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

Name: \_\_\_\_\_

Unit: \_\_\_\_\_

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

Due to a disability, I am requesting that the following individual be added to my household as a live in aide. I understand that this person must be approved by the Housing Authority and that if I leave my household, this person is not eligible to assume the role of head of household.

Name of proposed live in aide \_\_\_\_\_

Live In Aide's physical address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Relationship to me \_\_\_\_\_

The above named person must provide a birth certificate, social security card, valid photo ID, and sign all necessary paperwork. A background check must be performed prior the housing authority approving them to reside with me. Upon approval, the live in aide will be added to my household composition.

**Name of Physician that can verify the need for this live in aide (this should be the professional that works with you on regular basis in regards to your disability):**

Physician's Name \_\_\_\_\_

Address of their office \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

I understand that the live in aide listed above is not allowed to be added to my household or reside with me until the verification process has been completed. If the physician does not verify my need for the live in aide, this request will be denied. The housing authority will not continue to submit this request to additional physicians once the above physician has denied this request.

Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_