



## 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.

### The Family MUST:

1. Supply any information that the HA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Supply any information requested by the HA to verify that the family is living in the unit or information related to family absence from the unit.
4. Promptly notify the HA in writing when the family is away from the unit for a period of time in excess of 30 days in accordance with HA policies.
5. Allow the HA to inspect the unit at reasonable times and after reasonable notice.
6. Give your landlord and DuPage Housing Authority the appropriate (stipulated in the terms of your lease) written notice of your intentions to move.
7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
8. Promptly notify the HA in writing of the birth, adoption, or court-awarded custody of a child.
9. Request HA written approval to add any other family member as an occupant of the unit.
10. Promptly notify the HA in writing if any family member no longer lives in the unit.
11. Give the HA a copy of any owner eviction notice.
12. Pay the utility bills and supply appliances that the owner is not required to supply under the lease.

**The Family must NOT (including each family member)**

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.
3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
4. 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.
5. Sublease or let the unit or assign the lease or transfer the unit.
6. Receive housing choice voucher program assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
8. 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 HA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
9. Engage in illegal use of a controlled substance; or abuse of alcohol that threatens the health and safety or right to peaceful enjoyment of the premises by other residents.

ANY INFORMATION THE FAMILY SUPPLIES MUST BE TRUE AND COMPLETE.

I understand that all changes in the Income of any member of the household as well as any changes in the household must be reported **in writing within 10 business days of the change** to the DuPage Housing Authority. I also understand that I am responsible for making sure that the written notice is received by the DuPage Housing Authority.

ALL FAMILY MEMBERS OVER 18 MUST SIGN:

\_\_\_\_\_  
Signature Line

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Line

\_\_\_\_\_  
Date