

# **Housing Authority of the City of Hammond**

1402 – 173<sup>rd</sup> Street  
Hammond, IN 46324  
219/ 989-3265

## **OBLIGATIONS OF THE FAMILY**

When the family's unit is approved and the HAP contract executed, the family must follow the rules listed below in order to continue participating in the Housing Choice Voucher Program.

1. Supply any information that the HA or HUD determines to be necessary in the administration of the program, submission of required evidence of citizenship or eligible immigration status. "Information" includes any requested certification, release or other documentation.
2. The family must supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.

I understand I must report to the Housing Authority **WITHIN 10 DAYS IN WRITING, ANY** change in income, assets, family composition or allowances. This includes reporting benefits and other non-earned income paid on behalf of minors and all income from household members when they reach the age of 18 (including full time students). I realize I am liable to pay at least 30 percent of my household's income for rent. My rent increase may be retro-active (1) to provide for regulation required reasonable notice of increase; or (2) for failure to notify the Authority in writing within 10 days of an increase in household income as required (increase will be effective retroactive to 1<sup>st</sup> month following date increase was received). I understand that failure to receive any adjustment in my rent reflecting an increase in my household income does not relieve me of my obligation to pay the increase amount as of the date the increase should have been effective. (Automatic termination for anyone owing over \$5,000.00)

\_\_\_\_\_

(Applicant/Participant's signature)

(Witness – HA staff member)

Date

3. The family must disclose and verify social security numbers and must sign and submit consent forms for obtaining information.
4. **Any information supplied by the family must be true and complete.**
5. The family is responsible for an HQS breach caused by the family.
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.
8. The family must notify the PHA and the owner IN WRITING before the family moves out of the unit, or terminates the lease on notice to the owner.
9. The family must promptly give the PHA a copy of any owner eviction notice.
10. The family must use the assisted unit for residence by the family. The unit must be the family's only residence.

11. The composition of the assisted family residing in the unit must be approved by the PHA.
  - a. The family must promptly inform the PHA IN WRITING of the birth, adoption or court-awarded custody of a child.
  - b. The family must request PRIOR PHA approval to add any other family member as an occupant of the unit.
  - c. No other person may reside in the unit.
12. The family must promptly notify the PHA if any family member no longer resides in the unit.
13. If the PHA has given approval, a foster child or a live-in-aide may reside in the unit.
14. Members of the household may engage in legal profitmaking activities in the unit, but only if such activities are incidental to primary use of the unit for residence by members of the family.
15. The family must not sublease or let the unit.
16. The family must not assign the lease or transfer the unit.
17. The family must supply information or certification requested by the PHA to verify that the family is living in the unit, or relating to family absence from the unit. The family must cooperate with the PHA for this purpose. The family must promptly notify the PHA of absence from the unit.
18. The family must not own or have any interest in the unit.
19. The members of the family must not commit fraud, bribery or any other corrupt or criminal act in connection with the programs.
20. The members of the household may not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
21. The members of the household must not abuse alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
22. An assisted family, or members of the family, may not receive Section 8 tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative federal, State or local housing assistance program.

**I have read and understand the obligations listed above. I realize that failure to comply with any of these obligations may cause termination of my housing assistance payments.**

Signatures:	_____	Date	_____
	_____	Date	_____
	_____	Date	_____
	_____	Date	_____

**PLEASE NOTE: EVERYONE IN THE HOUSEHOLD 18 YEARS OF AGE OR OLDER IS REQUIRED TO SIGN THIS FORM.**