

## 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 Otsego Rural Housing Assistance (ORHA) 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 ORHA 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 ORHA within two (2) weeks of the change.
- Report any and all changes in Household Composition in writing within two (2) weeks of the change to ORHA.
- Request in writing and receive written approval from ORHA before any other person moves into your household.
- Notify ORHA in writing within two (2) weeks if any family member no longer lives in the unit.
- Notify ORHA 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 ORHA 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 ORHA 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 ORHA. Your portion of the rent is calculated by ORHA 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. Families are not permitted to move more than once in a 12-month period (unless beyond your control).

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

- Notify ORHA if you intend to move.
- Give your landlord a 30-day written notice.
- Provide a copy of the notice to ORHA and complete a copy of the Notice to Vacate form.
- Ensure that all rental payments to the landlord are up-to-date and re-payment agreement monies owed to ORHA 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 ORHA approves it. ORHA will conduct an inspection to ensure all Housing Quality Standards required by HUD are met. ORHA 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 ORHA 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.

**GROUNDINGS FOR DENIAL OR TERMINATION OF ASSISTANCE**

ORHA 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 ORHA 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 ORHA 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 ORHA personnel
- If the family is guilty of abuse or fraud, which includes but is not limited to lying or not disclosing information (Fraud is a criminal offense!)
- If the family refuses to supply any certification, release of information or documentation which ORHA or HUD determines to be necessary for the administration of the program
- If the family vacates the dwelling unit without proper notice to ORHA
- 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

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**I/We have read and understand the ORHA 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