



# TACOMA HOUSING AUTHORITY

## Participant Obligations 24CFR 982.551

1. I understand that I am required to report **in writing** any changes in income and/or household composition within 10 days of the occurrence.
2. I certify that the house or apartment will be my only residence. I will not sublease my assisted residence and will not allow anyone to live in my unit that is not on the lease.
3. I must allow Tacoma Housing Authority (THA) to perform Housing Quality Standard (HQS) inspections with reasonable notice. Federal regulations state I am responsible for all damages caused by my family and guests. Unit abuse, owing rent and unpaid utilities may result in termination of housing assistance.
4. I understand I must receive approval from THA before allowing anyone to move into my unit. I must also receive permission from THA before I move. I must notify THA if I will be away from my unit for more than 30 days. I must make all requests in writing.
5. I understand that I must notify THA in writing if a person moves out of my unit within 10 days of the occurrence. I may be required to provide proof of where the person is now living.
6. I understand it is my family obligation to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. I understand I must provide social security cards, birth certificates or other required documents for household members. Cooperation includes attending pre-scheduled meetings, completing and signing all needed forms.
7. I understand I may not make additional payments of any kind to the landlord that are not included in the lease and approved by THA and to do so is considered fraud.
8. I understand I must comply with all provisions of my lease and not commit any serious or repeated violations of the lease. I must pay my family share of the rent and utilities.
9. I understand that my mailing address is for the sole use of authorized household members and may not be used by any other persons.
10. Household members cannot commit fraud, bribery or any other corrupt or criminal act in connection with any federal housing program, including receiving another housing subsidy for my unit or any other unit under any federal, state or local housing assistance program. The household may not own any deed, title or claim to the unit. I understand I may not rent from any person related to any member of my household.
11. Household members may not engage in any drug-related criminal activity, alcohol abuse or violent criminal activity, including threatening, abusive or violent behavior toward THA personnel or other criminal activity that threatens the health, safety, or right to peaceful enjoyment of other residents.
12. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I will also be required to repay assistance overpaid on my behalf and may be terminated from the program. I certify that all the information I provide to THA is true and accurate.

I have read and I understand the above Participant Obligations. I understand that failure to comply with my Participant Obligations may result in denial of admission, an obligation to repay assistance overpaid on my behalf, and /or termination from the Housing Choice Voucher Program. All adults, 18 years and older must sign this form.

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Head of House

\_\_\_\_\_

Date

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Adult Family Member

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Adult Family Member

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Adult Family Member

\_\_\_\_\_

Adult Family Member