



Housing Authority of Thurston County
1206 12th Avenue SE • Olympia, WA. 98501
Tel: (360) 753-8292 • Fax: (360) 586-0038
www.hatc.org

Participant Name: _____

STATEMENT OF LIVE-IN ATTENDANT

We understand that _____ is living at _____
and that the aide is enjoying the benefits of the rental assistance program solely because of employment
with _____
(Participant)

We certify that the aide meets the program definition of live in aide, namely that s/he is (1) essential to the care and well-being of the above participant, (2) is not obligated for the support of any family member, and (3) would not be living in the unit except to provide the necessary supportive services [24 CFR 5.403].

The aide agrees to follow all terms in the lease, as well as the rules and regulations of the Rental Assistance Program of the Housing Authority of Thurston County. The aide acknowledges that it is also his/her responsibility to maintain the unit in a safe and sanitary manner.

The aide understands that s/he will be allowed to remain in the unit only as long as s/he is employed by the above-named person. If, under any circumstances, s/he is found to be in violation of the lease agreement or house rules, the employer will terminate my services and require that s/he vacate the premises immediately.

The aide understands that if the employer moves out of the unit, is evicted, abandons the unit, or dies, s/he is not entitled to any benefits or continued housing.

Live-in Attendant _____ Date _____

Participant _____ Date _____

Address _____ Phone _____

Housing Authority of Thurston County _____ Date _____

NOTE: Social Security card and picture I.D. must be provided.



A public corporation dedicated to improved housing in Thurston County.