Purpose: This form is optional. The form explains the fact that a Live-In Aide is not considered part of the household, and therefore has no rights to the unit and must vacate if the resident no longer requires the services of a Live-In Aide. It further states that the Live-In Aide must abide by property’s House Rules and Regulations.

Specific Instructions:

1. Enter name of the property and unit number.
2. Enter name of the household.
3. Enter name of the household member who requires assistance.
4. Enter name of the Live-In Aide.
5. Have Live-In Aide sign and date this line.
6. The resident signs and dates here.
7. Management representative enters date here.
8. Management representative signs here.
LIVE-IN AIDE AGREEMENT

Property Name: (1)  
Unit: (1)  

Applicant/Resident Name: (2)  

Name of Household Member Requiring Assistance: (3)  

Name of Live-In Aide: (4)  

The applicant/resident hereby requests the management’s approval for the Live-In Aide to reside in the unit. 

As a condition of obtaining the management’s approval, the applicant/resident and the Live-In Aide hereby acknowledge and agree as follows: 

1) The Live-In Aide is not a resident of the property. The Live-In Aide shall not become a resident of the property regardless of the length of his/her/their stay in the unit or his/her/their relationship to the resident. 
2) The Live-In Aide shall be living in the unit solely to provide support services to the household member requiring assistance, and shall not contribute income to the support of the household. 
3) If the household member requiring assistance moves out or no longer occupies the unit, the Live-In Aide shall vacate the unit no later than the household member’s departure date. Upon the termination of the Live-In Aide’s services for any other reason, the Live-In Aide shall vacate the unit immediately. 
4) The Live-In Aide shall not violate any of the House Rules and Regulations. Management may evict the Live-In Aide if he/she/they violate(s) any of the House Rules and Regulations. 

Live-In Aide’s Signature: (5)  
Date: (5)  

Resident’s Signature: (6)  
Date: (6)  

Management hereby approves the Live-In Aide:  
Date: (7)  

Management Representative Signature: (8)  

www.wshfc.org/managers/forms-RC.htm  
Live-In Aide Agreement Instruction | Rev. January 2014