



# Greene Metropolitan Housing Authority

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 Website: [www.gmha.net](http://www.gmha.net)

## Live-In Aide Questionnaire

Name of Live-in Aide (First, Middle, Last)	
Birthday	
Social Security Number	
<i>Please check if you are claiming exempt status</i>	<input type="checkbox"/> <i>Non-eligible non-citizen</i> <input type="checkbox"/> <i>Senior with exempt status</i>
Current Home Phone Number	
Current Mobile Phone Number	
Email Address	
Name of Resident Who Will Receive Services	
<b>Landlord Screening Information</b>	
Current Address (Name of Community or Landlord)	
Current Address	
City, State, Zip	
Phone Number	
Start Date/End Date	to
Previous Residence (Name of Community or Landlord)	
Address	
Address	
Phone Number	
Start Date/End Date	To
Are you currently receiving housing assistance through the Department of Housing & Urban Development?	<input type="checkbox"/> YES <input type="checkbox"/> NO

[Type here]

Have you been evicted, for lease violations, from a Landlord during the past 5 years? <i>(Note from RBD: if the OA intends to include this question, this must be criteria included in the resident selection plan)</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please explain:			
Please place a check next to each state where you have lived. Please include Washington, D.C. if you have lived in Washington, D.C. <input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C.			
Do you have any other family members who plan to move to the unit with you? (do not include the resident if you are related to the resident)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have any pets?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently a resident in good standing at your current residence?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>HUD Requirements – Definition of a Live In Aid</b>			
Are you able to provide essential care for the resident listed above?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you obligated to the resident listed above for support?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you agree that you would not be living in the unit except to provide the necessary supportive services to the resident named above?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Medical Expense Verification</b>			
Will the resident named above pay you a fee for providing the services of a live-in aide?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please provide the amount you will be paid. <i>(This will be used as verification of the medical expense deduction for the resident if eligible)</i>		\$ _____ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	



[Type here]

<b>Criminal Screening Information</b>		
Have you been involved in any legal actions, including arrests, adjudications, criminal or civil actions during the past 10 years? (Note to be removed on final version: if the OA intends to include this question, this must be criteria included in the resident selection plan)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please explain:		
Are you listed on any state's lifetime sex offender registration?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you listed on any other sex offender registration?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you use marijuana?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a history of alcohol abuse?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Leasing Information</b>		
Have you read and do you understand the Lease Agreement, rules and regulations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you agree to abide by all Lease terms and the Landlord's rules and regulations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you understand that the landlord will take appropriate action – up to and including eviction - should you fail to comply with the Landlord's rules and regulations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you understand that you are occupying this property only to provide personal care services to the resident listed above, and therefore, you have no rights to continued occupancy of the resident's unit should the resident vacate the unit for any reason?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you agree to vacate the unit if resident is absent from the unit for longer than 120 days (180 days for medical)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO



[Type here]

In the event that the resident passes away, do you understand that you must vacate the unit as quickly as possible? HUD subsidy stops 14 days after the date of death. If you fail to vacate the unit, the owner/agent will begin eviction proceedings and you will be required to pay market rate from the 15<sup>th</sup> day until the owner/agent can take possession of the unit.

YES

NO

### PENALTIES FOR MISUSING THIS FORM

“Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

By signing this document, I hereby certify that I have carefully read the Live-in Aide Questionnaire, understand all of its content, and have provided true and correct answers to all questions.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

I hereby certify that I have carefully reviewed all information provided by the Live-in Aide in response to the Live-in Aide Questionnaire, and to my knowledge the Live-in Aide has provided true and correct information and answers.

\_\_\_\_\_  
Resident Signature  
(Head of Household)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

