



PROGRAM REGULATION SHEET

REPORTING INCREASES IN HOUSEHOLD INCOME

I understand that I must report, in writing, any increase/decrease in household income within ten (10) days of the occurrence. If I do not report any increase in household income prior to the end of the month, I understand 1) I will be required to repay an overpayment of rent to my landlord, and 2) If the Harford County Housing Agency determines that I knowingly did not report the increase, I understand that I may be terminated from the Housing Choice Voucher Program.

REPORTING DECREASES IN HOUSEHOLD INCOME

I understand that in order to have my rent reduced, I must report, in writing, any decrease in household income by the end of the month in which the change occurs. An adjustment in the tenant's total tenant payment will be made only if the decrease in income is for more than a 60-day period. The adjustment will be effective the first of the month following that in which the change is reported, after all the facts are verified.

I understand that if my TCA Grant (or any other grant) is reduced due to my failure to meet the requirements of the grant, I will not be eligible for a reduction in my monthly rent.

MINIMUM RENT

I understand if a minimum rent of \$50.00 is used to calculate my total tenant payment, I have the right to request a minimum rent hardship exemption under the law through the informal hearing process.

_____ Adult Signature (18 years or older)	_____ Date	_____ Adult Signature (18 years or older)	_____ Date
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REPORTING CHANGES IN HOUSEHOLD COMPOSITION AND ABSENCES FROM MY UNIT

I understand that I must report any changes in my household size, in writing, to the Agency. When a person moves out, the change must be reported within TWO (2) WEEKS.

I also understand that additions to the household must be approved by the Housing Agency in advance of the person moving in. Any guests staying beyond two (2) weeks, or continuing weekend guests, are not allowed and will be determined by the Agency to be members of the household. Additions to the household will generally be permitted only if 1) The addition is a minor child, for which some type of custody arrangement can be shown, or 2) The addition is a critically ill parent, or adult child, or the addition is a proposed spouse or "significant other" who is in good standing by Federal Rental Assistance standards, is employed, and has not engaged in criminal drug activity or violent criminal activity.

I understand any absence of a household member from the unit, for more than two (2) weeks, must be reported to the Agency. Advance request for extended periods of absence may be approved by the Agency on a case-by-case basis; i.e., an extended hospital stay or other family illness. I understand that I must report, in writing, when I am going to leave my unit, when I will be returning to my unit, and where I will be staying during my absence to the Housing Agency.

I understand if I am planning to move at the end of my lease period, I must give the Housing Agency at least thirty (30) days advance written notice of my intent to move. Notification to my landlord must be given in accordance with the provision of my lease.

_____ Adult Signature (18 years or older)	_____ Date	_____ Adult Signature (18 years or older)	_____ Date
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DRUG POSSESSION, USE, MANUFACTURE, SALE, OR VIOLENT CRIMINAL ACTIVITY

I understand the Housing Choice Voucher Program prohibits the possession, use, manufacture, or sale of illegal drugs, on or off the premises, of my unit. The use, attempted use, or threatened use of physical force against any person or the property of another is also prohibited. If enough evidence exists to prove that any family member is involved in either of these activities (regardless of whether they have been convicted), I understand that I may lose my Housing Choice Voucher Program assistance.

_____ Adult Signature (18 years or older)	_____ Date	_____ Adult Signature (18 years or older)	_____ Date
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**USE OF MY RENTAL ASSISTED UNIT BY PERSONS NOT LISTED IN MY HOUSEHOLD**

I understand that any person not listed in my household is not allowed to receive mail at my unit. I understand that any person not listed in my household is not allowed to have a car registered at my unit. I understand that any person not listed in my household is not allowed to list my address on any legal document, including but not limited to, police reports, any type of application, driver's license, or identification card. I have been informed that if any of the above occurs, the Housing Agency will consider the person to be part of my household.

\_\_\_\_\_

Adult Signature (18 years or older)

\_\_\_\_\_

Date

\_\_\_\_\_

Adult Signature (18 years or older)

\_\_\_\_\_

Date

Do you currently have any services, such as gas and electric service or telephone services, which are in someone else's name? \_\_\_\_Yes \_\_\_\_No

If yes, please list person's full name, explain why the service is in this person's name, list the person's current address, and provide the Housing Agency with proof of the person's current address, if applicable:

Do you have an unauthorized person who is in your unit against your wishes whom you are afraid to ask to leave due to fear that you may become a victim of domestic violence? \_\_\_\_Yes \_\_\_\_No

I understand that I should contact the Housing Agency immediately if either of the two above situations occurs in the future.

**VIOLENCE AGAINST WOMEN ACT 2005, TITLE VI – HOUSING**

I understand that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as a serious or repeated violation of the victim's or threatened victim's lease and shall not be good cause for terminating the assistance, tenancy, or occupancy rights of the victim of such violence.

\_\_\_\_\_

Adult Signature (18 years or older)

\_\_\_\_\_

Date

\_\_\_\_\_

Adult Signature (18 years or older)

\_\_\_\_\_

Date

**FAMILY OBLIGATION TO MAINTAIN THE RENTAL UNIT**

I understand that I must maintain service for all utilities which are my responsibility under the lease. If I fail to maintain service for any utility, which I am responsible for under the lease (including supplying the stove or refrigerator), I understand that I will be terminated from the Housing Choice Voucher Program.

I understand that I must maintain good housekeeping practices and take care of my rental unit, and that an inspection that shows a dirty or an abused rental unit may end the rental assistance immediately. Evidence of poor maintenance may include, but is not limited to, broken windows, a general lack of maintenance, multiple holes in the walls, an unreasonable level of "infestation" (mice, roaches, etc.) caused by a lack of cleanliness, and large quantities of pet urine or feces.

**FAMILY OBLIGATION UNDER THE LANDLORD'S TENANT LEASE**

I understand that I must follow the guidelines of my landlord's lease. If I fail to abide by the guidelines of my lease, including failure to pay tenant rent or repeated incidences of disturbing my neighbors, I may be terminated from the Housing Choice Voucher Program.

\_\_\_\_\_

Adult Signature (18 years or older)

\_\_\_\_\_

Date

\_\_\_\_\_

Adult Signature (18 years or older)

\_\_\_\_\_

Date

**MY PROGRAM ELIGIBILITY ANALYST HAS EXPLAINED EACH OF THE ABOVE PROGRAM RULES TO ME, AND I FULLY UNDERSTAND WHAT THESE RULES MEAN. I AM AWARE THAT IF I VIOLATE ANY OF THESE RULES, I MAY BE TERMINATED FROM THE HOUSING CHOICE VOUCHER PROGRAM.**

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Adult Signature (18 years or older)

\_\_\_\_\_

Date

\_\_\_\_\_

Adult Signature (18 years or older)

\_\_\_\_\_

Date