

## Section 8 Participant Obligations

*This form is designed to help you understand your obligations under the Section 8 program. These obligations apply to everyone living in your household. If you do not meet these obligations you could lose your Section 8 assistance.*

### HOUSEHOLD INCOME

**You must:**

- Report in writing full and complete financial information for every household member at all annual and interim re-examinations.
- Report all income including, but not limited to, income from jobs, welfare, social security, child support, and all assets such as bank accounts, vehicles, property, etc.  
*If you do not report all household income and assets, you could lose your Section 8 Assistance and you may have to repay your subsidy to OHA.*

### HOUSEHOLD MEMBERS

**You must:**

- Request approval from OHA and the landlord before allowing anyone (including family members, foster children and live-in aides) to live with you.
- Report birth, adoption or court-awarded custody of a child to OHA in writing within two weeks of the event.
- Inform OHA in writing if any household member has moved out or will be absent from the unit within two weeks of when they leave.

### REQUIRED DOCUMENTATION

**You must:**

- Ensure that all information provided to OHA is true and complete.
- Provide any information OHA requests regarding household income and assets.
- Sign and submit consent forms allowing OHA to obtain income, asset and social security information.
- Disclose and verify the Social Security numbers of all household members upon request.
- Provide evidence of citizenship or immigration status.
- Provide any additional information necessary to administer the Section 8 Program.

### OWNERSHIP OF THE UNIT

**You must not:**

- Own or have an ownership interest in the unit.
- Rent from a relative who is the parent, stepparent, child, stepchild, grandparent, grandchild, sister, sister-in-law, brother, brother-in-law, spouse or domestic partner of you or anyone in your household (unless OHA approves it as a reasonable accommodation for someone with a disability).

### HOUSING QUALITY STANDARDS (HQS)

**You must:**

- Allow OHA to inspect your unit at reasonable times and after reasonable notice.
- Maintain the unit in good condition. This includes paying for any utilities that are your responsibility and supplying and maintaining any appliances you agreed to provide.
- Repair any damage caused by you, any household members or your guests in a timely manner.

### RENTAL AGREEMENT

**You must:**

- Use your unit primarily as a residence.
- Get approval from OHA and the property owner before operating a business out of your unit.

**You must not:**

- Commit any serious or repeated violations of your lease agreement, such as not paying your portion of rent on time every month.
- Pay the landlord more than your portion of the rent.
- Sublet or rent part of your unit or your entire unit to someone else.
- Have more than one residence.

### MOVING & EVICTIONS

**You must:**

- Give the landlord written notice if you want to move out according to the lease (usually 30 days notice after the initial lease term) or sign an OHA Mutual Agreement form before moving out.
- Give OHA a copy of the notice you give the owner (or the Mutual Agreement) on the same day.
- Give OHA a copy of any eviction notice you receive within 5 days.

### FRAUD & CRIMINAL ACTIVITY

**You or any member of your household must not:**

- Commit fraud, bribery or any other corrupt or criminal act in connection with Section 8.
- Engage in violent or drug-related criminal activity, or other criminal activity that threatens the health, safety, or right to peaceful enjoyment of the premises by persons living near you.
- Engage in, or threaten, abusive or violent behavior toward OHA staff.
- Receive more than one form of housing assistance for the same unit or different units at the same time.

***This form is a summary of OHA's Administrative plan and the Code of Federal Regulations for the Section 8 Program.***

Head of Household Signature:	Date	Other Adult:	Date
Co-Head of Household Signature:	Date	Other Adult:	Date

*If you have questions or if you don't understand something on this form, please ask your Representative for help.*

