



Housing Authority of Salt Lake City
1776 S West Temple, Salt Lake City, UT 84115-1816
Telephone: (801) 487-2161 FAX: (801) 487-3641
TDD for Hearing Impaired: (801) 487-3361
www.haslcutah.org

**Important Information Related to your Annual Re-Certification
Please Read**

Dear Client:

Thank you for being here for your renewal appointment. Please take the time to complete this packet prior to meeting with your caseworker. The completed packet along with income, asset, childcare, bank or credit union verifications are required. In addition, if the head of household or spouse is 62 or older, handicapped or disabled, you need to provide verification of your out-of-pocket medical expenses.

As you are aware, the inspection is an important part of the process and must be completed in a timely manner so the Housing Authority of Salt Lake City can continue to pay rent to your landlord. You may have already completed this process. If so, we thank you for your cooperation.

If your inspection has not been completed, please remember: It is your responsibility to make sure that you or someone who is at least 18 years or older (an adult) is present during your annual inspection. A Housing Quality Standards (HQS) inspection of your unit must be conducted each year for you to continue receiving housing assistance. You are required to complete this process. You may ask your manager to allow the inspectors access if they are available.

The inspector is in your neighborhood only during specific dates and times; therefore, we cannot allow you to request a specific date or time for your inspection. You cannot reschedule the appointment unless there are extreme circumstances that prevent you from being there. You must be able to provide written verification of your circumstances.

If the family misses two (2) scheduled inspection appointments, this is a violation of the Family Obligations and assistance may be terminated in accordance with the Housing Authority's Administrative Plan.

If you need to contact our inspectors you may leave a message at (801) 487-2161 ext. 1211, 1221 or 1205. Your call will be returned within 24 hours as the inspectors are out of the office except in the early morning and late afternoon.

The Housing Authority complies with Section 504 of the Rehabilitation Act of 1973 in providing individuals with a disability equal access to the services, programs, and activities the Housing Authority offers. Upon request the Housing Authority will provide reasonable accommodations to individuals with disabilities. To request a reasonable accommodation; contact Camille Bowen, 504 Coordinator, Housing Authority of Salt Lake City, 1776 S West Temple, Salt Lake City, Utah 84115. VOICE: 801-428-0601; FAX: 801-487-3641; TDD: 801-487-3361. For information on the availability of auxiliary aids contact Jon McDaniel at 801-487-2161 extension 1355. All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, disability or national origin in compliance with Fair Housing Act.

Rev 2/17



**HOUSING AUTHORITY OF SALT LAKE CITY
PERSONAL DECLARATION**

Revised 3/2016

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY EVEN IF YOU HAVE PROVIDED US WITH THIS INFORMATION BEFORE

NAME: _____ EMAIL: _____

UNIT ADDRESS: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

CHECK THE UTILITIES YOU ARE PAYING: GAS ELECT WATER SEWER TRASH NONE

IF YOU ARE PLANING TO MOVE LIST REASON FOR WANTING TO MOVE FROM CURRENT RESIDENCE: Check all that apply:

Your current residence would not pass Housing Quality Standards Inspection

Rent for current residence is above payment standard, too high?

Current owner unwilling to participate

Employment

Transportation

Closer to other services

Closer to day care

****Are you a single disabled person who is participating in the Shared Housing Program?** NO YES

Is the head of household or co-head disabled per certification by a Health Care provider? NO YES

Is the head of household or co-head disabled as defined by Section 504 Regulations? NO YES

(Section 504 Regulations: "Any person who has a physical or mental disability that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment [24 CFR 8.3]. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.)

LIST ALL PERSONS WHO LIVE IN THE UNIT:

Full Name of everyone who lives in your Household	Relation-ship to Head	Social Security Number	Date of Birth	If under 18, do they live with you all year long?	Place of Birth (City & State)	Is this family member disabled?	Sex
	Head of Household						

Has anyone moved-out NO YES or moved-in NO YES since your last renewal?

If yes, give name: _____

TOTAL HOUSEHOLD INCOME:

List all money earned or received by **EVERYONE** in your household. **This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workers Compensation, retirement benefits, AFDC, Veterans Benefits, rental property income, stock dividends, income from bank accounts, alimony, student income, and any other source.** If you receive any of the incomes listed above, please list amount received below:

DO NOT LEAVE THIS SECTION BLANK

Household Member	Source of Income/Name of Agency	Amount received Per Month	Employment Income per Hour	Employment Hours per Week

Is your family currently receiving food stamps? NO YES

Is your family currently receiving Medicaid/CHIP (Children’s Health Insurance Program) NO YES

ASSETS: Do any family members have any of the following: NO YES. IF YES, please fill out and provide verification.

Name of Bank/Credit Union: _____ Checking Balance \$ _____ Savings Balance \$ _____
Name of Bank/Credit Union: _____ Checking Balance \$ _____ Savings Balance \$ _____
Name of Bank/Credit Union: _____ Checking Balance \$ _____ Savings Balance \$ _____
Name of Bank/Credit Union: _____ Checking Balance \$ _____ Savings Balance \$ _____
Name of Bank/Credit Union: _____ Checking Balance \$ _____ Savings Balance \$ _____
Name of Bank/Credit Union: _____ Checking Balance \$ _____ Savings Balance \$ _____
Name of Bank/Credit Union: _____ Money Market Account Balance \$ _____

Do you own any bonds? Approximate Value \$ _____ Do you own any real estate? Approximate Value \$ _____

Has anyone in your household disposed of an asset for less than its market value within the past two years? NO YES. **If yes, describe the item you sold and the cash value of the asset at time of sale and the actual payment you received for the asset.**

Item: _____ Cash Value: \$ _____ Money Received for Item Sold \$ _____

EDUCATION/TRAINING:

ARE ANY ADULT HOUSEHOLD MEMBER(S) CURRENTLY ENROLLED AS A FULL TIME STUDENT IN A COLLEGE/UNIVERSITY? NO YES. IF YES, WHOM _____ NAME OF COLLEGE OR UNIVERSITY _____

ARE ANY ADULT HOUSEHOLD MEMBER(S) CURRENTLY ENROLLED IN A TRAINING PROGRAM? NO YES. IF YES, WHOM _____ NAME OF TRAINING PROGRAM _____ IS THIS A GOVERNMENT FUNDED TRAINING PROGRAM....SUCH AS JTPA OR PASS? NO YES

MEDICAL DEDUCTIONS:

IF THE HEAD OR CO-HEAD IS AGE 62 OR OLDER AND/OR DISABLED, YOUR HOUSEHOLD QUALIFIES FOR MEDICAL/DISABLED DEDUCTIONS.

Please list your out-of-pocket medical expenses and amounts _____

If you are receiving Social Security, SSI, SSDI or SSA, you may be eligible for medical expense deductions. You need to submit proof of out-of-pocket expenses for any supplemental medical insurance, prescriptions with your declaration for consideration.

CHILD CARE EXPENSES: Provide Verification of Your Childcare Costs.

Do you pay any out-of-pocket costs for childcare? NO YES. IF YES, please fill out below.

Provider's Name: _____
Provider's Address: _____ Zip: _____
Telephone No: _____
Cost per month: \$ _____
Number of children receiving child care services: _____

CHILD SUPPORT:

Does anyone have an open case with the Office of Recovery Services (ORS)? NO YES

Is child support received directly from an Absent Parent? NO YES. **IF YES**, you must have the absent parent provide a written notarized statement of the amount and how often it is paid to you. This statement must include their address and phone number for verification purposes.

We need to have the absent parent's name and current address even if support is not currently received

Child's Name	Absent Parent's Full Name	Absent Parent's Complete Address

Has anyone in your household ever had your rental subsidy terminated by a Housing Authority? NO YES

If yes, Please explain: _____

Has anyone in your household ever participated in a violent crime? NO YES

If yes, Please explain: _____

Is any member of the household subject to a lifetime sex offender registration requirement in any state? NO YES

If yes, Please explain: _____

Has anyone in your household ever participated in the use, possession, or manufacture of controlled substances, illicit or illegal drugs? NO YES. If yes, please explain: _____

RACIAL GROUP IDENTIFICATION (Optional):

Check One: Hispanic or Latino Not Hispanic or Latino
Check One: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander other _____

EMERGENCY REFERENCES:

Please provide the names of two people who can be contacted in case of an emergency:

Name: _____ Phone: _____
Address: _____ Relationship: _____
Name: _____ Phone: _____
Address: _____ Relationship: _____

CERTIFICATION:

I/We certify that the information given to the Housing Authority of Salt Lake City on household composition, income, net family assets, expenses and all other information contained within this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that providing false statements or information is punishable under State and Federal Laws. I/We also understand that providing false statements or information is grounds for termination of housing assistance.

Signature _____
(Head of Household)

Date _____

Signature _____
(Other Adult Member)

Date _____

Signature _____
(Other Adult Member)

Date _____

Signature _____
(Other Adult Member)

Date _____

Signature _____
(Interpreter)

Date _____

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 1-800-669-9777. (Within the Washington D.C. Metropolitan Area, call 426-3500.)

*After verification by the Housing Agency, the information will be submitted to the Department of Housing and Urban Development on HUD Form 50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the federal privacy act statement for more information about its use.

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).****

Housing Authority of Salt Lake City
1776 S West Temple
Salt Lake City, UT 84115



AUTHORIZATION FOR THE RELEASE OF INFORMATION

Housing Authority of Salt Lake City

Rev 7/7/11

Organization requesting release of Information:

Housing Authority of Salt Lake City
1766 S West Temple
Salt Lake City, UT 84115

Purpose:

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

- Low-Income Rental Public Housing
- Section 8 Housing Assistance Payments Program

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only HUD, or a Public Housing Agency to obtain information on wages, or unemployment compensation from State Employment Securities Agencies.

I understand any Criminal History Record or Police incident report(s) can be released to any adult receiving Housing Assistance who may be directly affected. I hereby release the Housing Authority from any liability that may result from the receipt or use of any Criminal History Record or Police incident report(s).

Information Covered Inquiries may be made about:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions and Assets
- Federal, State, Tribal or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History

Individuals or Organizations That May Release Information:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
- Courts, Credit Bureaus
- Law Enforcement Agencies
- Employers, Past and Present
- Landlords
- Providers of:
 - Alimony, Child Care
 - Child Support, Credit
 - Handicapped Assistance
 - Medical Care
 - Pensions/Annuities
- Schools and Collages
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utility companies
- Welfare Agencies

Computer Matching Notice and Consent:

I agree that a Public Housing Agency, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

The governmental agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food stamp Agencies

The match will be used to verify information supplied by the family.

By signing below I agree to allow the PHA to discuss income information with any or all household members who act as representative(s) of our family.

Conditions:

I agree that photocopies of this information may be used for the purposes stated above.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Head of Household Name (Print)	Signature	Date	Social Security Number	Date of Birth
Co-Head/Other Adult Name (Print)	Signature	Date	Social Security Number	Date of Birth
Other Adult Name (Print)	Signature	Date	Social Security Number	Date of Birth
Other Adult Name (Print)	Signature	Date	Social Security Number	Date of Birth

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

STATEMENT OF FAMILY OBLIGATIONS

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM/HOUSING AUTHORITY OF SALT LAKE CITY

As a participant of the Housing Authority of Salt Lake City's (HASLC) Housing Choice Voucher Program, I and all other household members will be required to perform certain responsibilities according to the U.S. Department of Housing and Urban Development (HUD) [24 CFR 982.551] and HASLC guidelines.

A. The Participant and each family member MUST:

1.
 - a. Supply any information the HASLC or HUD determines to be necessary to determine eligibility for participation in the HCV program, including evidence of citizenship or eligible immigration status.
 - b. Every year an annual reexamination will be conducted to re-verify all household information determined to be necessary by the HASLC. Annual Reexaminations are conducted to certify continued eligibility for the HCV Program. Participants must meet with the caseworker and supply all required documentation / information requested and sign all required forms to continue receiving assistance under the HCV Program. It is the responsibility of the housing recipient to make sure all income verifications are received by the HASLC in a timely fashion.
2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Supply any information requested by the HASLC to verify the family is living in the unit or information related to family or family member(s) absence from the unit.
4. Promptly notify the HASLC in writing within 10 business days, when the family, or any family member, is away from the assisted unit for an extended period of time (more than 30 days), in accordance with HASLC policy.
5. Allow the HASLC to inspect the unit at a reasonable time and after reasonable notice. You must cooperate during the annual recertification process by allowing our Inspector to inspect the unit. If you miss two inspections you will be required to meet with your caseworker and provide documentation or sign an affidavit of understanding before an inspector will be sent out for a Third and Final inspection. If you miss a third inspection, your housing assistance may be terminated. **The Housing Assistance Payment cannot be paid to the Landlord until the unit passes inspection.**
6. Notify the HASLC and the owner with a 30-day written notice before moving from the unit or terminating the lease. You must make an appointment with your caseworker to receive a Housing Choice Voucher Moving Packet every time you move, even if you are moving within the same complex or to another property

owned by the same landlord. If you do not return your completed move packet before the expiration date, your housing assistance may be terminated.

The HASLC will not make any rent payments on your new unit until:

1. The unit has passed inspection by an HASLC inspector.
2. The Housing Assistance Payment Contract is signed by the landlord.
3. We have received a 12-month signed lease which lists all family members living in the unit and clearly defines the utility responsibility.

Additionally, you MUST remain in the unit for one (1) year each time you move.

7. Use the assisted residence as the personal dwelling unit for the family members who are approved by the HASLC. The unit must be the family's only residence.
8. Promptly notify the HASLC in writing within 10 business days, of the birth, adoption, or court-awarded custody of a child. A birth certificate, Social Security card and any additional information that the HASLC requests must be provided in addition to verification of adoption or court-awarded custody before the new child can be added to the household.
9. Allow only the family members who are **approved** by the HASLC to live in the rental unit. The family must submit a written request to add new household members. This request must be submitted **prior** to allowing anyone to move in. The HASLC will instruct the family of what documents are required to obtain approval. The HASLC will notify the family in writing of the decision. You must request written approval from the landlord to add any other persons as an occupant of the unit. **No unauthorized guests will be allowed to live in the assisted unit.**
10. Promptly notify the HASLC within 10 business days in writing, any changes in household composition. Any person who has not been approved by the HASLC and resides in the household for more than 30 consecutive days **or** a total of 90 days in a 12-month period will be considered an unauthorized guest.
11. Promptly notify the HASLC within 10 business days and in writing if any family member no longer lives in the unit. You must supply verification of the current address for any family member no longer living in the assisted unit.
12. Immediately provide the HASLC with a copy of any eviction notice, notice to comply, and any lease violation documentation.
13. Families must report to the HASLC within 10 business days in writing, any changes in the Household's income, including but not limited to, employment wage, Social Security, SSI, Pensions, Child Support, Alimony, and any other financial assistance.
14. It is the responsibility of the household to request clarification of the Family Obligations or if there is a need of an interpreter.

B. Any information the family supplies must be true and complete.

Withholding and/or omitting information deemed to be necessary by the HASLC, and/or falsifying documents can be interpreted as fraud.

C. Tenant caused Housing Quality Standards (HQS) breach.

1. The family is responsible for a breach of the HQS that is caused by any of the following:
 - a. The family fails to pay for any utilities which are their responsibility to pay under the terms of the lease agreement.
 - b. The family fails to provide and maintain any appliances which are their responsibility to provide under the terms of the lease agreement.
 - c. Any member of the household or guest damages the dwelling unit or premises (damages beyond normal wear and tear).
2. If an HQS breach caused by the family or guest is life threatening, the family must correct the defect within no more than 24 hours. For other family-caused defects, the family must correct the defect within no more than 30 calendar days.
3. If the family has caused a breach of the HQS, the HASLC will take prompt and vigorous action to enforce the family obligations. The HASLC may terminate assistance to a family because of HQS breach if the family fails to correct the defects within the time frames as designated above.

D. The Participant and 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. You must pay your portion of the rent to the landlord by the due date. Do not pay any additional charges unless they are listed on the lease and have been approved by the HASLC. Do not sign a new lease until it is approved by the HASLC. Eviction for nonpayment of rent may result in the loss of your Housing Assistance.
3. Commit fraud, bribery or any other corrupt or criminal act in connection with any Federal Housing Program and/or any State or Federal Government Agency.
4. Household members must not engage in drug-related criminal activity, violent criminal activity, or alcohol related criminal activity. If this occurs, your assistance may be terminated.

The HASLC may at any time deny program assistance for an applicant, or terminate program assistance for a participant, for any of the following grounds:

- a. If the family violates any family obligations under the program.
- b. Drug-related criminal activity.
- c. Violent criminal activity.
- d. If a preponderance of evidence indicates a family member has engaged in such activity, regardless of whether the family member has been arrested or convicted.

HUD regulations have been modified to allow Housing Authorities to terminate Housing Assistance Payments for those individuals who engage in, or allow guests or visitors to engage in, drug-related criminal activities or violent criminal activities.

Drug-related criminal activities include: the illegal use of a controlled substance, possession of a controlled substance, possession of paraphernalia, illegal manufacture, sale, distribution, or possession with the intent to manufacture a controlled substance. You may not be eligible to receive housing assistance for a period of five (5) years if denial or termination of assistance is related to drug-related activity. Drug-related activity in relation to methamphetamine has lifetime consequences.

Violent criminal activity includes felonious criminal activities that include the use of physical force against a person or property of another. You may not be eligible to receive housing assistance for a period of five (5) years if denial or termination of assistance is related to violent criminal activity. Committing murder has lifetime consequences.

5. Household members must not be, or have ever been, involved in sexual criminal activity. If any member of the family is registered as a sex offender on the lifetime sex offender registration program, assistance will be denied and/or terminated.
6. Household members must not be, or have ever been, involved in the manufacturing, production, or use of methamphetamine. You may not be eligible to receive housing assistance for a period of ten (10) years if denial or termination of assistance is related to the use of methamphetamine. Manufacturing or production of methamphetamine will be lifetime denial and/or termination of assistance.
7. Sublet the unit, assign the lease, or transfer the unit to another party.
8. Receive a second form of housing assistance. An assisted family, or members of the household (including aides), may not receive Section 8 tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, under any other Federal, State or local housing assistance program.
9. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises. This means you must keep your unit in good, clean condition and report any damages to the landlord in writing. You are required to fix and/or pay for all damages that are your fault or the fault of your family members and/or guests.

10. Receive housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the HASLC has determined that approving rental of the unit would provide reasonable accommodation for a family member who is a person with disabilities.
11. Engage in any activity which threatens the health and safety or right to peaceful enjoyment of the premises by all other residents and persons residing in the immediate vicinity of the premises.

E. Denial/Termination of Assistance

[24 CFR 982.552(b)(2)], [24 CFR 982.552(b)(3)], [24 CFR 982.552(b)(4)], [24 CFR 5.218], [24 CFR 982.553(b)(1)], [24 CFR 982.553(b)(5)], [24 CFR 982.553(b) 982.551(1)], [24 CFR 5.1001], [24 CFR 982.552(c)], [24 CFR 982.312(c)]

The HASLC may at any time deny program assistance for an applicant, or terminate program assistance for a participant, for any of the following grounds:

1. Action or inaction by family. The HASLC may deny assistance for an applicant or terminate assistance for a participant under the program because of the family's action or failure to act.
2. Denial and termination of assistance for an applicant or participant may include any or all of the following:
 - a. Denying or withdrawing a voucher.
 - b. Refusing to enter into a Housing Assistance Payment (HAP) contract or approve a lease.
 - c. Terminating housing assistance payments under an outstanding HAP contract.
 - d. Refusing to process or provide assistance under portability procedures.
3. If any member of the family has been evicted from federally assisted housing in the last five years.
4. If a Public Housing Authority (PHA) has ever terminated assistance under the program for any member of the family.
5. If the family currently owes rent or other amounts to the HASLC or any other Public Housing Authority in connection with Section 8 or public housing assistance.
6. If the family has not reimbursed any PHA for amounts paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under the lease.
7. If the family breaches an agreement with the PHA to pay amounts owed to a PHA, or amounts paid to an owner by a PHA.

8. If the family has engaged in a manner that is threatening, verbally abusive or physical violent behavior toward PHA personnel.

I understand that the HASLC will investigate any allegations made against me in regard to the above categories and I will cooperate to resolve any discrepancies to ensure my housing assistance continues.

I have read and I do understand all of my family obligations under the Housing Choice Voucher Program. I understand that if I fail to follow these obligations, the HASLC may terminate my assistance.

I understand that I have a right to request a copy of this Statement of Family Obligations and if requested it will be provided to me.

I understand that if English is not my primary language and I have a limited ability to read, write, speak or understand English, I can contact my caseworker 10 business days prior to my appointment and request an interpreter. If you wish to select your own interpreter, you have the right to do so at YOUR expense.

Tenant Signature

Date

Spouse or Other Adult

Date

Other Adult

Date

Other Adult

Date

Interpreter's Name

Agency

Date

