

SAVIN ROCK COMMUNITIES  
SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM

**LIVE-IN AIDE REQUEST**

Live-in aide: "A person who resides with an elderly, handicapped or disabled person or persons and who (a) is determined by the Savin Rock Communities to be essential to the care and well-being of the person(s); (b) is not obligated to support the family member; and (c) would not be living in the unit except to provide necessary supportive services (7465.1REV-2, Para. 3-3 and 24 CFR 913.102)"

Date: \_\_\_\_\_

I certify that \_\_\_\_\_ is acting as a live-in aide for the well being and care of \_\_\_\_\_, who is elderly, handicapped or disabled and Currently resides at \_\_\_\_\_.

Absence of resident must be reported to the Section 8 office. Written permission must be granted for the live-in aide to remain in unit if the resident is going to be out of the unit for more than seven (7) days.

I also relinquish all rights to the unit as the remaining member of a tenant family.

The propose live-in aide must complete the following information in order to process this request:

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Phone #: \_\_\_\_\_

Do you plan on maintaining the above address:  Yes  No

The following documents must be attached to this request:

1. Signed Authorization for Release of Information (Attached)
2. Criminal background check (attached)
3. Copy of birth certificate
4. Copy of social security card
5. Verification of identity (picture I.D.)

All information is due by \_\_\_\_\_. The resident will be notified if the request for a live-in aide has been approved.

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

# Authorization for the Release of information

U.S. Department of Housing & Urban Development

Office of Housing

Office of Public & Indian Housing

Organization requesting release of information (name, address, telephone, & date):

**SAVIN ROCK COMMUNITIES  
23 B GLADE ST.  
WEST HAVEN, CT 06516**

This form cannot be used to request a copy of a tax return. Instead, use IRS form 4506, Request for a Copy of Tax Form.

**Purpose**

The U.S. Department of Housing and Urban development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

**Authorization**

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

- Low-Income Rental Indian Housing
- Low-Income Rental Public Housing
- Mutual Help Homeownership Opportunity Program
- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Program
- Section 23 and 10(c) Leased Housing
- Section 23 Housing Assistance Payments
- Section 202
- Section 221(d)(3) Below Market Interest Rate
- Turnkey III Homeownership Opportunities Program

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only HUD, an Indian Housing Authority, or Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

**Information Covered Inquiries may be made about:**

- Child Care Expenses
- Credit History
- Criminal Activity
- Family composition
- Employment, Income, Pensions and Assets
- Federal, State, Tribal, or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History

**Individuals or Organization That May Release Information**

Any individual or organization including any government organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords
- Providers of:
  - Alimony
  - Child Care
  - Child Support
  - Credit
  - Handicapped Assistance
  - Medical Care
  - Pensions/Annuities
  - Schools and Colleges
  - U.S. Social Security Administration
  - U.S. Department of Veterans Affairs
  - Utility Companies
  - Welfare Agencies

**Computer Matching Notice & Consent**

I agree that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The governmental agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

**Conditions**

I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signature, Printed Name of the Head of Household & Date

X

Signature, Printed Name of the Spouse & Date

X

Signature, Printed Name of Other Adult & Date

X

Signature, Printed Name of Other Adult & Date

X

**CRIMINAL HISTORY CONVICTION INFORMATION REQUEST**

**Date:** \_\_\_\_\_

**State of Connecticut  
Department of Public Safety  
State Police Bureau of Identification  
1111 Country Club Road  
Middletown, CT 06457-9294**

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Subject's Last Name	First	MI	(Maiden)	Date of Birth
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Subject's Last Name	First	MI	(Maiden)	Date of Birth
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