

LIVE-IN PERSONAL ASSISTANT/SUPPORT SERVICE INDIVIDUAL REQUEST & AGREEMENT

A live-in personal assistant or support service individual is defined as a person who resides with an elderly or disabled person and who:

1. Is determined to be essential to the care and well-being of the person.
2. Is not obligated for the support of the person.
3. Would not be living in the unit except to provide necessary supportive service.

**** Please note:** This person would be needed to stay overnight on a regular basis to justify sleeping space for this person, i.e. another bedroom.

Today's Date: _____

Head of Household Name: _____

Address: _____ Unit/Apt. #: _____

City: _____ State: _____ Zip Code: _____

Name of Household Member Requiring Live-In personal assistant or support service individual:
(if different from head of household) _____

Name of Live-In Personal Assistant/Support Service Individual : _____

The applicant/resident hereby requests the Camden County Senate Bill 40 Board's approval for the live-in personal assistant or support service individual to reside in the unit. As a condition of obtaining the Camden County Senate Bill 40 Board's, the applicant/resident and the live-in personal assistant or support service individual hereby acknowledge and agree as follows:

1. The addition of a live-in personal assistant or support service individual to the household must not create overcrowding in the existing dwelling unit, although a reasonable accommodation may be to move the family to a larger dwelling unit.
2. The live-in personal assistant or support service individual must be listed on the lease as a household member, shall not violate any provisions of the lease, and must be approved by the landlord for occupancy.



3. The live-in personal assistant or support service individual may remain in the dwelling unit only as long as the live-in personal assistant or support service individual is serving the household member requiring assistance. The live-in personal assistant or support service individual shall not have any rights to the housing voucher or to the dwelling unit. Upon the death of the household member requiring assistance, the live-in personal assistant or support service individual shall vacate the dwelling unit within ten (10) calendar days.
4. Although relatives are not automatically excluded as eligible live-in personal assistants or support service individuals, they must meet the definition stated above and there must be a supportive services agreement or other similar agreement related to the care and the well-being of the individual (other than this agreement) authorizing the personal assistant or support service individual. By signing this agreement, a relative that is a live-in personal assistant or support service individual acknowledges that he/she does not have any rights to the housing voucher or the dwelling unit as a family member.

 Head of Household/Guardian Signature

 Date

 Live-In Personal Assistant/Support Service Individual
 Signature

 Date

Company providing the live-in personal assistant or support service individual:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

