

## FAMILY OBLIGATIONS

The family once approved for the Section 8 Housing Choice Voucher Program must follow these rules:

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 of family income and composition.
2. Disclose and verify social security numbers and sign and submit consent forms to obtain information.
3. Supply any information by the Housing Agency to verify that the family is living in the unit or information related to family absence from the unit.
4. Promptly notify the Housing Agency in writing when the family or a family member is away from the unit for an extended period of time (over 30 days).
5. Promptly notify the Housing Agency in writing when a family member or friend is visiting and will be living in the unit for an extended period of time (over 14 days). *If a guest resides in the unit for more than 30 days in a calendar year, the guest(s) will be considered unauthorized household members. Unauthorized members of the household are Reason for Termination from the Housing Choice Voucher Program.*
6. Allow the Housing Agency to inspect the unit at reasonable times and after reasonable notice.
7. Promptly notify the Housing Agency in writing of any change in income to household including all sources, i.e. wages, social security, public assistance, child support, unemployment, cash gifts, payments on the family's behalf, etc.
8. Request in writing permission to move from the existing unit, stating reasons why request is made to move.
9. Notify the Housing Agency and the owner in writing before moving out of the unit or terminating the lease.
10. The assisted unit must be the family's only residence.
11. Promptly notify the Housing Agency in writing of the birth, adoption or court awarded custody of a child.
12. You must request Housing Agency written approval to add any other family member as an occupant of the unit. This request must be made and approved by the Housing Agency before the member moves into the household.
13. Promptly notify the Housing Agency in writing if any family member no longer lives in the unit. You must supply legal proof, i.e. Drivers License with address change, utility bill, bank statement, lease, etc. for member who is leaving household
14. Give the Housing Agency a copy of any owner eviction notice.
15. Pay utility bills and supply appliances that the owner is not required to supply under the lease.
16. The unit must be kept in a safe, clean and sanitary manner. Any damages arising from failure to do so will be the responsibility of the family.
17. Tenant share of the rent must be paid in full and on time each month. Failure to do so will result in termination from the Housing Choice Voucher Program.

ANY INFORMATION THE FAMILY SUPPLIES MUST BE TRUE AND COMPLETE.

**The family must not:**

1. Own or have any interest in the unit.
2. Commit any serious or repeated violation of the lease.
3. Commit fraud, bribery or any other corrupt 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. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.

**I HAVE READ AND UNDERSTAND THE ABOVE RULES AND REGULATIONS FOR THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM. I UNDERSTAND THAT FAILURE TO FOLLOW THESE RULES AND FAMILY OBLIGATIONS MAY RESULT IN MY TERMINATION FROM THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM.**

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Signatory

\_\_\_\_\_  
Spouse/Co Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Signatory

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Signatory

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Signatory

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Signatory

**SIGNATURES WITNESSED BY: \_\_\_\_\_**

## REASONS FOR TERMINATION OF ASSISTANCE

Dear Participant:

In accordance with federal law, this office may terminate rental assistance to a tenant for the following reasons:

- The family is guilty of program abuse or fraud. Fraud is a criminal offense.
- The family violates their obligations under the program as listed on the Housing Voucher.
- The family refuses to supply and certification, release of information or documentation which the Housing Agency (HA) or HUD determines to be necessary for the administration of the program.
- The family vacates the dwelling unit without proper notice to the Housing Agency.
- The family does not use the dwelling as its principal place of residence.
- The family refuses to pay the HA amounts due under an agreement for damages/unpaid tenant rent, paid to the owner by the HA on the family's behalf.
- The family engages in drug-related activity or violent criminal activity, including criminal activity by any family member.
- The family engages in or threatens abusive or violent behavior toward the Section 8 Office personnel.

If your assistance is terminated for one of the above reasons, both you and the owner will be provided with a 30 day written notice of termination which states:

- The reason(s) for the termination
- The effective date of the termination
- The family's right to request an Informal Hearing
- The family's responsibility to pay the full contract rent to the owner if they remain in occupancy.

**ANYONE OVER THE AGE OF 18 MUST SIGN BELOW.**

**I HAVE READ THE ABOVE AND UNDERSTAND WHAT I HAVE READ.**

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date