

FAMILY OBLIGATIONS

In accordance with CFR 982.551 the SHA may terminate the assistance of a family or family member that is found to be in violation of any family obligation. The following items are considered "family obligations:"

1. The family must supply any information that Salem Housing Authority (SHA) or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status (as provided by 24 CFR part 5). "Information" includes any requested certification, release or other documentation.
2. The family must supply any information requested by SHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.
3. The family must disclose and verify social security numbers (as provided in part 5, subpart B, of this title) and must sign and submit consent forms for obtaining information in accordance with part 5, subpart B, of this title.
4. Any information supplied by the family must be true and complete.
5. The family is responsible for a Housing Quality Standards (HQS) breach caused by the family as described in Sec. 982.404 (b).
6. The family must allow SHA to inspect the unit at reasonable times and after reasonable notice.
7. The family may not commit any serious or repeated violations of the Lease.
8. The family must notify SHA and the owner before the family moves out of the unit, or terminates the lease on notice to the owner. See Section 982.314 (d).
9. The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
10. The composition of the assisted family residing in the unit must be approved by SHA. The family must promptly¹ inform SHA of the birth, adoption or court-awarded custody of a child. The family must request SHA approval to add any other family member as an occupant of the unit. No other person (i.e., nobody but members of the assisted family) may reside in the unit (except for a foster child or live-in aide as provided in paragraph (h) (4) of this section).
11. The family must promptly² notify SHA if any family member no longer resides in the unit.
12. If SHA has given approval, a foster child or a live in aide may reside in the unit. SHA has the discretion to adopt reasonable policies concerning residence by a foster child or a live in aide, and defining when SHA consent may be given or denied.
13. Member of the household may engage in legal profit-making activities in the unit, but only if such activities are incidental to primary use of the unit for residence by members of the family.
14. The family must not sublease or let the unit.
15. The family must not assign the lease or transfer the unit.
16. The family must supply any information or certification requested by SHA to verify that the family is living in the unit, or relating to family absence from the unit, including any SHA-requested information or certification on the purposes of family absences. The family must cooperate with SHA for this purpose. The family must promptly³ notify SHA of absence from the unit.
17. The family must not own or have any interest in the unit.
18. The members of the family must not commit fraud, bribery or any other corrupt or criminal act in connection with the program.
19. The members of the family may not engage in drug-related criminal activity, or violent criminal activity (see Sec. 982.553).
20. An assisted family, or members of the family, may not receive Section 8 tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative (as determine by HUD or in accordance with HUD requirements) federal, State or local housing assistance program.
21. The family agrees not to abuse alcohol in a manner that interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.
22. The family agrees not to pay the owner/landlord any additional compensation (either monetary or otherwise) other than that which is approved by the Lease or approved by SHA.
23. The family agrees not to engage in or threaten abusive or violent behavior towards any Housing Authority employee or representative.

I certify that the information provided as required by the above "Family Obligations" is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, imprisoned up to five years, have charges brought against me for theft of housing subsidy, lose my housing assistance, and/or have my rent

¹ Promptly is defined as within 14 days.

² Ibid

³ Ibid

increased and be responsible for full reimbursement of my housing assistance, if I furnish false or incomplete information or fail to notify SHA as stipulated above. I understand that if my assistance is terminated by SHA I may not be eligible for future housing assistance.

I further certify that I fully understand this document and that all of my questions concerning this document have been fully explained to my satisfaction prior to signing.

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Salem Housing Authority Representative



Section 1001, Title 18 of the U.S. Code of Federal Regulations makes it a criminal offense to make willfully false statements, or misrepresentations to any Department or Agency of the United States on any matter within its jurisdiction.



Equal Housing
Opportunity

The Housing Authority of the City of Salem promotes Drug Free Housing

Housing Authority of the City of Salem
STATEMENT OF NONDISCRIMINATION

The Housing Authority of the City of Salem does not discriminate against any person because of disability, race, color, religion, sex, marital status, familial status or national origin, gender identity, source of income, and/or domestic partnership in accessing, applying for or receiving assistance, or in the treatment or employment in any of its programs or activities.

All public meetings are held in accessible locations. Appropriate auxiliary aids (TDD, interpreters, readers, assistance filling out forms, etc.) will be provided upon request.

Complaints regarding accessibility to the Authority's programs for individuals with disabilities should be submitted in writing to Terry Frazier, Salem Housing Authority, PO Box 808, Salem OR 97308-0808. Questions or comments may also be made by phone at 503-588-6368, or TDD at 503-588-6447. Requests for auxiliary aid may be directed to a Housing Assistance Representative, Occupancy Coordinator, or other appropriate employee. The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, disability, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. Complaints of discrimination may be forwarded to the Administrator, Office of Fair Housing and Equal Opportunity, U.S. Department of HUD, Washington, D.C. 20410.

<p>Participants Interim Recertifications</p>	<p>In between annual recertifications, participant families/households must notify the Housing Authority immediately (within 14 days) when the following changes occur:</p> <ul style="list-style-type: none"> • When any person, except for minor children who become household members as a result of birth, adoption or court-awarded custody, desires to move into or out of the assisted unit. The head of household must first submit a written request and receive written approval from the Housing Authority and Property Owner/Landlord. • Whenever the family/household wishes to move to another assisted unit or have housing assistance transferred to another jurisdiction. • Whenever an Interim Report Form is mailed to you requesting that information be returned to the Housing Authority. <p>In between annual recertifications, it is also a good idea to report changes in household income that occur unexpectedly so that the family/household's rent subsidy may be adjusted accordingly.</p>
<p>Participants Reporting Absent Family/Household Members</p>	<p>Family/Household income must be computed for every adult household member. In general, the income is counted of an adult household member that is temporarily absent but uses the unit as their primary residence. However, an adult temporarily absent from the household due to military service will have all pay and allowances acceptable by law counted as income. To be considered a temporarily absent, a household member must return to the household within a six-month period.</p> <p>The income of permanently absent (over six months) family/household members is not counted.</p>
<p>Participants Reporting Visitors</p>	<p>Any adult or child not included on the HUD-50058 Family Report who resides in the assisted unit more than 14 consecutive days, or a total of 30 non-consecutive days within a 12-month period without written approval from SHA will be considered an <i>unauthorized</i> household member. This policy includes any person who stays with a program participant on weekends. The Housing Authority will determine if a visitor is using the assisted unit as their primary residence through the following means:</p> <ul style="list-style-type: none"> • Absence or lack of evidence of any other address of record. • Statements from neighbors, landlord, police or other reliable sources. • Receiving mail or using the unit address on licenses, employment records, and/or other documents. • Using the unit several hours each day for bathing/laundry, or other reasons, even if not staying overnight or sleeping at the unit; and/or keeping clothing or other personal belongings/articles there.
<p>Applicants and Participants Asking Questions</p> <p>Signing the Application/ Recertification</p>	<p>It is important for Applicants to understand what is expected of them in the application and recertification process. When meeting with a Salem Housing Authority caseworker to review your application/certification, ask questions if you do not understand the information provided. The Housing Authority caseworker can answer your questions or find out the answer.</p> <ul style="list-style-type: none"> • Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate. • Remember that by signing the application you are stating that the application is complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information. • Information you give on your application will be verified by the Housing Authority. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify accuracy.

Please contact the **TBHS Liaison at (503) 588-6448** to report family/household changes, request additional information or forms, or if there are any questions regarding the Housing Choice Voucher Program.

I certify that I fully understand this document and that all of my questions concerning this document have been fully explained to my satisfaction prior to signing.

Signed: _____ Date: _____
Head of Household

Signed: _____ Date: _____
Salem Housing Authority Representative
Family Obligations/Reporting Requirements 0805 LG