

SPECIAL ADDENDUM FOR LIVE-IN ATTENDANT SELF-AFFIDAVIT

This Addendum is made a part of the Rental Agreement dated August 15, 2005 for the leasing of property located at Hale Ulu Hoi 3, 485 Laukapu St #304, Hilo, between Day-Lum Rentals (Landlord) and James Sanders (Tenant). (DLR# HUH3-304)

I, _____, certify I am the live-in care attendant
for James Tenant (Head of Household).

The person you are caring for has applied to live in an apartment that is governed by the federal government's HOME Program. This program requires us to verify your live-in attendant status prior to granting eligibility to the applicant. To be qualified as a live-in attendant, you must attest to the following statements. By signing this form, you indicate agreement with these statements.

- ◆ I am not responsible for the financial support of said person.
- ◆ Said person is not responsible for my financial support.
- ◆ I would **not** otherwise be living in this unit **except** to provide the necessary support and care to said person to live independently.
- ◆ I understand I must vacate the apartment immediately if said person asks me to leave (fires me).
- ◆ I understand that I have no survivorship rights to this unit and that if said person moves-out, for any reason, I must immediately vacate that apartment as well. I understand that the HOME Program governs this unit and that the occupants of such a unit must meet all eligibility requirements of this program. I understand that I have not been certified as such and that my only reason for living in the unit is to provide supportive care to said person.
- ◆ I understand I am subject to compliance with all House Rules (provided for in both the Rental Agreement and Hale Ulu Hoi 3 House Rules) and that violation of such is cause for citations or termination of occupancy.

I certify the information above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

Signature of Head of Household: _____ Date: _____

Signature of Live-In Care Attendant: _____ Date: _____

Signature of Day-Lum Rentals: _____ Date: _____