

HEALTH AND HUMAN SERVICES AGENCY
HOUSING AND COMMUNITY DEVELOPMENT SERVICES
3989 RUFFIN ROAD, SAN DIEGO, CA 92123
(858) 694-4801 • FAX (858) 467-9713

## STATEMENT REGARDING LIVE-IN AIDE

All Rental Assistance applicants and participants requesting a live- in aide must provide the Housing Authority with the name, social security number, date of birth, and the driver's license of the person who will be residing in the unit as a live-in aide. Live-in aides must sign a Release of Information authorization and Declaration if Citizenship form (attached). This information is necessary for the Housing Authority to verify eligibility of the live-in aide to live in my unit under the Rental Assistance Program.

Please complete this form and return to the Ho	ousing Authority no later that	an:	
I,,am requesting the follo			
Housing Authority must approve the live- in a	ide before they can be adde	ed to my household	•
I am requesting the following individual be sc	reened as my live-in aide:		
(P	lease print all information)		
Full Name:			
First Name	Middle Name	Last Name	
Address:			
Street	City	State	Zip Code
Last 4 digits of Social Security Number:		Date of Birth:	
Last 4 digits of Driver's License/ID #:	S	tate issued:	
Phone Number: I	Relationship to you:		
Please attach a copy of the live- in aide's photo	o I.D. and social security ca	nrd.	
I certify this information is true and complete	to the best of my knowledge	e.	
Signature of Applicant/Participant		Da	nte
Signature of Proposed Live-In Aide		— Da	ute.

## PLEASE RETURN TO:

Housing Specialist: Phone Number: Entity ID: