

# STATEMENT OF FAMILY RESPONSIBILITY

## Section 8

### Housing Choice Voucher Program

24 CFR 982.551

Please read the entire document before completing the form. Fill in the blanks below. Type or print clearly.

1. **Certification.** The undersigned public housing agency (PHA) hereby certifies that the family headed by \_\_\_\_\_

and which consists of the following members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

is eligible to participate in the Section 8 Program of this PHA and is approved to occupy a unit located at \_\_\_\_\_

Under this program, the PHA makes housing assistance payments on behalf of participating families toward their rents to owners of decent, safe, and sanitary units rehabilitated under the Program.

2. **Family Portion of Rent.**

- A. *Tenant Rent.* The total amount that the family will be obligated to pay monthly towards rent and utilities is based on the family's income and is called the tenant rent.
- B. *Family Payment to Owners.* The amount that the family will be obligated to pay monthly to the owner will be the amount of the tenant rent unless the family is responsible for paying for any utilities. If the family must pay for any utilities directly, the family will pay to the owner the tenant rent minus the PHA determined appropriate allowance for tenant-purchased utilities and services.
- C. *Changes in Family Income and Allowances.* The amount of the family's required tenant rent may change because of changes to program rules and changes in family income, composition, and other allowable deductions such as medical and child care expenses.

3. **PHA Portion of Rent.** The PHA will pay to the owner on behalf of the family the difference between the family's payment to the owner and the monthly contract rent in the lease.

4. **Obligations of the Family.**

- A. The family must follow the rules listed below in order to continue participating in the Section 8 Program.
- B. The family must:
- (1) Supply any information that the PHA or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status (as provided by 24 CFR part 5). "Information" includes any requested certification, release or other documentation.
- (2) 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.

(3) Disclose and verify social security numbers (as required) and must sign and submit consent forms for obtaining information in accordance with regulations.

(4) Any information supplied by the family must be true and complete.

C. *Housing Quality Standards (HQS) breach caused by family.* The family is responsible for any HQS breach damages caused by the family.

D. *Allowing PHA inspection.* The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice.

E. *Violation of lease.* The family may not commit any serious or repeated violation of the lease.

F. *Family notice of move or lease termination.* The family must notify the PHA and the owner before the family moves out of the unit, or terminates the lease on notice to the owner.

G. *Owner eviction notice.* The family must promptly give the PHA a copy of any owner eviction notice.

H. *Use and occupancy of unit.*

(1) The family must use the assisted unit for residence by the family. The unit must be the family's only residence.

(2) The composition of the assisted family residing in the unit must be approved by the PHA. The family must promptly inform the PHA of the birth, adoption or court-awarded custody of a child. The family must request PHA approval to add any other family member as an occupant of the unit. No other person [i.e., nobody but members of the assisted family] may reside in the unit (except for a foster child or live-in aide as provided in paragraph (h)(4) of this section).

(3) The family must promptly notify the PHA if any family member no longer resides in the unit.

(4) If the PHA has given approval, a foster child or a live-in-aide may reside in the unit. The PHA has the discretion to adopt reasonable policies concerning residence by a foster child or a live-in-aide, and defining when PHA consent may be given or denied.

(5) 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.

(6) The family must not sublease or let the unit.

(7) The family must not assign the lease or transfer the unit.

I. *Absence from unit.* The family must supply any 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, including any PHA-requested information or certification on the purposes of family absences. The family must cooperate with the PHA for this purpose. The family must promptly notify the PHA of absence from the unit.

J. *Interest in unit.* The family must not own or have any interest in the unit.

- K. *Fraud and other program violation.* The members of the family must not commit fraud, bribery or any other corrupt or criminal act in connection with the programs.
- L. *Crime by household members.* 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 (see 982.553).
- M. *Alcohol abuse by household members.* 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.
- N. *Other housing assistance.* 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 (as determined by HUD or in accordance with HUD requirements) federal, State or local housing assistance program.

**5. Illegal Discrimination.**

If the family has reason to believe that, in its search for suitable housing, it has been discriminated against on the basis of age, race, color, religion, sex, disability, national origin, or familial status, the family may file a housing discrimination complaint with any HUD office in person, by mail, or by telephone. The PHA will give the family information on how to fill out and file a complaint.

**6. Termination of Assistance.**

- A. If the family voluntarily vacates the unit, there is no guarantee that further housing assistance will be provided.
- B. The PHA may deny program assistance for an applicant, or terminate program assistance for a participant, for any of the reasons listed below:
  1. If the family violates any family obligations under Section 4;
  2. If any member of the family has ever been evicted from public housing;
  3. If an PHA has ever terminated assistance under the certificate or voucher program for any member of the family;
  4. If any member of the family participates in illegal drug or violent criminal activity;
  5. If any member of the family commits fraud, bribery or any other corrupt or criminal act in connection with any Federal housing program;
  6. If the family currently owes any money to the PHA or another PHA in connection with Section 8 or public housing assistance;
  7. If the family has not reimbursed any PHA for amounts paid to an owner under a contract for rent, damages to the unit, or other amounts owed by the family under the lease;
  8. 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; or
  9. If the family engaged in or threatened abusive or violent behavior toward PHA personnel.

**Keep This Statement For Your Records.**

Name of PHA	Name of Family (Head of Household)
Address	Address
Telephone Number	Telephone Number
	By
By (Signature and Title)	(Signature of Family Representative)
Date	Date