

## SPECIAL PROGRAMS - FAMILY OBLIGATIONS

Violation of any of the following may result in termination of participation in the Special Programs' Housing Program.

- I. The assisted household must supply any information determined by the Fort Worth Housing Solutions (FWHS) or HUD to be necessary for the administration of the program including, but not limited to, the following:
  - a. Documentation of household income or verification of \$0 household income
  - b. Documentation of household composition
  - c. Documentation of social security numbers of all household members age 6 or older, or is under the age of 6 and has an assigned SSN.
  - d. Release of Information AuthorizationAll information provided must be true and complete.
2. The assisted household must provide any documentation required for recertification or to complete an interim examination within the timeframe allowed by the FWHS.
3. The assisted household must promptly report any change in household composition and request FWHS approval of any addition to the household. Unless stated otherwise by the Lease or House Rules, Guests who remain in the unit 10 days (consecutive or sporadic) in a 12-month period will no longer be considered visitors and must be considered for addition to the lease as a household member.
4. The assisted household must promptly report any and all changes in household income between annual re-examinations to the FWHS. Any changes in household income must be in writing to the FWHS within 10 days of the date of onset. Failure to report required changes in **household income within 10 days of occurrence may result in a Repayment Agreement** and/or termination from the program. The FWHS will continue to re-verify all income at annual recertification. Failure to report income will constitute misrepresentation on the part of the family and may result in termination of rental housing assistance. If there is any question about what to report, report any change in household income to the FWHS and FWHS staff will determine the appropriate manner in which the reported change is to be handled pursuant to the HUD regulations and FWHS Administrative Plan.

Required reporting includes but is not limited to:

  - a. Any change in the **source of EARNED INCOME**, such as a job you have not already reported (a new employer).
  - b. Any change in any **UNEARNED INCOME**, such as an increase in SSI, SS, Child Support or contributions from others. You **do not** have to report the annual increase in your SSI and SS checks (other than at your annual recertification, however you must report any other changes).
  - c. Receipt of a deferred payment in a lump sum which represents the delayed start of a periodic payment such as unemployment or child support.
  - d. Receipt of a lump sum payment which is not considered income, but which adds to family assets (i.e., inheritances, insurance settlements, deferred payments of SS/SSI, workers' compensations, etc.)
  - e. Any decrease in household income may be reported.
5. The assisted household must promptly notify the FWHS in writing of any absence from the unit.
6. No member of the assisted household, guest, or person in the unit with express or implied permission of the assisted household, may engage in drug related criminal activity, violent criminal activity, other criminal activity, or alcohol abuse which interferes with the health, safety, or right to peaceful enjoyment of the vicinity of the premises by other residents.

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7. The assisted household must keep all appointments scheduled with the FWHS unless canceled in advance. Failure to keep two scheduled appointments may be grounds for termination.
8. The assisted household must not engage in or threaten abusive or violent behavior toward FWHS personnel.
9. The assisted household must promptly notify the FWHS if any family member no longer resides in the unit.
10. The assisted household must promptly notify the FWHS in writing of the birth, adoption, or court-awarded custody of a child and submit a request to add an additional household member to the assisted household. If the FWHS has given approval, a foster child or live-in aide may reside in the unit. If the family does not request approval or FWHS approval is denied, the family may not allow a foster child, live-in aide or any other additional persons to reside with the assisted family.
11. The assisted household is responsible to provide any utilities that the owner is not required to provide and to maintain utility service at all times. Lack of utility service makes the unit substandard and ineligible for assistance.
12. The assisted household is responsible to provide and maintain any appliances unless the owner is responsible to provide them as specified in the lease agreement. Lack of required appliances makes the unit substandard and ineligible for assistance.
13. The assisted household is responsible for any damages done to the unit during tenancy, beyond normal wear and tear.
14. The assisted household must allow the FWHS to inspect the unit at reasonable times and after reasonable notice.
15. The assisted household may not commit any serious or repeated violation of the lease and must pay their monthly portion of tenant rent, identified by the FWHS, in accordance with the lease agreement.
16. The assisted household must notify the 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 at least 30 days prior to moving or terminating the lease. The assisted household is eligible to move any time after one year of tenancy. The assisted household must provide at least 60 days advanced written notice prior to the end of the lease to the FWHS and at least 30-day notice to the owner. The lease will terminate on the last day of the month following the 30-day notice to the owner. The assisted household may not move, within the jurisdiction or outside the jurisdiction through portability, during the first year of the lease and may move, within the jurisdiction or outside the jurisdiction through portability only once during any 12-month period.
17. The assisted household must comply with the terms and conditions in the lease agreement. The family must promptly give the FWHS a copy of any owner issued eviction notice.
18. The assisted unit must be used by the family as its primary residence. The assisted unit must be the family's only residence.
19. The assisted unit may not be sub-let nor the lease transferred to another person.
20. The assisted household must not own or have any interest in the unit.
21. The assisted household must keep the unit safe, decent and sanitary at all times and must report any needed repair to the landlord.
22. 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 that the subject individual is residing in the unit without authorization and may be grounds for termination of SP assistance for the assisted household.
23. The assisted household is responsible for a Housing Quality Standard (HQS) violation caused by the family.

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**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 be also fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future rental housing 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 Special Programs rental assistance program, 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 may be grounds for termination from the Special Programs' Housing Program and may result in the loss of eligibility to participate in or receive rental housing assistance and that I am entitled to a Formal Hearing to appeal a determination to terminate rental housing assistance made by the Fort Worth Housing Solutions in accordance with the FWHS Administrative Plan Policies and Procedures.

Head of Household (Please Print): \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date