



## FAMILY OBLIGATIONS

In order for you to receive and continue to receive Housing Choice Voucher (HCV) rental assistance, you and your entire household MUST fulfill your obligations to the Columbiana Metropolitan Housing Authority (CMHA) Housing Choice Voucher (HCV) Program. If you fail to fulfill your obligations, your rental assistance may be terminated.

### IN ORDER TO MEET YOUR FAMILY OBLIGATIONS, YOU MUST:

- Complete a determination of eligibility annually.
- Supply any and all information that CMHA requests to determine eligibility, including evidence of citizenship or eligible immigration status, verification of social security numbers, consent forms for obtaining necessary information, and any other information requested.
- Supply information that is true and complete.
- Report any and all changes in income or assets in writing to CMHA within 30 days of the change.
- Report any and all changes in Household Composition in writing within 30 days of the change to CMHA.
- Request in writing and receive written approval from CMHA before any other person moves into your household.
- Notify CMHA in writing within 30 days if any family member no longer lives in the unit.
- Notify CMHA in writing if any household member is going to be away from the unit for an extended time period.
- Request permission for absences that will be longer than 30 days.
- Allow CMHA to inspect the unit at reasonable times and after reasonable notice. Any unit participating in the HCV program MUST meet Housing Quality Standards at all times.
- Only reside in the assisted unit.
- Immediately give CMHA a copy of any owner eviction notice. In addition, provide copies of all court orders.
- Pay your utility bills and supply appliances that you are required to supply under the lease and HAP contract.
- Pay your share of the rent in a timely manner and pay only the rent specified by CMHA. Your portion of the rent is calculated by CMHA and is stated in your Rent Adjustment Letter. Pay no more than stated.

### MOVES

After the first term of the lease, you may be able to continue to receive assistance in a new unit if the following conditions are met.

### IF YOU WISH TO MOVE, YOU MUST:

- Notify CMHA if you intend to move.
- Give your landlord written notice based upon the terms of your lease agreement.
- Provide a copy of the notice to CMHA and complete a copy of the CMHA Notice to Vacate form.
- Ensure that all rental payments to the landlord are up-to-date and that re-payment agreement monies owed to CMHA are paid in full.
- Ensure that all tenant-related damages to the unit are repaired before you move.
- You CANNOT move into a new unit until CMHA approves it. CMHA will conduct an inspection to ensure all Housing Quality Standards required by HUD are met. CMHA will also ensure that the rent is reasonable and affordable and the owner is eligible to participate in the HCV program.

### You are responsible if the housing unit fails the CMHA inspection for any of the following reasons:

- You fail to pay for any utilities that your family is responsible for according to the terms of the lease.
- You fail to provide and maintain any appliances that the family provides under the lease.
- Any member of the household or guest damages the dwelling unit or premises beyond normal wear and tear.

**YOU AND ANY MEMBER OF YOUR HOUSEHOLD MUST NOT:**

- Own or have any interest in the unit.
- Commit fraud, bribery, or any other corrupt or criminal act in connection with the HCV program.
- Participate in illegal drug or violent criminal activity, or any other criminal activity.
- Sublease, sublet, assign the lease, or transfer the unit to any other party.
- Commit any serious or repeated violation of the lease.
- Receive HCV assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State, or local housing assistance program.
- Abuse drugs or alcohol in any way that threatens the health, safety or right to peaceful enjoyment of other tenants in the immediate vicinity of the premises.

**GROUNDS FOR DENIAL OR TERMINATION OF ASSISTANCE**

CMHA may at any time deny program assistance for an applicant, or terminate program assistance for a participant for the following:

- **If the family violates any family obligation under the HCV program** (see first page)
- If any member of the family is subject to lifetime registration under a state sex offender registration program
- If any member of the family has ever been evicted from public housing
- If any agency has ever terminated assistance for cause under the voucher program for any member of the family
- If the family currently owes rent or other amounts to CMHA or to another agency in connection with the HCV Program or public housing assistance under the Housing Act of 1937
- If the family has not reimbursed any agency 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
- If the family breaches an agreement with CMHA to pay amounts owed to this office, or amounts paid to an owner by this office
- If the family has engaged in or threatened abusive or violent behavior toward CMHA personnel
- If the family is guilty of abuse or fraud (fraud is a criminal offense)
- If the family refuses to supply any certification, release of information or documentation which CMHA or HUD determines to be necessary for the administration of the program
- If the family vacates the dwelling unit without proper notice to CMHA
- If the family does not use the dwelling as its principal place of residence
- If the family engages in drug-related activity or violent criminal activity, including criminal activity by any family member

If your assistance is terminated for one of the above reasons, both you and the owner will be provided with a 30-day written notice of termination which states: the reason(s) for the termination, the effective date of the termination, the family's right to request an Informal Hearing, and the family's responsibility to pay the full contract rent to the owner if they remain in occupancy.

**I / We have read and understand the CMHA HCV Program Family Obligations, and I/we agree to abide by these obligations.**

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date