Family obligations pertain to EVERY member of an assisted household. The head of household is responsible for all household members residing in the unit and visitors abiding by the terms of the Family Obligations. You must follow all obligations if you wish to remain eligible for the Section 8 Housing Choice Voucher Program.

The Family SHALL:

1. Perform all its obligations under the Housing Choice Voucher Program.

2. Report all income from all sources at annual re-examination.

3. Report changes in following circumstances:
   a. If the family reported zero income
   b. FSS Participants reporting a new source of earned income
   c. Anytime a family member has a loss or reduction of income
   d. For families receiving Earned Income Disallowance (EID), the PHA will conduct an interim reexamination at the start, to adjust the exclusion with any changes in income, and at the conclusion of the second 12 month exclusion period (50 percent phase-in period)

4. Supply any information that the PHA or the Department of Housing and Urban Development (HUD) determines is necessary in the administration of the program. Information supplied by the family must be true and complete. Information includes any requested certification or documentation, including:
   a. Information related to income and family composition
   b. Required evidence of citizenship or eligible immigration status
   c. Disclosure and verification of social security numbers
   d. Signatures and consent forms

The family must also attend to any scheduled briefing or re-examination appointments.

5. Maintain the rental unit: The family is responsible for any violation of Housing Quality Standards resulting from:
   a. Failure to pay for tenant-paid utilities
   b. Failure to furnish required stove and or refrigerator to be provided by the family, or
   c. Damage to the unit or grounds by the family or guests beyond normal wear and tear.

6. Allow the inspector entry into the unit to inspect the dwelling unit at reasonable time and after reasonable notice. You must be present at the inspection. Failure to be present may result in loss of your Housing Assistance.

7. Comply with the lease. The family may not commit any serious or repeated violations of the lease.

8. Submit 30-day notice to the PHA and owner before vacating the unit or terminating the lease. Copy of the notice must be submitted to the PHA by the first of the month.

9. If the family receives an eviction notice from the owner, or foreclosure, auction, the family must contact the PHA representative immediately and submit a copy of the notice to the PHA.

10. Pay only the amount authorized by the PHA. Any amount paid by the family other than the authorized amount is considered an illegal side payment. Federal regulations prohibit side payments with a landlord for rent over and above the negotiated Contract Rent Amount.

11. Use the dwelling unit primarily for residential purposes. The family shall use the dwelling unit as the family’s only place of residence, and shall not sublease, let, or transfer the unit or assign the lease.
12. Supply any information or certification requested by the PHA to verify that the family is living in the unit or notify the PHA in advance if the family will be absent from the unit for longer than 30 calendar days, including the purpose of the absence. Even if the family’s absence is authorized, the family must continue to pay the family portion of rent.

The Family SHALL NOT:

a. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
b. Must not engage in drug-related criminal activity or violent criminal activity.
c. Threaten or engages in abusive or violent behavior toward HACY personnel.
d. Own or have any interest in the dwelling unit.
e. Receive more than one federal housing subsidy assistance at the same time (family or any household member)
f. Allow unauthorized persons to reside in the dwelling unit.
g. Family must not rent from a blood or legal relative, including, but not limited to, a parent, grandparent, sister or brother of any household member, unless it relates to a reasonable accommodation for a person with disabilities
h. Misrepresent to the PHA the facts upon which the rent is being based upon so that the rent is less than what the tenant should be charged.

My signature below is confirmation that I have read and understand the obligations listed above and agree to abide by them. I also understand that if I fail to comply with one or more of these obligations, my housing assistance may be terminated.

Head of Household Signature  Date

Co-Head Signature  Date

Other Adult Signature  Date

Housing Representative  Date