Waltham Housing Authority

110 POND STREET
WALTHAM, MASSACHUSETTS 02451-4505
TEL: (781) 894-3357; FAX: (781) 894-7595

LIVE-IN AIDE / PERSONAL CARE ATTENDANT (PCA)

AUTHORIZATION AND RELEASE FORM

Assisted Household Information

Head of Household: _____

Assisted Address: _____

City/State/ZIP: _____

PROPOSED LIVE-IN AIDE / PCA INFORMATION

Full Legal Name: _____

Date of Birth: _____

Social Security Number: _____

Current Address: _____

City/State/ZIP: _____

Telephone Number: _____

Email Address: _____

Relationship to Participant, if any: _____

AUTHORIZATION AND CONSENT

I am requesting to be considered by the Waltham Housing Authority (WHA) as a Live-In Aide/PCA for the household identified above.

I understand that WHA must approve the specific individual who will serve as the Live-In Aide/PCA before that individual may be added to the assisted household as an approved live-in aide.

I authorize WHA, to the extent permitted by applicable law and HUD requirements, to obtain and verify information reasonably necessary to determine whether I am eligible to reside in the assisted unit as an approved Live-In Aide/PCA. This may include:

☐ Verification of my identity and identifying information
☐ Criminal/background screening, when authorized and applicable
☐ Verification of prior federally assisted housing/PHA history, when applicable
☐ Verification of information provided on this application
☐ Contact with previous housing agencies or other appropriate sources when necessary to determine eligibility

I understand that this authorization does **not** authorize WHA to obtain information unrelated to determining my eligibility to serve as a Live-In Aide/PCA.

LIVE-IN AIDE/PCA CERTIFICATION

I certify that:

☐ I am providing services that are essential to the care and well-being of the assisted household member requiring the Live-In Aide/PCA.

☐ I am not obligated to financially support the assisted household member.

☐ I would not be living in the assisted unit except to provide the necessary supportive services.

☐ I understand that approval as a Live-In Aide/PCA does not make me a member of the assisted family.

☐ I understand that I have no independent or continuing right to the Housing Choice Voucher or housing assistance if the participant no longer requires my services, I stop providing services, or the assisted participant leaves the program/unit.

☐ I agree to comply with applicable lease requirements and Housing Choice Voucher Program requirements while residing in the assisted unit.

I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that providing false or misleading information may result in denial or withdrawal of approval.

SIGNATURES

Proposed Live-In Aide/PCA

Signature: _____ Date: _____

Printed Name: _____

Head of Household

Signature: _____ Date: _____

Printed Name: _____

FOR WHA USE ONLY

☐ Identification Received
☐ Supporting Live-In Aide/PCA Request Received
☐ Reasonable Accommodation/Need Verification Completed
☐ Required Screening Completed
☐ Approved
☐ Denied
☐ Additional Information Required

Effective Date of Approval: _____

WHA Staff: _____

Signature: _____ Date: _____

Important: A proposed Live-In Aide/PCA may not be treated as an approved member of the assisted household until the Waltham Housing Authority has completed its review and issued approval.