

## **STATEMENT OF FAMILY OBLIGATIONS FOR PARTICIPANTS OF THE HOUSING CHOICE VOUCHER PROGRAM.**

### **A. The family is expected:**

- (1) Pay only the rent specified by the Housing Authority (You have been told exactly what your share of the rent will be. Pay no additional amount unless advised to do so by the Housing Authority (HA).)
- (2) Pay your share of the rent on time (The HA's share of your rent will be paid monthly on time. The same is expected of you! Otherwise your rental assistance will be discontinued.)
- (3) Maintain good housekeeping practices and take care of the unit you have rented. Under no circumstances will the HA help pay for those tenants who abuse or neglect property. An inspection that shows a dirty or an abused rental unit may end the rental assistance immediately.
- (4) Your unit is to be occupied only by those authorized. Other people living in the unit is a breach of contract and a serious offense. Anyone residing in the unit for more than a total of 14 days per year will be considered a resident. Your mailing address is for use by authorized members of the household only. Do not allow others to use your address for any reason.
- (5) Your rent payment is determined by your income. You must report any changes in your income and in your household composition immediately to the HA.
- (6) Review the Section 8 housing booklet thoroughly and request from your Occupancy Specialist clarification of any items that are not clear.

### **B. The family must:**

- (1) Supply any information that the Housing Agency (HA) or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
- (2) Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
- (3) Supply any information requested by the HA to verify that the family is living in the unit or information related to family absence from the unit.
- (4) Promptly notify the HA in writing when the family is away from the unit for an extended period of time in accordance with HA policies.
- (5) Allow the HA to inspect the unit at reasonable times and after reasonable notice.
- (6) Notify the HA and the owner in writing before moving out of the unit or terminating the lease (A minimum 30 days in advance is required).
- (7) Use the assisted unit for residence by the family. The unit must be the family's only residence.
- (8) Promptly notify the HA in writing of the birth, adoption, or court-awarded custody of a child.
- (9) Request HA written approval to add any other family member as an occupant of the unit.
- (10) Promptly notify the HA in writing if any family member no longer lives in the unit.
- (11) Give the HA a copy of any owner eviction notice.
- (12) Pay utility bills and supply appliances that the owner is not required to supply under the lease. If applicable, the PHA may make utility reimbursement payments to your utility company on your behalf. You will still be responsible and must pay the balance of the amount due each month.

### **C. Any information the family supplies must be true and complete.**

### **D. The family (including each family member) must not:**

- (1) Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
- (2) Commit any serious or repeated violation of the lease.
- (3) Commit fraud, bribery or any other corruption or criminal act in connection with the program.
- (4) Participate in illegal drug or violent criminal activity.
- (5) Sublease or let the unit or assign the lease or transfer the unit.
- (6) Receive Housing Choice Voucher tenant-based program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
- (7) Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.

**Failure to comply with the above listed regulations may mean termination of your Housing Assistance Payment.**

**I HAVE READ AND UNDERSTAND THE ABOVE GUIDELINES**

\_\_\_\_\_  
Signature of Tenant .....Date

\_\_\_\_\_  
Signature of Spouse .....Date

\_\_\_\_\_  
Signature of Other Adult Household Member .....Date

The tenant has been given a copy of this notice after signature.

\_\_\_\_\_  
Initials (HC) .....Date ..... 7/20/00 Expected