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Michelle Butler, Executive Director

## **LIVE IN AID WORK SHEET**

Date:			
Resident:			
Address:			
Live in Aid:			
Date of Birth: Social So	ecurity#:	Phone#:	
Date Moved In:	Date Moved Out:		
Tenant Signature	Date		
EHA Staff	Date		

Attachments: Certified Birth Certificate / Picture ID/ Social Security Card / Criminal Background Check

Verification

