



## **FAMILY OBLIGATIONS**

1. The family must supply any information determined by the PHA or HUD to be necessary for the administration of the program, including evidence of citizenship or eligible immigration status, disclose and verify social security numbers for all household members and sign and submit consent forms for obtaining information. Any information the family supplies must be true and complete.
2. The family must provide any information requested for use in a regularly scheduled reexamination or interim reexamination.
3. The family is responsible to maintain utilities and provide and maintain any appliances that the owner is not required to provide under the lease.
4. The family and any of their guests must maintain the unit or premises in good repair. The family is responsible for any damages beyond normal wear and tear.
5. The family must keep the unit safe, decent and sanitary at all times and must report any needed repair to the landlord.
6. The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice.
7. The family must keep all appointments scheduled with the PHA unless canceled in advance. Failure to keep two scheduled appointments will be grounds for termination.
8. The family must comply with all conditions of the lease and must pay their rent on time each month. The family must promptly give the PHA a copy of any owner issued lease violations or eviction notices.
9. The family must notify the PHA and the owner in writing 30 days before moving or terminating the lease. The thirty day notice must be given on 1<sup>st</sup> day of the month to be out at the end of the month. A family cannot move more than one time in a 12-month period.
10. The assisted unit must be used for residence by the family. The unit must be the families only residence. The family must supply any information requested by the PHA to verify that the family is living in the unit.
11. The family cannot sublease the unit, assign the lease or transfer the unit.
12. The family cannot own or have any interest in the unit (other than an owner of a manufactured home leasing the space).
13. The family cannot make illegal side payments over and above tenant portion of rent determined by the PHA.

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14. The family cannot receive housing choice voucher program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister, brother, spouse or any other family member to any member of the family, unless the PHA has determined that approving rental of the unit, with the notwithstanding of such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
15. An assisted family cannot receive HCV assistance while receiving any other housing subsidy under any federal, state or local housing assistance program.
16. The address of the assisted unit cannot be used by anyone other than those persons listed on the lease. Use of the address for any reason, by another person will be considered evidence that the individual(s) residing in the unit without authorization.
17. The family must report in writing any change in household composition including the birth, adoption or court awarded custody of a child within ten (10) business days.
18. The family must request in writing and receive PHA approval before adding any additional household members to the household. You may not move any person(s) into your household without prior approval by the PHA.
19. The family must notify the PHA in writing if any family member no longer lives in the unit within ten (10) business days.
20. The family must notify the PHA in writing of any absence from the unit greater than 30 days.
21. The family must report any changes in the source of household income within ten (10) business days in writing. Unreported income will result in execution of a repayment agreement and is grounds for termination
22. The family must make monthly payments on executed repayment agreements. Missing a payment or being late is grounds for termination.
23. The family must not commit fraud, bribery or any other corrupt or criminal act in connection with the program.
24. The family may not engage in drug related criminal activity, violent criminal activity, alcohol abuse, or any other criminal activity which threatens the health, safety, or right to peaceful enjoyment of the premises by other residents.
25. The family must not threaten/engage in abusive or violent behavior toward PHA personnel; either in person, telephone, or email.

I, the undersigned, certify that I have read the above statement or it has been read to me, and that I understand and agree to abide by the Family Obligations. I understand that violation of any of the above items is grounds for termination from the HCV Program and loss of eligibility for rental assistance. I also understand that I am entitled to an informal hearing to settle disputes with the PHA.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Other Adult Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Other Adult Household Member

\_\_\_\_\_  
Date