tenant is not responsible for my financial support.
- I would not otherwise be living in the unit except to provide the necessary support and care to allow said applicant/tenant to live independently.
- I understand that I have no survivorship rights to the apartment and that if said applicant/tenant moves out for any reason, I must immediately vacate the apartment as well. I understand the unit is governed by the requirements of the LIHTC Program and that occupants of such unit must meet all eligibility requirements of the Program. I understand that I have not been certified as such and that my only reason for living in the unit is to provide supportive care to said applicant/tenant.

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I certify that the above information is true and correct.

Signature/Title

Date

Printed Name

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.