

Housing Authority of the City of Hammond

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

GROUNDS FOR TERMINATION OF ASSISTANCE

CFR 982.551 The PHA may at any time terminate assistance from the Housing Choice Voucher Program on any of the following grounds:

1. If the family violates **ANY** family obligation under the program (see Obligations of the Family).
2. If **ANY** member of the family has ever been evicted from federally assisted housing in the last five years.
3. If a PHA has ever terminated assistance under the program (Section 8 / HCV) for **ANY** member of the family.
4. If **ANY** member of the family has committed fraud, bribery or any other corrupt or criminal act in connection with any Federal housing program.
5. If the family currently owes rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assisted housing under the 1937 Act.
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 breaches an agreement to repay monies for benefits received to which the family was not entitled because of unreported income.
9. If a family participating in the Family Self-Sufficiency program fails to comply, without good cause, with the family's FSS contract of participation.
10. If the family has engaged in or threatened abusive or violent behavior toward PHA personnel.
11. If **ANY** member of the family commits drug-related criminal activity or violent criminal activity.

I understand that any family member's action or failure to act may be grounds for the Authority to terminate my participation in the rental assistance program.

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

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

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GROUNDINGS FOR TERMINATION OF ASSISTANCE FOR CRIMINALS AND ALCOHOL ABUSERS

CFR 982.553 The PHA may at any time terminate assistance from the Housing Choice Voucher Program on any of the following grounds:

1. Any household member is currently engaged in any illegal use of a drug.
2. A pattern of illegal use of a drug by **ANY** household member interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.
3. If **ANY** member of the household has ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing.
4. If **ANY** family member has violated the family's obligation not to engage in any drug-related criminal activity.
5. If **ANY** household member has violated the family's obligation not to engage in violent criminal activity.
6. If a household member's abuse or pattern of abuse of alcohol may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents.
7. If any household member has engaged in criminal activity, regardless of whether the household member has been arrested or convicted of such activity.

I understand that any family member's action or failure to act may be grounds for the Authority to terminate my participation in the rental assistance program.

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

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