

**Georgia Department of Community Affairs**  
Rental Assistance Program – Atlanta  
1875 Century Blvd NE, Atlanta, GA  
(470) 802-4707 Phone

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## Live-in Aide Agreement

I, \_\_\_\_\_ (Live-in Aide), do hereby understand that I have been designated as a Live-in Aide for \_\_\_\_\_ (Participant), who resides at the following address: \_\_\_\_\_.

I also understand that I am not obligated for the support of the participant needing the care and would not be living in the unit except to provide the necessary supportive services. I agree to vacate the said dwelling unit if the participant is admitted to a nursing home, personal care home, becomes deceased, or my services are no longer essential to the care and well-being of the participant. I understand that I am only a Live-in Aide, and as such, I am not eligible for housing assistance as a surviving member.

\_\_\_\_\_  
Signature of Live-in Aide

\_\_\_\_\_  
Date

I, \_\_\_\_\_, (Participant), hereby certify that the person reference above resides in my unit solely as a Live-In Aide and the care provided is an arms-length transaction. I understand that he/she is not a surviving member of my household and is not entitled to housing assistance.

The Georgia Department of Community Affairs definition of arms-length transaction:

1. The person is capable of providing the required care for the tenant;
2. The person has not been a member of the participant's household within the last five years that the family was receiving housing assistance, nor has that person made regular financial contributions to the household while the family was receiving housing assistance;
3. There is no other reason for the person to live in the unit other than to provide care for the disabled household member; and
4. The person intends to maintain his or her finances separately and live independently from the disabled household member, providing care purely is an arms-length transaction.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

