

## CAREGIVERS AUTHORIZATION AFFIDAVIT

**NOTICE:**

- ✓ This declaration does not affect the rights of the minor’s parents or legal guardian regarding the care, custody and control of the minor.
- ✓ This declaration does not mean that the caregiver has legal custody of the minor.
- ✓ A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
- ✓ This affidavit is valid for one year from the date on which it is executed.
- ✓ **If the minor no longer resides with you, you are required to notify TGHA, within 30 days of the change.**
- ✓ A separate form is required for each minor.

Caregiver for purposes of this Act means, “an adult, who is not a parent of the child, with whom a child resides and who provides that child with the care, maintenance and supervision consistent with the duties and responsibilities of a parent of the child.”

**Qualified Relative** means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, godparent, member of the child’s tribe or clan, an adult with whom the child has a significant bond or any person denoted by the prefix “grand” or “great”, or the spouse or former spouse of any of the persons specified in this definition.

I swear or affirm that:

1) I, \_\_\_\_\_ reside at: \_\_\_\_\_  
Printed Name of Caregiver Address  
 \_\_\_\_\_  
City, State Zip Code

Home Phone :( ) \_\_\_\_\_ Work Phone:( ) \_\_\_\_\_ Cell Phone :( ) \_\_\_\_\_

2) I am eighteen (18) years of age or older.

3) \_\_\_\_\_ resides with me at this address as a result of:  
(Name of Child) (Date of Birth)

- a.  I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to provide the primary residency for the minor and have received no objections.
- b.  The death, serious illness, incarceration or military assignment of the parent or legal guardian; the parent fails or is unable to provide adequate financial support or parental care or guidance.
- c.  The parent or others in his/her residence have allegedly abused or neglected the child.
- d.  The parent has a physical or mental condition which prevents adequate care and supervision of the child.
- e.  The child's home is uninhabitable due to loss, damage, or disrepair.
- f.  The parents or person with legal custody cannot be contacted or located.
- g.  Other circumstances. Explanation: \_\_\_\_\_



The Greenville Housing Authority  
**HOUSING CHOICE VOUCHER PROGRAM**  
 122 Edinburgh Court  
 Greenville, South Carolina 29607  
 (864) 467- 4250 / TTY/TDD (864) 467-4203

I, (print your name) \_\_\_\_\_, do declare, certify and state under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge.

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

\_\_\_\_\_  
 Parent Name    Signature    Date

\_\_\_\_\_  
 Participant or Resident Name    Signature    Date



**Complete Notary Section**

Subscribed and sworn before me  
 On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**SIGNATURE OF NOTARY PUBLIC**

My Commission Expires on \_\_\_\_\_