

OCALA HOUSING AUTHORITY  
1629 NW 4TH STREET  
PO Box 2468  
Ocala FL 34478-2468  
352-369-2636 \* TDD 1-800-545-1833 ext 507 \* FAX 352-369-2642



**LIVE-IN AIDE CERTIFICATION**

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

Re: \_\_\_\_\_

I, \_\_\_\_\_, certify that I am the live-in aide for  
\_\_\_\_\_.

I hereby, certify that:

1. I am essential to the care and well-being of the above mentioned person;
2. I am not obligated for the support of the above mentioned person; and
3. I would not be living in the unit except to provide the necessary supportive services required.

I understand that as a live in aide that I am an occupant of the unit but not at tenant and do not have the rights of tenancy. I understand that I do not qualify for continued occupancy when JOHN AARON, is no longer a tenant.

I, hereby certify that the above information is true and complete to the best of my knowledge. I understand that provisions of Section 1001 of Title 18 of the United States Codes make it a criminal offense, punishable by \$10,000.00 fine or ten (10) years of imprisonment or both, to make a willful statement of misrepresentation to any department or agency of the United State as to any matters within its jurisdiction.

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

