

LIVE-IN AIDE AGREEMENT

Name of Tenant _____ Tenant's Unit No. _____

Name of household member requiring assistance _____

Name of Live-In Aide _____

The Tenant hereby requests MBHA's approval for the Live-In Aide to reside in the unit.

The following is the name, address, and telephone number of a health care provider who can verify that (a) the above-named household member requires live-in assistance and (b) the Live-In Aide is qualified to provide this assistance.

Healthcare provider's name _____

Address _____

Telephone number _____

As a condition to obtaining MBHA's approval, the Tenant and the Live-In Aide hereby acknowledge and agree as follows:

- 1) **The Live-In Aide is not a tenant of the Landlord. The Live-In Aide shall not become a tenant of the Landlord regardless of the length of his/her stay in the unit or his/her relationship to the Tenant.**
- 2) **The Live-In Aide shall be living in the unit solely to provide support services to the household member requiring assistance. If the household member requiring assistance no longer resides in the unit, the Live-In Aide shall have no rights or privileges to remain on the premises.**
- 3) **If the household member requiring assistance dies, the Live-In Aide shall vacate the unit within 10 days of said household member's death. If the household member requiring assistance moves out, the Live-In Aide shall vacate the unit no later than said 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 within 24 hours.**
- 4) **The Live-In Aide shall not violate any of the Family Obligations.**
- 5) **If the household member is terminated, the Live-In Aide has no rights to the voucher.**

Tenant's signature _____ Date _____

Live-In Aide Signature _____ Date _____