

Pittsfield Housing Authority

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LIVE-IN-AIDE CERTIFICATION

Date: _____

Name of Live-In Aide: _____ SS Number: _____

Address _____ City, State _____ Zip Code _____

Telephone Number _____ Fax Number _____

RE: _____ Applicant SSN: _____
Applicant/Client Name

TO BE COMPLETED BY PROPOSED LIVE-IN-AIDE

1. I am essential to the care of the above captioned applicant/client and would not be living with the disabled person except to provide supportive services.
2. I am not obligated for financial support of the disabled person needing my care
3. I have no rights to the unit, I am not a party to the lease, and I cannot become a remaining family member for continued occupancy.
4. Only upon prior written approval from Pittsfield Housing may any family members move into the unit with me.
5. I must vacate the apartment immediately upon termination of my role as the live-in aide.

Do you intend to act as a Live-In-Aide for the above named applicant/client? ☐ Yes ☐ No

I hereby certify that I understand and accept Pittsfield Housing's policies related to Live-In Aides. I certify that the above information is true and correct. I understand that a criminal record screening will be conducted. If I do not pass the criminal record screening, I will not be approved as a live-in aide.

Signature of Live-In Aide _____

Date _____

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