

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

STATEMENT OF FAMILY RESPONSIBILITY

1. **CERTIFICATION.** The undersigned Public Housing Agency (PHA) hereby certifies that the Family headed by \_\_\_\_\_ and which consists of the following members:

_____	_____
_____	_____
_____	_____
_____	_____

is eligible to participate in the Section 8 Housing Choice Voucher Program of this PHA and is approved to occupy the unit located at \_\_\_\_\_. Under this program, the PHA makes housing assistance payments on behalf of participating Families toward their rents to owners of decent, safe, and sanitary units rehabilitated under the Program.

2. **FAMILY PORTION OF RENT.**

(a) Total Tenant Payment. The total amount that the Family will be obligated to pay monthly towards rent and utilities based on the Family's income and is called the Total Tenant Payment.

(b) Family Payment to Landlords. The amount that the Family will be obligated to pay monthly to the Landlord will be the amount of the Total Tenant Payment unless the Family is responsible for paying for any utilities. If the Family must pay for any utilities directly, the Family will pay to the Landlord the Total Tenant Payment minus the appropriate allowance for tenant-paid utilities and services.

(c) Changes in Family Income and Allowances. The amount of the Family's required Total Tenant Payment is subject to change by reason of changes to program rules and changes in Family Income, composition and other allowable deductions such as medical and child care expenses.

3. **PHA PORTION OF RENT.** The PHA will pay to the Landlord on behalf of the Family the difference between the Family's payment to the Landlord and the monthly Contract Rent.

4. **OBLIGATIONS OF THE FAMILY.**

A. The family must:

1. Supply such certification, release, information or documentation as the PHA or HUD determines to be necessary, including submission of required evidence of citizenship or eligible alien status, and submissions required for an annual or interim reexamination of Family income and composition.
2. Allow the PHA to inspect the dwelling unit at reasonable times and after reasonable notice.
3. Notify the PHA before vacating the dwelling unit.
4. Use the dwelling unit solely for residence by the Family, and as the Family's principal place of residence.

B. The family must not:

1. Own or have any interest in the dwelling unit. If the Owner is a cooperative, the Family may be a member of the cooperative.

2. Commit any fraud in connection with the Section 8 Existing Housing Certificate Program.

3. Receive housing assistance under the Section 8 Program while occupying, or receiving housing assistance for occupancy of, any other unit assisted under any Federal housing assistance program (including any Section 8 Program).

5. **EQUAL HOUSING OPPORTUNITY.** If the Family has reason to believe that, in its search for suitable housing, it has been discriminated against on the basis of age, race, color, creed, religion, sex, handicap or national origin, the Family may file a complaint with HUD. HUD has set up a "hot-line" to answer questions and take care of complaints about Fair Housing and Equal Opportunity. The toll-free number is 1-800-699-9777 (toll-free voice number) and 1-800-927-9275 (toll-free TDD number). For 504 questions, the TDD number is 1-800-800-5029. In the Washington, DC metropolitan area, the number is (202) 275-0848.

6. **TERMINATION OF ASSISTANCE.**

A. If the Family voluntarily vacates the unit, there is no guarantee that further housing assistance will be provided.

B. The PHA may decline to enter into a Housing Assistance Payments Contract or to Section 8 unit if the Family:

1. currently owes rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance;
2. has not reimbursed the PHA or another PHA for any amounts paid to a Landlord under a Contract for rent or other amounts owed by the Family under the Lease, or for a vacated unit;
3. has committed any fraud in connection with any federal housing assistance program;
4. has violated any Family obligation under Section 4; or
5. has breached an agreement to pay amounts owed to a PHA in connection with Section 8 or public housing assistance or amounts paid to a Landlord by a PHA under a Contract for rent or other amounts owed by the Family under the lease or for a vacated unit.

C. The PHA may also terminate housing assistance payments for the unit described in Section 1 if the Family has committed any fraud in connection with any federal housing assistance program; violated any Family obligation under Section 4; or breached an agreement to pay amounts owed to a PHA or amounts paid to a Landlord by a PHA as in Section 6.B-5.

Housing Authority of the City of Bastrop  
P.O. Box 707  
Bastrop, Texas 78602

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Housing Representative

\_\_\_\_\_  
Date

*Bastrop Housing Authority does not discriminate against persons on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.*