



Case Manager _____
Client # _____ MO. _____

San Francisco Housing Authority

Section 8 Housing Department

1815 Egbert Street • San Francisco CA 94124 • (415) 715-3280 • (415) 330-3396

LIVE-IN AIDE CERTIFICATION

Client Name: _____ Client #: _____

Address: _____

Live-in Aide Name: _____

I understand that a "Live-in Aide" is someone who resides with an elderly, disabled or handicapped person(s) and who:

1. Is determined to be essential to the care and well being of the person(s);
2. Is not obligated for support of the person(s); **AND**
3. Who would not be living in the unit except to provide necessary supportive services.

I understand that according to the Section 8 regulations, the income of the "Live-In Aide" is not counted when determining the eligibility and rent portion of the Section 8 client. The "Live-In Aide" is not considered a family/household member, but rather a service provider employed by the Section 8 Client.

I understand that once a person is designated as a "Live-In Aide", they rescind their right to later be added as a family/household member. In conclusion, under no circumstances is the "Live-In Aide" entitled to the benefits of the subsidy program.

Signature: Section 8 Client

Date

Signature: Live-In Aide

Date



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3290

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REQUEST TO ADD LIVE-IN AIDE

I, _____, a Section 8 participant
(full name)
residing at _____, San Francisco CA,
hereby request to include my Live-In Aide, _____,
(NAME)
who currently resides at:
_____, to live with
(Address) (City & State)
me and be my Service Provider.

Signature: Section 8 Client _____

Date _____

Signature: Live-In Aide _____

Date _____

Office Use

- Social Security Card
- Declaration of Citizenship
- Bank Statements
- Marriage Certificate
- California Identification
- Current Income Verification
- Applicant Criminal History & Warrant Check
- Student Verification
- Birth Certificate
- Medical Verification
- Landlord Authorization

• other - _____

Social Security Number(s) **NOT** in: in CCS in PIC _____

Eligibility Clerk

Approved: _____

Date: _____



SAN FRANCISCO HOUSING AUTHORITY

Client Placement Department

REQUEST FOR:
 CREDIT CRIMINAL
 SEX OFFENDER ONLY

GENERAL RELEASE OF INFORMATION (NEW APPLICANT)

INSTRUCTIONS: Please copy this form and complete for each household member age 18 and older.

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the San Francisco Housing Authority (SFHA), any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under the Conventional Housing and/or Housing Choice Voucher Program(s). I understand and agree that this Authorization or the information obtained will be used by SFHA in administering and enforcing Program rules and policies.

INFORMATION COVERED: Verifications and inquiries that may be requested include:

<i>Criminal Reports</i>	<i>Credit Reports</i>	<i>Eviction Reports</i>	<i>Sex Offender Reports</i>
<i>Family Composition</i>	<i>Assets</i>	<i>School Records</i>	<i>Child Care Allowance</i>

AGENCIES: Agencies that may be asked to release information includes, but are not limited to:

<i>Other Public Agencies</i>	<i>Child Care Providers</i>	<i>Financial Institutions</i>	<i>Alimony Providers</i>
<i>Law Enforcement Agency</i>	<i>Internal Revenue Service</i>	<i>Child Protective Service</i>	<i>Welfare Agencies</i>
<i>Utility Companies</i>	<i>Educational Institutions</i>	<i>Post Offices</i>	<i>Courts</i>
<i>FBI (Live Scan)</i>			

Last Name: _____ First Name: _____
Middle Name: _____ Suffix: _____ Social Security #: _____ - _____ - _____
Driver's/Identification License #: _____ State Issued: _____
Phone Number #: _____ Height: _____ Weight: _____
Date of Birth (DOB): ____ / ____ / ____ Sex: Female Male Race: _____
Place of Birth: _____ Eye Color: _____ Hair Color: _____
Have you ever been known by another name? If yes, list all other names (Also Known As – A.K.A.):
A.K.A.: _____ A.K.A.: _____

I DO hereby authorize the release of information to SFHA. I agree that a photocopy of Authorization may be used for the purposes stated above. The original of this Authorization is on file with the SFHA and will stay in effect for twelve months from the date signed. **Initial** _____

I hereby certify that the above information is true and correct. I understand that the personal information above will be used solely for the sole purpose of obtaining a criminal arrest and conviction history report via FBI Live Scan, which I understand is linked to a national database. **Initial** _____

Signature: _____ Date: _____

IMPORTANT: The following law authorizes the collection of this information by HUD or the PHA: The U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.) Any information obtained from criminal history is confidential and shall not be disclosed other than for the purpose of admission and/or continued assistance. The criminal history information in the possession of the authority and all copies made from it shall be destroyed after the authority's final decision whether to act on the housing.

CRIMINAL BACKGROUND DISCLOSURE

Current Address

				Present
Street	City	State/Zip Code	From	To

Write the addresses you have lived at, in the last 5 years. If necessary, please add an attachment.

Street	City	State/Zip Code	From	To

Are you currently on parole or probation for any criminal offense? Yes No
 If yes, please give dates and charges: _____

Have you ever been involved in any criminal activity? Yes No
 If yes, please give dates, charges, city and state: _____

Have you ever been involved in any drug related activity? Yes No
 If yes, please give dates, charges, city and state: _____

Have you ever been involved with manufacturing methamphetamine? Yes No
 If yes, please give dates, charges, city and state: _____

Have you ever been evicted from federally assisted housing (i.e., public housing) for drug related criminal activity? Yes No
 If yes, please give dates, charges, city and state: _____

Are you currently subject to a registration requirement under a state sex offender registration program? Yes No
 If yes, please explain and provide incident dates: _____

Are there currently any outstanding warrants for your arrest? Yes No
 If yes, please give dates, charges, city and state: _____

Do you currently have a case in progress with a court? Yes No
 If yes, please give nature of the case, dates, charges, city and state: _____

SIGNATURE REQUIRED: *By signing below, I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.*

Signature: _____ Date: _____

Update: Wednesday, July 09, 2014

FOR OFFICE USE ONLY

Section A (Completed by SFHA PH/S8 staff)

SEX OFFENDER ONLY

Head of household member:
 SFHA Staff:

Client #:
 Program:

Applicant Resident/Participant Household Add Live-in Aide Port-in
 Submitted to NCR by: Live Scan Internet Date: _____

Section B: Credit/ Criminal Background (Completed by Client Placement Staff)

Final Disposition:	Credit: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Criminal: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Sex Offender: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Cancelled
				<input type="checkbox"/> Cancelled

Reviewed By: Signature: _____ Date: _____