

RECERTIFICATION / RENT CHANGE INTERVIEW

DATE: _____

NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

CURRENT HOUSEHOLD MEMEBERS:

FIRST, MIDDLE, & LAST NAME	RELATIONSHIP TO HEAD	SEX	AGE

.....

**** ALL QUESTIONS MUST BE ANSWERED BY HEAD OF HOUSEHOLD AND BY ANYONE IN HOUSEHOLD WHO IS 18 OR OVER.****

Documents Needed from DSS for proof

DO YOU CURRENTLY RECEIVE AFDC? _____

IF YES, HOW MUCH? _____

IF NO, HAVE YOU RECENTLY APPLIED OR DO YOU PLAN TO APPLY FOR AFDC? _____

Provide check stubs at least 4 to 6 Current.

ARE YOU EMPLOYED? _____

ARE YOU EMPLOYED THROUGH A TEMPORARY AGENCY? _____

NAME OF EMPLOYER / TEMPORARY AGENCY: _____

DATE STARTED WORK: _____

SUPERVISOR / CONTACT PERSON: _____

PAID: WEEKLY BI-WEEKLY OTHER (EXPLAIN) _____

WAGES PER HOUR: _____ HOURS WORKED PER PAY PERIOD _____

DAYS AND HOURS WORK: _____

DO YOU RECEIVE TIPS? _____ IF YES, HOW MUCH PER PAY PERIOD? _____

Documents needed to provide proof!

DO YOU HAVE EXPENSES FOR CHILD CARE OF A CHILD 12 OR UNDER? _____

TO WHOM DO YOU PAY CHILDCARE? _____

PAY \$ _____ PER _____ FOR CHILDCARE.

PAY CHILDCARE FOR: _____

DO YOU OR ANYONE LISTED ON THIS FORM RECEIVE SOCIAL SECURITY, SSI, VA, OR ANY PENSIONS? _____

NAME OF FAMILY MEMBER RECEIVING	WHY RECEIVED?	SSI, SSA, OTHER	AMOUNT

HAVE YOU OR ANYONE LISTED APPLIED TO RECEIVE ANY OF THE ABOVE BENEFITS? _____

MEDICAL DEDUCTIONS: 62 yrs or older or if you receive SSI/SS

PHARMACY	
MEDICAL DR.	
EYES	
DENTAL	
HEARING AIDS	
HEALTH INS.	
MEDICARE	
OUTSTANDING	
MEDICAL BILLS	

DO YOU RECEIVE UNEMPLOYMENT? _____

IF YES, HOW MUCH? _____

IF NO, HAVE YOU RECENTLY APPLIED? _____

IF NO, DO YOU PLAN TO APPLY IN THE NEAR FUTURE? _____

DO YOU HAVE ANY OTHER INCOME? _____

DO YOU RECEIVE FINANCIAL ASSISTANCE FROM FAMILY OR FRIENDS? _____

IF YES, LIST THE PERSON AND AMOUNT _____

Print your name by I on each Blank

I, _____, DO HEREBY STATE THAT ALL INFORMATION PROVIDED IS TRUE AND ACCURATE, AND THAT ALL INCOME FOR ALL HOUSHOLD MEMBERS HAS BEEN REPORTED.

SIGNATURE

DATE

I, _____, UNDERSTAND THAT IT IS MANDATORY TO PROVIDE ALL CHECK STUBS. I UNDERSTAND THAT I MUST BE ABLE TO PROVIDE AT LEAST THE PAST 12 CONSECUTIVE CHECK STUBS. I UNDERSTAND THAT I MUST BE ABLE TO PROVIDE THIS VERIFICATION OF INCOME AT ANY TIME THE HAH REQUESTS THE INFORMATION.

I, _____, DO HEREBY STATE THAT I UNDERSTAND THAT IF I HAVE REQUESTED A RENT DECREASE, THE DECREASE IN INCOME HAS TO LAST FOR THIRTY DAYS. AT THE END OF THE THIRTY DAYS THE HOUSING AUTHORITY WILL THEN COMPLETE THE RENT CHANGE AND WILL RETRO THE EFF. DATE OF THE CHANGE AS NECESSARY.

I, _____, DO HEREBY STATE THAT I UNDERSTAND THAT ANY RENT CHANGE OR RECERT CAN'T BE COMPLETED UNTIL ALL PAPERWORK IS RECEIVED. I UNDERSTAND THAT IF I HAVE NOT PROVIDED ALL INFORMATION REQUESTED THAT I WILL BE RESPONSIBLE FOR PAYING FULL RENT UNTIL ALL INFORMATION NECESSARY IS RECEIVED.

SIGNATURE

DATE

HOUSING AUTHORITY OF HARTSVILLE
POST OFFICE DRAWER 1678
HARTSVILLE, SOUTH CAROLINA 29551

I, _____, HAVE BEEN INFORMED BY THE HOUSING AUTHORITY
OF HARTSVILLE THAT I MUST REPORT ANY AND ALL CHANGES IN INCOME OR FAMILY SIZE
THAT OCCUR, FOR MYSELF OR FOR OTHERS, IN MY HOUSEHOLD. THESE CHANGES MUST BE
REPORTED TO THE HOUSING AUTHORITY WITHIN 10 CALENDAR DAYS FROM THE DATE THAT
THE CHANGE TAKES PLACE.

FAILURE TO REPORT THESE CHANGES COULD RESULT IN LOSING MY ASSISTANCE AND IN
REFERRAL OF THE MATTER FOR INVESTIGATION AND BEING ACCUSED OF A FEDERAL CRIME.

SIGNATURE

April J. Smith

WITNESS

DATE

HOUSING AUTHORITY OF HARTSVILLE
POST OFFICE DRAWER 1678
HARTSVILLE, SOUTH CAROLINA 29551

I, DO HEREBY STATE THAT THE INCOME LISTED BELOW IS ALL THE INCOME, FOR MYSELF AND OTHERS IN MY HOUSEHOLD.

AFDC _____
Amounts

SSA _____

CHILD SUPPORT _____

SSI _____

UNEMPLOYMENT _____

VA _____

WORKMEN COMP _____

PENSIONS _____

WAGES _____

HRS. X 24 26 52 WEEKS

TIPS _____

WAGES (SALARY) _____ MONTHLY BI-MONTHLY SEMI-MONTHLY

EMPLOYER _____

OTHER _____

BY SIGNING THIS DOCUMENT, I CERTIFY THAT I HAVE REPORTED TO THE HOUSING AUTHORITY OF HARTSVILLE ANY AND ALL INCOME THAT HAS BEEN RECEIVED DURING THE LAST TWELVE (12) MONTHS, WHICH INCLUDES CURRENT INCOME.

SIGNATURE

April Forest

WITNESS

DATE



DATE:

I _____, Print Full Name HEREBY AUTHORIZE THE HOUSING AUTHORITY OF HARTSVILLE TO RUN A CRIMINAL BACKGROUND CHECK AND WORK REPORT WITH THE TENANT PI AND EMPLOYMENT VERIFICATION WILL BE VERIFIED THROUGH THE WORK NUMBER WHEN NECESSARY .

I ALSO UNDERSTAND THAT ANY FALSE INFORMATION OR STATEMENTS OR FAILURE TO DISCLOSE INFORMATION COULD BE SUFFICIENT REASON TO DISQUALIFY MYSELF FOR ADMISSION TO AND/OR EVICTION FROM PUBLIC HOUSING AND/OR ANY RENTAL ASSISTANCE PROVIDED BY THE HOUSING AUTHORITY.

APPLICANT'S/RESIDENT'S SIGNATURE



WITNESS (HAH STAFF MEMBER)



P: 843-332-1583
F: 843-383-9250

Office Hours:
Monday - Thursday
8:00 AM - 12:00 PM
1:00 PM - 6:00 PM
Closed Fridays

PO Drawer 1678
1301 South 5th St.
Hartsville, South Carolina 29551



DATE:

CRIMINAL BACKGROUND CHECK AND/OR EMPLOYEE REPORT

TO WHOM IT MAY CONCERN,
ATTACHED PLEASE FIND AN AUTHORIZATION SIGNED BY A RESIDENT/ APPLICANT FOR
OUR PUBLIC HOUSING AND/OR SECTION 8 RENTAL ASSISTANCE PROGRAM. THIS
AUTHORITIES TENANT PI, AND EMPLOYMENT VERIFICATION TO RELEASE ANY
INFORMATION THAT MAY BE ON FILE CONCERNING THE PERSON LISTED BELOW.

TO ASSIST YOU IN THIS MATTER WE HAVE INCLUDED THE FOLLOWING INFORMATION:

NAME:

FIRST

MIDDLE

LAST

DESCRIPTION:

AGE:

DOB:

SS#:

CURRENT MAILING ADDRESS:

THANK YOU FOR YOUR COOPERATION. IF YOU HAVE ANY QUESTIONS, PLEASE CALL ME
AT (843)332-1583, EXT. 15.

SINCERELY,
HOUSING AUTHORITY OF HARTSVILLE

APRIL FORRESTER
SECTION 8 CLERK

ATTACHMENT



P: 843-332-1583
F: 843-383-9250

Office Hours:
Monday - Thursday
8:00am - 6:00pm
Closed Fridays

PO Drawer 1678
1301 South 5th St.
Hartsville, South Carolina 29551

Your Key to a Brighter Future!

HartsvilleHA.org

Request for Child Support Information

Date: _____

To Whom It May Concern:

We are required to verify the income of all applicants, as well as residents, who participate in any of our federally subsidized programs. This information is required in order to determine a family's eligibility and rent and will be held in confidence.

Sincerely,

Housing Authority of Hartsville

April Forrester HCV Occupancy Clerk

I Hereby Authorize the Release of Information to the Housing Authority of Hartsville

Signature

PHA Staff only

Re: _____ SS# _____

_____ Case NBR: _____

_____ Absent Parent: _____

Please attach a copy of the Court Order for the Last Six (6) Months

Court Staff only

Does _____ Does Not _____

Receive Child Support Payments thru _____ Clerk of Court

Amount of Court Ordered Support: _____ Amount of Court Ordered Arrears: _____

Support Payments are made: Weekly ___ Bi-Weekly ___ Monthly ___ Twice a Month ___

Date Support Payments Began _____ Date Last Support Payment made _____

Support Payments Goes Through DSS: Yes ___ No ___

Signature of Court Official

Date

**Authorization for the
Release of Information**

U.S. Department of Housing & Urban Development

Office of Housing

Office of Public & Indian Housing

Organization requesting release of information
(name, address, telephone, & date):

Housing Authority of Hartsville
Post Office Drawer 1678
Hartsville, South Carolina 29551
(843)-332-1583
Attention: Section 8

This form cannot be used to request a copy of a tax return. Instead,
use IRS form 4506, Request for a Copy of Tax Form.

Purpose

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in any of the following programs:

- Low-Income Rental Indian Housing
- Low-Income Rental Public Housing
- Mutual Help Homeownership Opportunity Program
- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Program
- Section 23 and 10(c) Leased Housing
- Section 23 Housing Assistance Payments
- Section 202
- Section 221(d)(3) Below Market Interest Rate
- Turnkey III Homeownership Opportunities Program

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only HUD, an Indian Housing Authority, or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Security Agencies.

Information Covered Inquiries may be made about:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions, and Assets
- Federal, State, Tribal, or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History

Individuals Or Organizations That May Release Information

Any individual or organization including any governmental or organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords
- Providers of:
 - Allimony
 - Child Care
 - Child Support
 - Credit
 - Handicapped Assistance
 - Medical Care
 - Pensions/Annuities
 - Schools and Colleges
 - U.S. Social Security Administration
 - U.S. Department of Veterans Affairs
 - Utility Companies
 - Welfare Agencies

Computer Matching Notice & Consent

I agree that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The governmental agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

Conditions

I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signature, Printed Name of the Head of Household & Date:

Signature, Printed Name of Other Adult Member of the House & Date:

Signature, Printed Name of Spouse/Other Adult Member of the Household & Date:

Signature, Printed Name of Other Adult Member of the Household & Date:

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Housing Authority of Hartsville Mailing: P.O. Drawer 1678
1301 S. Fifth St. Hartsville, SC 29551
Hartsville, SC 29550

Kim Funderburk

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance, without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____ Head of Household	_____ Date		
_____ Social Security Number (if any) of Head of Household		_____ Other Family Member over age 18	_____ Date
_____ Spouse	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date	_____ Other Family Member over age 18	_____ Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Section 8
Tenancy Approval

Additional Information

Electric	Progress Energy	<input type="checkbox"/>	Pee Dee Electric	<input type="checkbox"/>		
Heat Pump	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Water	City of Hartsville	<input type="checkbox"/>	Darlington County	<input type="checkbox"/>		
Sewer	City of Hartsville	<input type="checkbox"/>	Septic Tank	<input type="checkbox"/>		
Trash	City of Hartsville	<input type="checkbox"/>				
Gas	SCE&G	<input type="checkbox"/>	Suburban Propane	<input type="checkbox"/>	Other	<input type="checkbox"/>

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing.

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<p>Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.</p>	
<p>Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.</p>	
<p>Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.</p>	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



Your Key to a Brighter Future!

P: 843-332-1583
F: 843-383-9250
Office Hours: Monday - Thursday 8:00am - 6:00pm, Closed Fridays
PO Drawer 1678, 1301 South 5th St., Hartsville, South Carolina 29551

HartsvilleHA.org

Family Obligations

Family Obligations Under the Housing Choice Voucher Program Include:

- (1) Supplying required information deemed necessary by HUD or the Housing Authority of Hartsville to administer the program. This includes information related to the calculation of income, family composition, signatures on consent forms, submission of documents related to eligible immigration status, and disclosure and verification of social security numbers.
(2) Responsibility for ANY breach of Housing Quality Standards caused by the family
(3) Permitting Housing Quality Standards Inspections
(4) Complying with the lease
(5) Submitting notices to the Housing Authority of Hartsville and Owner BEFORE moving out of the unit or terminating the lease (30 days in writing)
(6) Supplying the Housing Authority of Hartsville with ANY eviction notice received from the owner
(7) Using the assisted unit as the family's only residence and providing notification of any changes in household composition including the departure of a household member.
(8) May not sublet or assign the lease.
(9) May not be absent in violation of the Housing Authority of Hartsville's policy on absences from the unit and must provide the Housing Authority of Hartsville requested information on the purpose of the family absence
(10) Must not own or have any interest in the unit, except ownership in a cooperative
(11) Must not be receiving or must not receive any other form of tenant-based or duplicative assistance
(12) Must not engage in drug-related criminal or violent criminal activity
(13) Must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program

I, [redacted], hereby state that I have read or have had read to me and that I understand the Family Obligations for the Housing Choice Voucher Program. I do hereby state that I understand that if I violate any program obligations that I will be terminated from the Housing Choice Voucher Program.

Signature
[Handwritten Signature]

Date

Witness

Date