**FORT WORTH HOUSING SOLUTIONS- SPECIAL PROGRAMS**

**PROGRAM EXPECTATIONS**

The FWHS Continuum of Care and Directions Home housing programs are for the purpose of providing monthly rental assistance. Below are the major responsibilities of each party:

**Fort Worth Housing Solutions- Special Programs Responsibilities:**

\*Determine client eligibility for rental assistance

\*Calculate tenant portion of rent

\*Complete an inspection on the selected housing unit

\*Conduct a rent reasonableness survey

\*Process timely monthly rental assistance payments

\*Conduct annual reexamination of program eligibility

\*Conduct interim reexamination of program eligibility

\*Monitor landlord compliance with rental agreement, lease provisions, & property maintenance

\*Ensure monthly case management and supportive services are provided

**Supportive Service Agency Responsibilities:**

\*Provide ongoing case management and supportive services

\*Develop a case management or service plan in coordination with the program participant

\*Provide referrals to necessary services

\*Attend all required program meeting with program participant

**Program Participant Responsibilities:**

\*The assisted household must supply any information determined by the FWHS or HUD to be necessary for the administration, interim examination or recertification of the program.

\*Sign and abide by all program rules

\*Sign and abide by lease and property rules

\*Pay designated monthly rental portion promptly

\*Develop a case management plan with sponsoring/supportive Service agency

\*Allow home visits by the supportive service agency

\*Allow inspections to be conducted by the FWHS staff as needed

\* Maintain your selected housing unit in a safe and sanitary manner. All needed repairs must be reported in writing to the landlord. The assisted household is responsible for any damages done to the unit during tenancy, beyond normal wear and tear.

**Violation of any of the following Family Obligations may result in termination of participation in Permanent Supportive Housing Program:**

1. The Assisted household must report all income changes, either increase or decrease in the household to FWHS within 10 days. Changes must be in writing.
2. The assisted household must request & receive approval of any changes in household composition from the supportive service agency, Landlord, and FWHS. The assisted household must notify FWHS if any approved family members no longer resides in the unit.
3. The assisted unit must be the family’s only residence; it cannot be sub-let nor transferred to another person. The assisted household must notify FWHS in writing of any absence from the unit.
4. No member of the assisted household or guest may engage in drug related criminal activity, violent criminal activity, or alcohol abuse which interferes with the health, safety, or right to peaceful enjoyment of the vicinity of premises by other residents.
5. The assisted household must not commit any serious or repeated violations of the lease.
6. Assisted household must keep all appointments scheduled by FWHS; failure to keep two scheduled appointments may be grounds for termination.
7. The assisted household is responsible to provide any utility that the owner is not required to provide and maintain utility service at all times. Lack of utility services makes the unit ineligible for assistance.
8. The assisted household must notify FWHS at least 30-days prior to ending participation in the program or at least 60-days prior to moving or terminating the lease and notify the owner.
9. The address of the assisted unit may not be used by anyone other than those persons listed on the lease. Use of the address for receipt of mail, or any other reason, by another person will be considered evidence of residency by the subject individual in the unit without authorization.

Warning: Title 18 United States Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If you provide false or incomplete information, you may be required to repay any and all overpaid rental housing assistance you received. You may also be fined up to $10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance. Be sure to give correct information. Theft by deception makes it a crime to knowingly give false information to get a lower rent, or to receive aid or benefits under any state or federally funded assistance program. I, the undersigned, certify that I have attended a briefing about the FWHS’s Permanent Supportive Housing rental assistance program(s), that I have read the above statement or it has been read to me, and that I understand and agree to abide by the Program Expectations & Family Obligations.

I understand that violation of any of the above items may be grounds for termination from the Permanent Supportive Housing Program and may result in the loss of eligibility to participate in or receive rental housing assistance and that I am entitled to an Informal Hearing to appeal a determination to terminate rental housing assistance made by Fort Worth Authority Solution in accordance with the FWHS Administrative Plan Policies and Procedures.

The above stated program responsibilities have been explained to me and I am in agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Head of Household Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of other Adult Household member Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supportive Agency Representative Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of FWHS staff Date Signed