



Housing Authority of the City and County of San Francisco  
Live-In Aide Request Form

## Live-In Aide Request Form

Please include each of the following items on the checklist below. The Housing Authority of the City and County of San Francisco (Authority) strives to notify the family of its decision, in writing, within 30 calendar days of receiving a request for a live-in aide. The 30 calendar days begins from the date that the completed live-in aid packet was submitted to the Authority. The completed packet includes all required documentation related to the request which include the documents below.

- Passport and/or Birth Certificate of requested live-in aide
- State Issued Identification of requested live-in aide
- Social Security Card of requested live-in aide
- Completed Reasonable Accommodation Request
- Third Party Verification for Reasonable Accommodation Request (Care Provider)

Once added as a live-in aide, the person may not be changed to a family member. A live-in aide has no rights to the voucher. A live-in aide cannot become a family member. A live-in aide cannot be the owner of the subsidized unit. An existing family member cannot become a live-in aide. Any person that has been part of the household for the past 12 months cannot be added as a live-in aide.

Please include all documents at the same time. Please make sure copies are clear and legible. If not, your application may be delayed. Please do not hesitate to contact us at [customercare@sfha.org](mailto:customercare@sfha.org) if you have any questions pertaining to this matter.

Sincerely,

Housing Authority of the City and County of San Francisco



## Housing Authority of the City and County of San Francisco

### Live-In Aide Request Form

#### Client Information

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

**Entity ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_

#### Live-in Aide Information

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

**Address:** \_\_\_\_\_

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

1. Determined to be essential to the care and wellbeing of the person(s);
2. Not obligated for support of the person(s); AND
3. Not living in the unit except to provide necessary supportive services.

I understand that according to the Housing Choice Voucher (HCV) regulations, the income of the "live-in aide" is not counted when determining the eligibility and rent portion of the HCV client. The "live-in aide" is not considered a family/household member, but rather a service provider employed by the HCV 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. By signing below, I am requesting the above individual be added to my HCV voucher as a live-in aide.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Live-In Aide Signature

\_\_\_\_\_  
Date

*By signing this document, I am confirming that all information provided above and attached herein is truthful and understand that, in accordance with Title 18, Section 1001 of the U.S. Code, it is a felony to falsify, conceal or cover up any trick, scheme, or device a material fact; make a materially false, fictitious, or fraudulent statement or representation; or makes or uses false writings or documents knowing the same to contain any materially false, fictitious, or fraudulent statement or entry.*



Housing Authority of the City and County of San Francisco  
Live-In Aide Request Form

**Office Use Only**

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

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

Approved  Denied

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date



HOUSING AUTHORITY OF THE  
CITY AND COUNTY OF SAN FRANCISCO

Tonia Lediju, PhD  
Chief Executive Officer

**REQUEST FOR:**  
**CREDIT      CRIMINAL**  
**SEX OFFENDER ONLY**

## GENERAL RELEASE OF INFORMATION

**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, Housing Choice Voucher, and/or Emergency Housing 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> |
| <i>Preference(s)</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>FB I (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.



HOUSING AUTHORITY OF THE  
CITY AND COUNTY OF SAN FRANCISCO

Tonia Lediju, PhD  
Chief Executive Officer

**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: 10/23/2020*

<b>FOR OFFICE USE ONLY</b>				
<b>Section A</b> (Completed by SFHA staff)			<b>SEX OFFENDER ONLY</b>	
<b>Head of household member:</b>		<b>Client #:</b>		
<b>SFHA Staff:</b>		<b>Program:</b>	<b>PH S8 PBV MOD FUP VASH EHV</b>	
<b>Applicant</b>	<b>Resident/Participant</b>	<b>Household Add</b>	<b>Live-in Aide</b>	<b>Port-in</b>
<b>Submitted to NCR by:</b>	<b>Live Scan</b>	<b>Internet</b>	<b>Date:</b>	
<b>Section B: Credit/ Criminal Background</b>				
<b>Final Disposition:</b>	<b>Credit:</b>	<b>Approved</b>	<b>Denied</b>	<b>Cancelled</b>
	<b>Criminal:</b>	<b>Approved</b>	<b>Denied</b>	<b>Cancelled</b>
	<b>Sex Offender:</b>	<b>Approved</b>	<b>Denied</b>	<b>Cancelled</b>
<b>Reviewed By:</b>		<b>Signature:</b>	<b>Date:</b>	



Housing Authority of the City and County of San Francisco  
**Reasonable Accommodation Request**

## Notice of Right to Reasonable Accommodation

*(Confidential Information. This information will not be disclosed or released, except as permitted by law.)*

If you have a disability and you need:

- A change in the rules or policies or how we do things that would make it easier for you to receive rental assistance, and live or use our facilities, or take part in programs on site;
- A repair or change in your apartment or special type of apartment that would make it easier for you to live here and use the facilities or take part in our programs on site;
- A repair or change to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in our programs on site; or
- A change in the way we communicate with you or give you information, for example appropriate auxiliary aids, Telecommunications Devices for the Deaf-TDD, qualified sign language interpreters for persons with speech or hearing impairments, or alternate format for vision impairment.

**You can ask for this change, which is called a reasonable accommodation.**

If you can show that you have a disability and if your request is reasonable, not too expensive, and not too difficult to arrange, we will try to make the changes you request.

We will make a decision as soon as possible, at least within thirty (30) days, unless you agree to an extension of time. We will let you know if we need more information or verification forms from you or if we would like to discuss other ways of meeting your needs. If we turn down your request, we will explain the reasons, and you can give us additional information if you think that will help.

If you need help in filling out a Reasonable Accommodation Request Form, or if you want to give us your request in some other way, we will help you. There is a **Reasonable Accommodation Request Form** on the other side of this notice. You may request a Reasonable Accommodation Request Form at any time you wish to request a reasonable accommodation.

Along with the Request Form, please also submit a third-party verification of your disability, such as the attached **Care Provider Verification Form**, a letter from or the contact information of a doctor, other medical professional, non-medical service agency, or another reliable third-party who is in a position to know about your disability.



Housing Authority of the City and County of San Francisco  
Reasonable Accommodation Request

## Reasonable Accommodation Request Form

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Date of Request

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Name of Resident or Applicant

Telephone

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Address

1. The following household member, \_\_\_\_\_, has a disability as defined below:

*A physical or mental impairment that limits one or more of the person's major life activities (e.g., caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working); and has a record of having, or being perceived as having, a physical or mental impairment. It does not include current illegal use of, or addiction to, a controlled substance*

2. Reasonable accommodation requested:

*(Example: Live-in aide, additional bedroom/increase in subsidy).*

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3. I need this reasonable accommodation because:

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4. List the name of your doctor, health care provider or other qualified individual who can verify the request:

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Name

Title

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Address

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Phone

Fax

By signing below, I hereby authorize the Authority and its staff to contact the individual or agency listed above to obtain any information or materials which are deemed necessary to make a determination regarding my request for Reasonable Accommodation. I hereby authorize the individual or agency listed above to cooperate fully and divulge all information requested.

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Signed

Date



Housing Authority of the City and County of San Francisco  
Reasonable Accommodation Request

Reasonable Accommodation  
Care Provider Verification Form

Along with the Request form, please also submit a third-party verification of your disability, such as this **Care Provider Verification Form**, a letter from or the contact information of a doctor, other medical professional, non-medical service agency, or another reliable third-party who is in a position to know about your disability.

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Date

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Patient Name

Client #

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Name of Care Provider

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Address

Dear Care Provider,

Enclosed is a form signed by \_\_\_\_\_ asking you to verify their need for a reasonable accommodation in one of the Housing Authority of the City and County of San Francisco (Authority) programs.

State and Federal laws require housing providers to make reasonable accommodations or changes to either the apartments, other parts of the housing complex, or to change rules, policies, and procedures if such changes are necessary to enable a person with a disability to have equal access to and enjoyment of the apartment and other facilities or programs. Please note that such changes must be necessary for the person to have equal access and enjoyment of the housing and programs, not just desirable.

The applicant or tenant in question has requested the accommodation described on the enclosed form. Please indicate by answering the questions below whether you believe the accommodation is necessary and will achieve its stated purpose. You may also add other information that would be helpful in making the right accommodation for the person. This form should not be used to discuss the person's diagnosis or any other information that is not directly relevant to the request for an accommodation.

Please note that the applicant/tenant has signed the form requesting you to answer the questions. You can call customer care at 415-715-5200 if you have any questions.





**Housing Authority of the City and County of San Francisco**  
**Reasonable Accommodation Request**

In order to maintain client confidentiality, we require this form be returned to the Authority by mail or fax at the number or addresses listed below. Please keep copies of all documents you submit to the Authority.

**Section 504 of the Rehabilitation Act and the Fair Housing Amendments Act define a 'disability' as a physical or mental impairment which substantially limits one or more of a person's major life activities, a record of having such an impairment, or being regarded as having such an impairment.**

1. Does this individual have a disability, as defined above?  Yes  No
2. If YES, does this individual, because of this disability, need the accommodation/modification requested?  Yes  No
3. If YES, please describe the accommodations/modifications needed:

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**Contact Information for Individual Completing Form**

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Name	Position
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Address

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Phone Number

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Signature	Date
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*Please Note: Any person who signs this statement and who willingly states as true, any matter which they knows to be false, is subject to the penalties prescribed for Perjury in Section 118 of the California Penal Code and Section 11054 of the Welfare and Institutions Code.*