FAMILY OBLIGATIONS UNDER THE HOUSING VOUCHER PROGRAM

1. The family must supply any information determined by the PHA or HUD to be necessary for the administration of the program, such as:
   a) Evidence of citizenship or eligible immigration status
   b) Documentation of household income or verification of $0 household income
   c) Documentation of household composition
   d) Documentation of social security numbers of all household members
   e) Release of Information Authorization
   f) Drug Free Certification
   g) Request for Court Records
   h) Sign and submit consent forms for obtaining information
   i) All information provided must be true and complete

2. The family must provide any documentation required for recertification or interim recertification in a timely manner. Failure to provide recertification verification prior to recertification date is grounds for termination.

3. The family is responsible to pay for any utilities that the owner is not required to pay for and to maintain service at all times. Lack of utility service makes the unit substandard and ineligible for assistance.

4. The family is responsible to provide and maintain any appliances the owner is not required to provide. Lack of required appliances makes the unit substandard and ineligible for assistance.

5. The family or any of their guests must not damage the unit or premises. The family is responsible for any damages beyond normal wear and tear. Eviction for damages is grounds for termination from the program.

6. The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice.

7. The family may not commit any serious or repeated violation of the lease and must pay their rent on time each month. Eviction for lease violations, including non-payment or late payment of rent, is grounds for termination.

8. The family must notify the PHA and the owner in writing before moving or terminating the lease. A family cannot move more than one (1) time in a 12-month period after the initial 12 months. After 30 days notice is given to the PHA and owner, the lease will terminate on the last day of the 30 days notice. The family may not move, within the jurisdiction or outside the jurisdiction through portability, during the first year of the lease.

9. The family must promptly give the PHA a copy of any owner issued eviction notice.

10. The assisted unit must be used only by the family as its residence. The family must supply any information requested by the PHA to verify that the family is living in the unit.

11. The family must promptly report any change in household composition and request the PHA approval of any addition to the household. Promptly notify the PHA in writing of the birth, adoption or court awarded custody of a child. Guests must be reported to the PHA within seven (7) days of arrival. Guests who remain in the unit 14 days with failure to report guests in a timely manner or having unauthorized persons in the household is grounds for termination.

12. The family must promptly notify the PHA in writing if any family member no longer lives in the unit.

13. The unit may not be sub-let nor the lease transferred to another person.

14. The family must report any changes in the source of household income between annual re-examinations within seven (7) days. Changes must be reported immediately. The PHA will continue to reverify all income at annual recertification. Unreported income will constitute misrepresentation on the part of the family. Misrepresentations will result in execution of a repayment agreement. If this is not done, it will result in termination.
15. The family must promptly notify the PHA in writing of any absence from the unit. Unreported absences from the unit will constitute unauthorized vacancy and will be grounds for termination.

16. The family must not own or have any interest in the unit.

17. The family must not receive housing choice voucher program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

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

19. No members of the family may engage in drug related criminal activity, violent criminal activity, alcohol abuse, or any other criminal activity which threatens the health, safety, or right to peaceful enjoyment of the premises by other residents. Violation of this rule, documented per the Administrative Plan, is grounds for termination.

20. An assisted family may not receive Section 8 assistance while receiving any other housing subsidy under any federal, state or local housing assistance program.

21. The family must keep the unit safe, decent and sanitary at all times and must report any needed repair to the landlord.

22. The family must keep all appointments scheduled with the Section 8 office unless canceled in advance. Failure to keep two scheduled appointments will be grounds for termination.

23. The family must make monthly payments on executed Repayment Agreements. Missing two consecutive payments or being habitually late is grounds for termination.

24. The family must not engage in or threaten abusive or violent behavior toward Housing Agency personnel. If this happens, this is grounds for denial or termination.

25. The address of the assisted unit may not be used by anyone other than those persons listed on the lease. Use of the address for receipt of mail, or any other reason, by another person will be considered evidence that the individual is residing in the unit without authorization and will be grounds for termination.

**WARNING!** You can be fined up to $500.00 or imprisoned up to five (5) years or both. Be sure to give correct information. Kentucky Revised Statute 514.040 Theft by Deception makes it a crime to knowingly give false information to get a lower rent, or to receive aid or benefits under any state or federally funded assistance program. I, the undersigned, certify that I have attended a briefing session on the Section 8 Program, that I have read the above statement or it has been read to me, and that I understand and agree to abide by the Family Obligations. I understand that violation of any of the above items is grounds for termination from the Section 8 Program and loss of eligibility for Rental Assistance and that I am entitled to an Informal Hearing to settle disputes with the Section 8 office.

___________________________________________________          _______________________
Signature of Head of Household  Date

___________________________________________________  _______________________
Signature of Spouse or Other Adult Household Member  Date

___________________________________________________  _______________________
Signature of Other Adult Household Member     Date