



Housing Opportunities Commission  
10400 Detrick Ave  
Kensington, Maryland 20895-2484  
(240) 627-9400  
Fax: (301) 949-1433  
Email: RAinbox@hocmc.org

## REQUEST TO ADD LIVE-IN AIDE

The Housing Opportunities Commission of Montgomery County (“HOC”) must grant approval before a Live-in Aide may reside in a subsidized unit.

### **DEFINITION OF LIVE-IN AIDE, HUD (CFR Section 5.403):**

*A person who resides with one or more elderly persons, near-elderly persons, or persons with disabilities, and who:*

1. Is determined to be essential to the care and well-being of the person(s);
2. Is not obligated for the financial support of the person(s); and
3. Would not be living in the unit except to provide the necessary supportive services.

**This form is not for aides who come and go, such as occasional, intermittent, multiple, or rotating caregivers that work specific shifts during the day or night or who occasionally spend the night.**

**PURPOSE OF A LIVE-IN AIDE:** A Live-in Aide is permitted by HOC and the landlord to occupy the client’s unit to assist the disabled family member with services to successfully live in the premises, perform daily living activities, and meet the lease terms. If the client no longer needs the services of the Live-in Aide, the client must inform HOC and the landlord of the change. The unit will be downsized to the appropriate occupancy standard.

**BACKGROUND SCREENING:** Tenant and the proposed Live-in Aide agree to provide HOC and the Landlord with all information necessary for screening to determine whether the aide meets reasonable occupancy criteria. The proposed live-in aide may be denied if they do not meet the requirements. HOC may refuse to approve a live-in aide if (1) the person commits fraud, bribery or any other corrupt or criminal acts in connection with any Federal housing programs; (2) the person commits drug related or violent criminal activities; (3) the person is subject to a lifetime registration requirement under a state sex offender registration program; or (4) the person currently owes rent or other amounts to HOC or any other PHA in connection with the voucher programs or public housing assistance.

**LIVE-IN AIDE HAS NO RIGHTS OF OCCUPANCY:** The Live-in Aide qualifies for occupancy only as long as the client needs supportive services. The Live-in Aide is not entitled or eligible for any rental assistance or continued occupancy after the services are no longer needed even if the Live-in Aide is a family member of the client. A household member listed on a current lease cannot be a Live-in Aide, except if the occupant waives all their rights to the unit as a remaining household member if anything happens to the head of household.

HOC will allow one additional bedroom for occupancy by an approved Live-in Aide. However, HOC will deny approval of the Live-in Aide if the presence of the Live-in Aide’s family will overcrowd the unit or property resulting in violation of HUD Housing Quality Standards.





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**RECERTIFICATION OF THE TENANT'S NEED FOR THE LIVE-IN AIDE:** HOC has the right to recertify the continued occupancy of the live-in aide along with the client's annual recertification. Upon request, the client agrees to provide HOC with necessary information required.

I have read, understand, and agree to comply with the terms, rules, and regulations as it relates to the addition of a Live-in Aide for supportive services in a subsidized housing program.

Head of Household Signature \_\_\_\_\_ Date \_\_\_\_\_





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**THIRD PARTY PROVIDER'S VERIFICATION OF NEED FOR A REASONABLE  
ACCOMMODATION OF A LIVE-IN AIDE**

Applicant's Name: \_\_\_\_\_

Household Member requesting Live-in aide: \_\_\_\_\_

Address: \_\_\_\_\_

I, \_\_\_\_\_, authorize the release of information requested below.

Signature of Applicant or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Professional License # (if applicable): \_\_\_\_\_

Company or Agency Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

The individual is requesting the assistance of a live-in aide related to a disability. This is not verification for aides who come and go, such as occasional, intermittent, multiple, or rotating caregivers that work specific shifts during the day or night or who occasionally spend the night.

**A live-in aide must meet the HUD definition: A person who resides with one or more elderly persons, near-elderly persons, or persons with disabilities, and who:**

- (1) Is determined to be essential to the care and well-being of the person(s);
- (2) Is not obligated for the financial support of the person(s); and
- (3) Would not be living in the unit except to provide the necessary supportive services.

**CLIENT INFORMATION**

1. The Fair Housing Act defines a person with a disability as (1) individuals with a physical or mental impairment that substantially limits one or more major life activities; (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of such an impairment.

In your opinion, does the applicant have a physical, medical, mental, or psychological impairment, or history/record of such impairment that requires accommodation:  YES  NO  UNKNOWN

2. If applicable, please explain which major life activities may be affected by the disability or impairment:

\_\_\_\_\_  
\_\_\_\_\_





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3. Is this impairment permanent? [ ] YES [ ] NO [ ] UNKNOWN

4. If "yes", how is the accommodation of the need for a live-in aide linked to the person's impairment? Please specify the nature of the assistance. (Note: in order for an accommodation to be considered, a connection must be made between the impairment and the requested accommodation. You do not have to disclose the actual diagnosis or the severity of the impairment.):

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If the impairment is temporary or if you are not sure of how long the applicant will be impaired, please explain why the live-in aide assistance is necessary, and how long the assistance is needed:

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***I hereby certify, under the penalty of perjury, that the information provided in this health verification (including any accompanying statements or forms) is true and correct. False or fraudulent statements will be subject to the penalties provided by law.***

Signature of third party verifier: \_\_\_\_\_ Date signed: \_\_\_\_\_

Please promptly return the completed form Attn: Compliance Division at 10400 Detrick Avenue, Kensington, MD 20895. This form may also be faxed to 301-949-1433 or submitted by email [RAinbox@hocmc.org](mailto:RAinbox@hocmc.org). Final decisions are made within 45 days or less, after receipt of all requested documents.

If you have questions regarding this form, please submit your inquiry via [email](#), contact 240-627-9400 or Maryland Relay TTY at 711; or via mail to 10400 Detrick Avenue, Kensington, MD 20895.

*(Este es un aviso importante. Por favor hágala traducir inmediatamente.)*

