

Orange County Housing Authority

1501 E. St. Andrew Place • Santa Ana, CA 92705
(714) 480-2700 • California Relay Service (800) 735-2929
<http://www.ochousing.org>

Request for Reasonable Accommodation (Live-in Aide)

Head of Household _____ Phone _____

Unit Address _____ Tenant ID _____

Live-in Aide Request

Initial request Renewal request

Name of household member requiring a live-in aide _____

The household member is a person with a disability or is elderly or near elderly (check all that apply):

- The person receives SSI. The person is elderly or near elderly.
 A health care professional will certify on a verification form that the person is disabled

Name of live-in aide _____

1. I certify that the person I have selected as my live-in aide is essential to my care and well being, is not obligated for my support, and would not be living in the unit except to provide the necessary supportive services.
2. The live-in aide is not providing any financial compensation to me for being allowed to live in my assisted unit.
3. The live-in aide: is not related to me is related to me (relationship: _____)
4. If the live-in aide is a relative, I certify that all of the following are true:
 - The relative is capable of providing the required care for me.
 - The relative has never been a member of my household while I was receiving housing assistance.
 - The relative has never made regular contributions to my household while I was receiving housing assistance.
 - There is no other reason for the relative to live in the unit other than to provide care for me.
 - The relative will maintain his/her finances separately and live independently from my household, providing care primarily as a business transaction.
5. The live-in aide has not been convicted of a violent or drug-related offense and has not been evicted from a federally assisted unit for drug-related activity in the last 3 years.
6. A daily in-home worker is not equally effective as a reasonable alternative accommodation because:

WARNING: It is unlawful to "knowingly and willfully" make any "materially false, fictitious, or fraudulent statements or representation" to a federal agency. Violations can be punished under Section 2 of the False Statements Act by a fine and/or imprisonment of not more than 5 years. [18 U.S.C. & 1001] I declare, under penalty of perjury under the laws of the United States of America and the State of California, that the information above is true, correct, and complete.

Signature of head of household _____ Date _____

Signature of family member needing accommodation _____ Date _____