

**VERIFICATION OF CONTINUED NEED  
FOR AN EXTRA BEDROOM**

I, \_\_\_\_\_, am a current participant with the Housing Authority of the City and County of Denver ("DHA") Housing Choice Voucher ("Section 8") or Public Housing Program.

**EXTRA BEDROOM FOR LIVE-IN-AIDE**

A Live-In-Aide is a person who resides with one or more elderly persons or near-elderly persons, or persons with disabilities, and who: (1) is determined to be essential to the care and well-being of the person(s); (2) is not obligated for the support of the person(s); and, (3) would not be living in the unit except to provide the necessary supportive services.

I hereby certify that I have a continued need for a Live In Aide and that my Live-In-Aide's primary residence is my residence.

YES       NO

If yes, please identify the name of your Live-In-Aide:

\_\_\_\_\_

**EXTRA BEDROOM FOR MEDICAL AND/OR EXERCISE EQUIPMENT**

I hereby certify that I have a continued need for medical equipment and/or exercise equipment that requires an extra bedroom and that I am using the extra bedroom for this intended purpose.

YES       NO

**EXTRA BEDROOM FOR OTHER REASONS**

Please specify:

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that I have a continued need for an extra bedroom and that I am using the extra bedroom for this intended purpose.

YES       NO

**I HEREBY CERTIFY THAT I HAVE READ THE VERIFICATION OF CONTINUED NEED FOR AN EXTRA BEDROOM AND I UNDERSTAND ITS CONTENTS. I FURTHER CERTIFY THAT ALL INFORMATION I PROVIDED IN THIS FORM IS ACCURATE, COMPLETE, AND CURRENT.**

NAME: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Head of Household or Authorized Representative)