

# ROCKVILLE HOUSING ENTERPRISES

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## Initial Live-In Aide Verification

This document is used to verify that your live-in aide meets the guidelines for the The program.

Date of RHE approval permitting live-in aide: \_\_\_\_\_

1) RHE voucher holder's full name:

\_\_\_\_\_

2) The live-in aide's full name:

\_\_\_\_\_

Relationship to voucher holder, if any: \_\_\_\_\_

3) The live-in aide will work with the resident \_\_\_\_\_ hours per day. Please fill in the hours that the live-in aide will work on the following schedule:

Day of the Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours Worked							

4) Please list the specific services that the aide will provide:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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5) The live-in aide is (check one) \_\_\_\_\_ employed \_\_\_\_\_ not employed by an agency. If employed by an agency, please write the agency's name and phone number and proceed to signature line:

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6) The live-in aide's current address and phone number (if not employed by/contracted with an agency):

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Does the aide (check one) \_\_\_\_\_ own, \_\_\_\_\_ rent, or share \_\_\_\_\_, current residence?

Who is the owner/primary lease holder?

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Address and phone number of the owner/primary lease holder:

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What is the aide's current monthly housing cost?

\$ \_\_\_\_\_

*Your signature indicates that the information on this form is true to the best of your knowledge.*

\_\_\_\_\_  
Signature of voucher holder

\_\_\_\_\_  
Date

**This form must be signed and returned to your Housing Specialist for approval before the aide begins work.**

