

FAIRFIELD HOUSING AUTHORITY

24 C.F.R. § 982.552(c); 24 C.F.R. 5-2005(c)
Authorized Reasons for Termination of Assistance

Directions: Please read the PHA Policy below regarding Authorized Reasons for Termination of Assistance. All members 18 years of age or older must sign.

PHA Policy

The PHA will not terminate a family's assistance because of the family's failure to meet its obligations under the Family Self-Sufficiency program.

The PHA may terminate a family's assistance if:

- The family has failed to comply with any family obligations under the program.
- Any family member has been evicted from federally-assisted housing in the last five years.
- Any PHA has ever terminated assistance under the program for any member of the family.
- Any family member has committed fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program.
- The family currently owes rent or other amounts to any PHA in connection with Section 8 or public housing assistance under the 1937 Act.
- The family has not reimbursed any PHA for amounts the PHA paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under the lease.
- The family has breached the terms of a repayment agreement entered into with the PHA.
- A family member has engaged in or threatened violent or abusive behavior toward PHA personnel.
 - *Abusive or violent behavior towards PHA personnel* includes verbal as well as physical abuse or violence. Use of racial epithets, or other language, written or oral, that is customarily used to intimidate may be considered abusive or violent behavior.
 - *Threatening* refers to oral or written threats or physical gestures that communicate intent to abuse or commit violence.

I understand that my family must comply with all Federal Regulations and Housing Authority Administrative policies in to order receive Housing Choice Voucher (HCV) rental assistance. If my family has questions regarding the regulations or policies, I/we will ask questions to fully understand our responsibilities.

(Check one) I understand I do not understand the information provided in this document.

Head of Household Signature

Date

Family Member Signature

Date

FHA Rep:

Date:

FAIRFIELD HOUSING AUTHORITY
24 C.F.R. § 982.551 Obligations of participant.

- The family must supply any information that the PHA or HUD determines necessary, including information for use in any reexamination of family income and composition. Any information supplied by the family must be true and complete.
- The family must disclose and verify social security numbers and sign and submit consent forms.
- The family is responsible for any Housing Quality Standards (HQS) breach by the family caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear.
- The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice.
- The family must not commit any serious or repeated violation of the lease.
- The family must comply with lease requirements regarding written notice to the owner and must provide written notice to the PHA at the same time the owner is notified.
- The family must promptly give the PHA a copy of any owner eviction notice.
- The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
- The composition of the assisted family residing in the unit must be approved by the PHA.
- If the PHA has given approval, a foster child or a live-in aide may reside in the unit.
- The family must not sublease the unit, assign the lease, or transfer the unit.
- The family must supply information requested to verify the family is living in the unit or related to family absence from the unit.
- The family must promptly notify the PHA when the family is absent from the unit. PHA Policy: Notice is required under this provision only when all family members will be absent from the unit for an extended period. An extended period is defined as any period greater than 30 calendar days. Written notice must be provided to the PHA at the start of the extended absence.
- The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide.
- The family must not own or have any interest in the unit (exception: manufactured home owner leasing a space).
- Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
- Family members must 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.
- Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.
- An assisted family or family member must not receive HCV program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state or local housing assistance program.
- A family must not receive HCV program assistance for a unit owned by a parent, child, grandparent, grandchild, sister or brother of any family member unless the PHA has provided reasonable accommodation for a family member who is a person with disabilities.

Reporting Responsibilities:

The family must report required changes within 10 business days of the change:

Changes to Family Composition

- The family must promptly notify the PHA in writing 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.
- The family must promptly notify the PHA in writing if any family member no longer lives in the unit.

Changes to Family Income

- Families are required to report all new sources of income and all increases in existing income of at least \$200 a month within 10 business days of the change.
- The PHA will only conduct an interim if the increase is due to a new source of income, including returning to work for a previous employer, or the resumption of previously terminated/ suspended benefits.
- Families are not required to report any other changes in income or expenses.

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_____ Printed Name: Head of Household	_____ Date	_____ Family Member Signature	_____ Date
_____ Head of Household Signature	_____ Date	_____ Family Member Signature	_____ Date
_____ Family Member Signature	_____ Date	_____ Family Member Signature	_____ Date

FHA Rep:	Date:
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