 PHILLIPSBURG DCD

PHILLIPSBURG SECTION 8 HCV PROGRAM (PS8HCV 05/2020)

**STATEMENT OF FAMILY OBLIGATIONS1**

**When a family’s unit is approved and the HAP contract is executed, the family MUST follow the rules listed below in order to continue participating in the Phillipsburg DCD/Section 8 Housing Choice Voucher Program (PS8HCVP):**

**A. The family MUST:**

1. **Supply** any information that the PS8HCVP or HUD determines to be necessary including evidence of citizenship or eligible immigration status and 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 PS8HCVP to verify that the family is living in the unit or information related to family absence from the unit.

4. **Promptly** notify the PHA in writing when the family is away from the unit for an extended period of time in accordance with the PS8HCVP policies.

5. **Allow** the PS8HCVP to inspect the unit at reasonable times and after reasonable notice.

6. **Notify** both the PS8HCVP and the owner in writing before moving out of the unit or terminating the lease.

7. **Use** the assisted unit for residence by the family. The unit must be the family’s only residence.

8. **Promptly** notify the PS8HCVP in writing of the birth, adoption or court-awarded custody of a child.

9. **Request** PS8HCVP’s written approval to add any other family member as an occupant of the unit. Any person staying at the premises more than fourteen (14) days in a two (2) month period shall NOT be considered a guest and MUST be reported to the Housing Agency by the tenant.

10. **Promptly** notify the PS8HCVP if any family member no longer lives in the unit.

11. **Give** the PS8HCVP a copy of any owner eviction notice.

12. **Pay** utility bills and provide and maintain any appliances that the owner is NOT required to provide under the lease.

**B. Any information the family supplies MUST be true and complete.**

**C. The family (including each family member) MUST NOT:**

1. Own or have any interest in the unit.

2. Commit fraud, bribery or any other corrupt or criminal activity in connection with the Section 8 Program.

3. Breach any Housing Quality Standard responsibilities.

4. Commit any serious or repeated violations of the lease (This means if you are ***EVICTED*** from the unit, you will be denied further assistance).

5. Engage in drug-related, criminal activity, violent activity or any other activity that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents residing in the immediate vicinity of the premises. (see 24 CFR 982.553)

a. Drug related activity means one of the following: 1) the illegal manufacture, sale or distribution or possession with intent to manufacture, sell or distribute a controlled substance (as defined in section 102 of the Controlled Substances Act (21 B.SC.802); or 2) The illegal use, possession for personal use of a controlled substance as defined above.

6. Damage the unit or premises (damages beyond ordinary wear and tear) or permit any guest(s) to damage the unit or premises. Family is responsible for damages caused by any household member or household guest.

124 CFR 982.551 – Obligations of the Participant

Title 18 Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. government.

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**C. The family MUST NOT (continued):**

7. Engage in or threaten abusive or violent behavior toward the Phillipsburg DCD/Phillipsburg Section 8 Housing Choice Voucher Program.

8. Sublease or let the unit or assign the lease or transfer the unit.

9. Damage the unit or premises (damages beyond ordinary wear and tear) or permit any guest(s) to damage the unit or premises. Family is responsible for damages caused by any household member or household guest.

10. Fail to pay for any utilities that are the tenant’s responsibility. Tenant must not fail to provide and maintain any appliances that the owner is not required to provide.

11. 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.

12. Fail to sign and submit consent forms for obtaining information.

**D. Grounds for Denial or Termination of Assistance2**

Your Section 8 Housing assistance may be *terminated* if any family member:

1. Violates any family obligation listed above.

2. Has ever been evicted from a federally assisted housing in the past five years.

3. Has ever been terminated by a PHA under the housing assistance program.

4. Commits drug-related criminal activity, violent criminal activity or other criminal activity that threatens the health, safety, or right to peaceful enjoyment of other residence and persons residing in the immediate vicinity of the premise.

5. Commits fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program.

6. Currently owes any money to the PS8HCVP or any other PHA, Section 8 or public housing.

7. Breaches an agreement to repay the PS8HCVP for amounts owed to the PS8HCVP for to an owner/landlord under a HAP contract or other amounts owed by the family to any other PHA.

8. Has engaged in or threatened abusive or violent behavior toward PS8HCVP personnel.

9. The family fails to submit required evidence of citizenship or eligible immigration status.

**I understand** that any changes in family income or family composition must be reported to the PS8HCVP in writing by completing an Interim Change Request form within ten days of the date of the change and supply the required supporting documents for the requested change.

**I understand** that I must report any household member who is subject to a lifetime registration requirement under a State sex offender registration program. I understand that I must notify the PS8HCVP of any illegal criminal activity (any arrests, charges, or convictions) involving myself or any household member immediately.

**I understand that any violation of the above obligations may result in the termination of my Section 8 assistance or denial of another** voucher.

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Signature of Head of Household Print Name of Head of Household Date

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Signature of Spouse or Other Adult Age 18 and above Print Name of Spouse or Other Adult Age 18 and above Date

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Signature of Spouse or Other Adult Age 18 and above Print Name of Spouse or Other Adult Age 18 and above Date

224 CFR 982.552 – PHA Denial or Termination of Assistance for Family

Title 18 Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. government



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