

**Tampa Housing Authority
Housing Choice Voucher Program
Family Obligations**

As a Housing Choice Voucher Program participant you have family obligations that must be met. Failure to meet these obligations will result in termination from the program. Below is a list of the obligations. A family MUST:

1. Supply any information that the HA or HUD determines to be necessary including evidence of citizenship or eligible immigration status;
2. Supply information in writing for use in a regularly scheduled reexamination or interim reexamination of family income increases and changes of household composition within ten (10) days.
3. Disclose and verify social security number and sign and submit consent forms for obtaining information. Any and all information supplied by the family must be true and complete.
4. 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.
5. Promptly notify the HA in writing when the family is away from the unit for an extended period of time in accordance with HA policies.
6. Allow the HA to inspect the unit at reasonable times and after reasonable notice. Allow owners and managers access to the unit to make necessary repairs when given reasonable notice.
7. The family must give the owner the required number of day's written notice of intent to vacate specified in the lease and must give a copy to the THA simultaneously. The written notice cannot be for less than 30 days. During the initial term of the lease you will not be permitted to move unless you are a person with disabilities, as a reasonable accommodation. This request must be made in writing and approved by the HA.
8. Use the assisted unit for residence by the family. The unit must be the family's only residence. Members of the household may engage in legal profit making activities in the unit, but only if such activities are incidental to the primary use of the unit for residency by members of the family.
9. Promptly notify the HA in writing of the birth, adoption or court-awarded custody of a child.
10. Request HA and owner written approval to add any other family member as an occupant of the unit.
11. Promptly notify the HA in writing if any family member no longer lives in the unit. Third party written verification will be required to proof the move.
12. Give the HA a copy of any owner eviction notice.
13. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease. Utilities that are the responsibility of the family must be in the name of the head of household, spouse/co head or an adult family member who resides in household.
14. Attend all scheduled appointments. Two missed appointments is cause for terminations.

The family (including each family member) MUST NOT:

1. Own or have any interest in the unit (other than a cooperative, or participant of the Section 8 Homeownership Program).
2. Commit any serious or repeated violation of the lease. Owe the landlord any rent or get evicted.
3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
4. Participate in illegal drug or violent criminal activity, or be a sexual predator.
5. Sublease or let the unit or assign the lease or transfer the unit.
6. Receive Section 8 tenant based program housing assistance while receiving another housing subsidy for the same unit or a different unit under any 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 the damage the unit or premises. The family is responsible for Housing Quality Standards breach caused by the family as described in Sec. 982.404(b);
8. Receive Section 8 tenant-based program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother or any member of the family, unless approving the unit 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.
10. Engage in abuse, threats or violent act towards any THA Section 8 employee.

If you are a person with a disability, you are entitled to an interview before we decide to terminate assistance. At the interview we will discuss whether there may be reasonable accommodations that can be made that will enable you to comply with the terms of the program. This request must be made in writing to the HA within 5 working days from the date of your intent to terminate notice.

I attest that I have read and received a copy of the Family Obligations form.

Participant/Applicant Signature

Date

Spouse/Co-Head

Date