**Mississippi Regional Housing Authority No. VII**

**HCV/Section 8 Program**

**P. O. Box 430**

**McComb, MS 39649**

**TTY: 1-800-582-2233**

**Phone: (601) 684-9503 - Fax: (601) 684-3312**

**Live-In Aide Housing Agreement**

**A Live-in Aide is a person or persons who:**

* **resides with an elderly, handicapped or disabled person or persons;**
* **who is determined to be essential to the care and well being of the tenant;**
* **is not obligated for the support of the tenant; and,**
* **would not be living in the unit except to provide the necessary supportive services.**

**Tenant's Name: Unit#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of household member requiring assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Live-In Aide's Name SSN Birth Date**

**The Tenant and Live-in Aide hereby acknowledge and agree as follows:**

* **The Live-in Aide is not a tenant of the Landlord. The Live-in Aide shall not become a tenant of the Landlord regardless of the length of his/her stay in the unit or his/her relationship to the Tenant. Relatives who meet the definition and qualify as a Live-in Aide relinquish all rights to the unit as a "remaining member" of the Tenant's household.**
* **The Live-in Aide shall be living in the unit solely to provide support services to the household member requiring assistance. If the household member requiring assistance no longer resides in the unit, the Live-in Aide shall have no rights or privileges to remain on the premises.**
* **If the household member requiring assistance dies, the Live-in Aide shall vacate the unit immediately of said household member's death. If the household member requiring assistance moves out, the Live-in Aide shall vacate the unit no later than said household member’s vacate date. Upon the termination of the Live-in Aide's services for any other reason, the Live-in Aide shall vacate the unit immediately.**
* **The Live-in Aide shall not violate any of the House Rules. The Landlord may evict the Live-in Aide if he/she violates any of the House Rules.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Tenant's Signature Date**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Tenant's Name (Please Print) Date**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Live-in Aide's Signature Date**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Live-in Aide's Name (Please print) Date**

