

**Fort Payne Housing Authority
Housing Choice Voucher Program**

**STATEMENT OF FAMILY OBLIGATIONS AND
REPORTING REQUIREMENTS**

I acknowledge that I have had the rules and obligations explained to me, and understand that as a participant in the Housing Choice Voucher Program, that my household members and I will be required to comply with certain obligations and responsibilities according to HUD and the HA. I hereby warrant that I am aware of the following requirements and failure to comply may result in the termination of my assistance:

1. I must search for my own dwelling initially and should I desire to move to a different dwelling, I understand that the HA is not responsible for locating a suitable dwelling for me.
2. I understand that the HA is NOT responsible for any rental assistance payments until such time as it determines the dwelling meets all applicable program requirements, including the ability to pass the Housing Quality Standards (HQS) inspection set by HUD.
3. I must give (30) day written notice to the HA and Landlord PRIOR to my vacating the unit.
4. Comply with all interim and annual reporting requirements, to report in writing any change in source or amount of income within (10) days of the date of the change. Failure to report changes of income within (10) days will be considered misrepresentation of income or fraud and assistance may be terminated.
5. To submit in writing, and receive permission, from my Landlord and HA, any decrease or increase in household composition, including adding any other member as an occupant, within (10) days of the date of change. I understand the HA has the right to approve or disapprove any adult being added to the lease.
6. I understand that it is my obligation to pay my portion of tenant rent to the Landlord in accordance with my lease and NOT to get behind in on payments to the owner.
7. I understand it is my obligation to pay utility bills and to keep the tenant furnished utilities on, and failure to pay may result in termination of my assistance.
8. I understand that I am responsible for damages caused my household members or guests other than normal wear and tear, and that I am responsible to PAY for all damages while in occupancy. I am to maintain the unit in a good habitable condition and to report damages or maintenance problems to my landlord in a timely manner.
9. I understand that it is my responsibility to allow the HA and the owner to conduct ANNUAL and INTERIM unit inspections after a reasonable notice and during reasonable hours.
10. Comply with all provisions of the Lease.
11. Not to sublease, transfer, or assign the dwelling, nor to use the unit for illegal activities.
12. Not to engage in drug-related or criminal activity, violent criminal activity, or other criminal activity on or off the premises that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the vicinity or premises.

Participant's Signature

Date