

LIVE-IN CARE PROVIDER/LIVE-IN AIDE ADDENDUM

Applicant/Resident ("Resident") Name: _____

Home Address ("Premises"): _____

Live-in Care Provider/Live-in Aide's Name/Address: _____

Name of Household Member(s) Requiring Assistance: _____

For live-in aides only: Following is the name, address, and telephone number of a health-care provider who can verify the household member named above requires a live-in aide as a reasonable accommodation for a disability-related need: _____

The Resident hereby requests approval from Hunt MH Property Management, LLC ("HMHPM") for the above-named live-in care provider or live-in aide to reside in the Premises under the Lease Agreement.

A **live-in care provider** is a credentialed individual employed by and/or on behalf of the Resident to provide care services, including child care, health care or other necessary professional services in the home. A **live-in aide** is an individual employed by and/or on the behalf of Resident to give necessary support services to persons certified with a disability-related need.

As a condition to obtaining HMHPM's approval, Resident and the live-in care provider or live-in aide hereby acknowledge and agree as follows:

1. The live-in care provider or live-in aide is not a tenant of HMHPM and shall not become a tenant of HMHPM regardless of the length of his/her stay in the Premises or his/her relationship to Resident.
2. The live-in care provider or live-in aide shall live in the Premises solely to provide necessary services to the household member requiring such assistance. The live-in care provider or live-in aide qualifies for occupancy only as long as the individual requiring assistance needs those services and remains an occupant of the Premises. If the household member requiring assistance no longer resides in the Premises, the live-in care provider or live-in aide shall have no rights or privileges to remain in the Premises or otherwise on the housing community's property.
3. If the household member requiring assistance dies, the live-in care provider or live-in aide shall vacate the Premises within ten (10) days of said household member's death. If the household member requiring assistance moves out, the live-in care provider or live-in aide shall vacate the Premises no later than said household member's departure date. Upon termination of the live-in care provider or live-in aide's services for any other reason, the live-in care provider or live-in aide shall vacate the Premises within twenty-four (24) hours.
4. The live-in care provider or live-in aide will not qualify for occupancy as a remaining household member.
5. The live-in care provider or live-in aide shall not violate any of the housing community's rules and regulations as stated in the Lease Agreement or Community Handbook, and any applicable federal, state, or local laws. Any such violations may result in eviction proceedings. Resident acknowledges that he/she is responsible for the conduct of the live-in care provider or live-in aide while in the Premises or housing community.

6. All parties acknowledge and understand that the Installation Commander or other appropriate armed forces official is authorized to debar the live-in care provider or live-in aide from the house which the live-in care provider or live-in aide occupies.
7. The live-in care provider or live-in aide hereby agrees to sign the necessary consent and any other documentation for HMHPM to obtain a criminal background screening. The Installation Commander or other appropriate armed forces official must approve the occupancy by a live-in care provider or live-in aide.

Applicant/Resident

Date

Applicant/Resident

Date

Live-in Aide or Care Provider

Print Name

Date

HMHPM hereby approves of the live-in care provider or live-in aide herein named to reside in the Premises under the terms and for the purpose herein stated.

Hunt MH Property Management, LLC,
a Delaware Limited Liability Company,
Agent for Owner

By: _____
Management Representative

Date