

**TENANT SELF-CERTIFICATION of ABILITY TO RESIDE IN A FACILITY THAT PROVIDES NO DAILY CARE ASSISTANCE**

I have reviewed the Facility Resident Selection Plan and hereby certify that I am capable, by myself, or with the assistance of (1) an aide, attendant, or other outside support service which I arrange for (2) the provision of reasonable accommodation, and/or (3) a reasonable modification of the premises of meeting the requirements of tenancy in a facility that does not offer any daily or living services such as those involving the following:

- \*food preparation
- \*housekeeping
- \*medication administration or assistance
- \*toileting
- \*decision making
- \*shopping
- \*financial management
- \*bathing
- \*dressing
- \*grooming
- \*hygiene

I further understand that I am responsible for making this assessment of my daily living skills and the landlord is not responsible for arranging or maintaining any need outside assistance on my behalf. I hereby accept responsibility for arranging for any needed outside assistance on my behalf. I hereby accept responsibility for arranging any for any needed services prior to or by the time of move-in.

I have read and understand the above information.

\_\_\_\_\_  
**Tenant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Manager/Designee**

\_\_\_\_\_  
**Date**