

## LIVE-IN CARE ADDENDUM

This will serve as an Addendum to the Resident Occupancy Agreement dated \_\_\_\_\_ (the “**Agreement**”) regarding property located at \_\_\_\_\_ (the “**Home**”), between Corvias Air Force Living, LLC (“**Owner**”) and \_\_\_\_\_ (“**Resident**”).

1. Resident requests approval from Owner to allow his or her live-in care provider to reside at the Home beginning on \_\_\_\_\_ and ending \_\_\_\_\_.
2. Resident  will  will not reside in the Home during the period of time requested. If Resident **will not** reside in the Home, attach supporting document, such as orders.
3. Resident understands that any live-in care provider staying in the Home must be able to meet Installation access requirements. Resident understands that Owner cannot grant any Installation privileges to the live-in care provider.
4. Identification is required by all live-in care providers at all times. Additional identification information may be requested for background checks, if applicable.
5. Live-in care provider is a military ID cardholder:  Yes  No.
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 from the Home.
7. Resident accepts full responsibility for his or her live-in care provider at all times.

Live in care provider: Name (print) \_\_\_\_\_

Age \_\_\_\_\_

Signature \_\_\_\_\_

**Resident**

**Corvias Air Force Living, LLC, by Corvias Management – AF, LLC, its agent**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_