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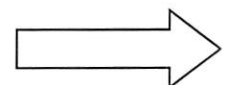
707 E Main Ave
PO Box 430
Bowling Green
Kentucky 42102

City of Bowling Green Housing Division

FAMILY OBLIGATIONS UNDER THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

Violation of any of these rules is grounds for termination of assistance or other punitive action and/or a three year period of ineligibility.

1. The assisted household must supply all information determined by the PHA or HUD to be necessary for the administration of the program.
2. The assisted household must keep all appointments scheduled with the Section 8 office unless canceled or rescheduled in advance.
3. The assisted household must allow the PHA to inspect the unit at reasonable times and after reasonable notice. The assisted household is responsible for any damages to the unit during tenancy beyond normal wear and tear.
4. The assisted household must keep the unit safe, decent and sanitary at all times.
5. The assisted household is responsible to provide any utilities and/or appliances not provided by the owner, as stated in the lease, and to maintain service at all times. Lack of utility service and/or appliances would make the unit substandard.
6. The assisted unit must be used by the family as its primary residence. The assisted household must promptly notify the PHA of absences from the unit expected to be longer than 20 days. The sole adult household member must not be absent from the unit for more than 30 days, unless previously approved by the PHA.
7. The assisted household may not commit any violation of the owner's lease and must pay Tenant's Rent as determined by the housing office, on the first day of each month unless otherwise stipulated in the lease.
8. The assisted household must not be court evicted from the unit for the reason(s) that would also violate any of the program rules or the owner's lease. The family must promptly give the PHA a copy of any owner issued eviction notice and related documents.
9. The assisted household must notify the PHA and the owner prior to moving or terminating the lease by submitting the 30 Day Notice at least 30 days prior to the anticipated move date. The lease will terminate on the last day of the month following the 30 day notice period. The assisted household may not move during the lease term and may move only once during any 12 month period.
10. The assisted household must promptly report any change in household composition (pursuant to #12). Before allowing someone to move in to the assisted unit, the assisted household must receive the PHA's approval.
11. 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 may be considered evidence that the individual is residing in the unit without authorization.



Turn over

12. Any guest who remains in the unit over 24 hours must be reported to the PHA within three (3) days of arrival. If reported within 3 days of arrival, an adult guest may remain in the unit for up to 30 days during any 12 month period and a minor child may remain in the unit for up to 90 days in a 12 month period. Guests who are not reported to the PHA within 3 days of arrival will be assumed to be residing in the unit without PHA's approval. Court custody of a minor child must be granted to a household member in order for the child to remain in the assisted unit over 90 days.
13. Any household member 18 years old or older who is enrolled as a full time student must report any change in his/her student status within 14 days.
14. The assisted household must report all increases in household income within 14 days of onset. Failure to report required changes in income within the 14 day grace period will result in a repayment and/or termination from the program. Failure to report income increases as required will constitute possible fraud on the part of the family.
15. The assisted household must make monthly payments on executed Repayment Agreements.
16. At no point can assisted household have more than 3 (4 or more) unreported, late reported, or under-reported incomes that resulted in more than 3 (4 or more) repayments during the most recent 3 years period. These actions would be considered as repetitive violation of family obligation and possible fraud, which will result in automatic termination of assistance.
17. The assisted household must not engage in threaten, abusive or violent behavior toward Housing Agency personnel.
18. The assisted household must not commit fraud, bribery or any other corrupt or criminal act in connection with the program.
19. No member of the assisted household, guest, or person in the unit with express or implied permission of the assisted household may engage in alcohol abuse which interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.
20. 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 or violent criminal activity that is taking place on the premises of the assisted unit.
21. No member of the assisted household may engage in drug related criminal activity or violent criminal activity.
22. The assisted household must not own or have any interest in the unit. The assisted unit must not be owned by a relative as described in the Request for Tenancy. The unit must not be sub-let nor the lease transferred to another person.
23. An assisted household must not receive Section 8 assistance while receiving any other housing subsidy under any federal, state, or local housing assistance program.

I, the undersigned, 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 is grounds for termination from the Section 8 Program and loss of eligibility for Rental Assistance/Mortgage Assistance and that I am entitled to an Informal Hearing to settle disputes with the Section 8 office.

Signature of **Head of Household**

Date

Signature of **Spouse or Other Adult**

Date

Signature of **Other Adult**

Date

Signature of **Other Adult**

Date

EQUAL HOUSING OPPORTUNITY

EQUAL OPPORTUNITY EMPLOYER

TDD Number 1-800-648-3056 (for the hearing/speech impaired only)