## **Statement of Family Obligations Form**

## The family must:

- 1. Supply any information that the Pawtucket Housing Authority (PHA) or HUD determines to be necessary, including evidence of citizenship or eligible immigration status, and information required to recertify family income and composition or as a result of an audit or quality control review.
- 2. Disclose and verify social security numbers and sign consent forms to obtain information.
- 3. Supply any information requested to verify that the family is living in or absent from the unit.
- 4. Promptly notify the PHA in writing when the family is away from the unit for more than 30 days. In no case can the family be absent from the unit for more than 180 days.
- 5. Allow PHA to inspect the unit at reasonable times and after reasonable notice. The family must allow the owner to make repairs.
- 6. Notify the PHA of any change in income or household composition in writing within 10 days.
- 7. Notify the PHA in writing at least 30 days before vacating the dwelling unit or terminating the lease. Provide the owner with a notice to vacate and submit a copy to the PHA.
- 8. Use the assisted unit for residence by the family. The unit must be the family's only residence.
- 9. Promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child.
- 10. Promptly notify the PHA in writing within 10 days of changes in the marital status of any member.
- 11. Request PHA written approval to add any other family member as an occupant of the unit.
- 12. Promptly notify the PHA in writing if any family member no longer lives in the unit.
- 13. Give the PHA a copy of any owner eviction notice.
- 14. Notify PHA in writing within 24 hours of disconnected utility service.
- 15. Pay utility bills and supply appliances that the owner is not required to provide under the lease.
- 16. Supply true and complete information.
- 17. Cooperate with the PHA in complying with EIV regulations, by signing all required documents and providing information related to EIV data.
- 18. Correct any HQS violation for which the family is responsible within the specified timeframe.

## The family (including each family member) must NOT:

- 1. Own or have interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
- 2. Commit any serious or repeated violation of the lease.
- 3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
- 4. Tamper with any utility boxes or use extension cords from other units to "steal" utilities, or use another person's identity when establishing utility connections.
- 5. Engage in any criminal activity (drug-related, violent or otherwise).
- 6. Be convicted of other drug-related or violent criminal activity within the past five years.
- 7. Have any household members who illegally possess weapons.
- 8. Sublease or let the unit or assign the lease or transfer the unit.
- 9. Receive housing choice voucher program assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
- 10. Damage the unit or premises (other than ordinary wear and tear) or permit any guest damage the unit or premises.
- 11. Receive housing choice voucher program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
- 12. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.
- 13. Threaten or physically abuse any employee of the PHA.

I have read the Family Obligations and understand that violating them may result in the termination of my assistance.