

## **FAMILY OBLIGATIONS – VERY IMPORTANT**

1. The family (including all family members) must supply any information, certifications, and release that HUD or the HA determines necessary in the administration of the program. This includes any required evidence of citizenship or eligible immigration status and pertains to all adults on the lease.

2. The family must report all changes in income and family composition **in writing** within 14 business days of the change.

3. The family is obligated if the family causes a breach in Housing Quality Standard which pertains to:

**Utilities** – family must be able to put the utilities in their name or the name of another adult who will be residing in the household. Service must remain active at all times.

**Appliances** – family-provided appliances must be in good operating condition.

**Damages** – family must not damage the unit or permit any guests to damage the unit. The family is responsible for any damages done to the unit!

4. The family must give the HA a copy of any eviction notice promptly.

### **5. Use and Occupancy of the unit:**

a. The family must use the assisted unit as a residence by the **family only**, and as the only residence for the family. The family must not sublease, let, assign or transfer the unit.

b. The family must obtain **prior written approval** from the Landlord to add any other adult to the household. The family must notify the HA of any birth, adoption or court awarded custody within 14 business days. **The HA will give final approval on all persons residing in the unit.**

c. The family must notify the HA within 10 business days if anyone moves out of the unit.

d. With prior approval of the HA, a foster child or live-in aide may reside in the unit.

e. Household members may engage in legal profit-making activities if they do not interfere with the primary use of the unit as a residence.

### **6. Absence from the unit:**

a. The family must supply any information requested by the PHA to verify that the family is living in the unit or information related to family absences from the unit and promptly notify the PHA in writing when the family is away from the unit for more than 14 business days.

7. The family must disclose and verify social security numbers and sign and submit consent forms for obtaining information.

8. The family **must not** commit fraud, bribery, or any other corrupt or criminal act in connection with the program.

9. The family **must not** engage in drug-related criminal activity or violent criminal activity or alcohol abuse that threatens the health, safety or right to peaceful enjoyment or other persons residing in the immediate vicinity of the premises.

10. The family may not receive Section 8 assistance while receiving another type of housing assistance either for the same unit or for a different unit.

11. The family must notify the PHA in writing at least 30 days **before** moving out of the unit. Check your lease for the actual number of days required.

12. The family **must not** commit any serious or repeated violation of the Housing Choice Rental Voucher Program.

These family obligations are also listed on your Voucher. If you fail to meet any of these obligations, you may be terminated from the HCV program.

### **CERTIFICATE OF COMPLETION**

This certification states that you, the undersigned, have reviewed the Moving Orientation Power Point Presentation and, in the event that you may have questions concerning the material, you have contacted the LMHA either by regular U.S. Mail, telephone, facsimile, or email. As the participant of the HCV Program, you are aware that it is your responsibility to familiarize yourself with the content of the material in the Power Point Presentation as it pertains to the owner and family obligations and general knowledge of the Housing Choice Voucher Program. You are further aware that if you do not have access to a computer in which to review the online briefing, you may request to do the online orientation on a computer at our facility, or attend the presentation we give at the main office.

You must sign and date below and bring to the office either at the time of your appointment or at a designated time specified by your Occupancy Specialist. At that time, you will receive the Request for Tenancy Approval form.

By signing below, I hereby certify that I have read the Power Point Presentation of the Moving Orientation material in its entirety, and have been given the opportunity to ask questions regarding my participation in the HCV Program.

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Please contact me if you need assistance to understand this document.

Por favor, póngase en contacto conmigo si necesita ayuda para entender este documento.