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## ANNUAL PARTICIPANT CERTIFICATION

**I understand** (please initial each line):

- I will give true and complete information to the CHA.
- I will sign and submit any consent form required by CHA.
- I must supply any/all information/document(s) that CHA request from our family.
- I must disclose and verify all household members Social Security Numbers.
- I must disclose Citizenship.
- I must request CHA and landlord approval, before any other adult(s) move into the unit.
- I must notify the CHA when any family member is going to be out of the unit for more than 14 consecutive days.
- I must allow the CHA to inspect the unit.
- I must notify the CHA and landlord, in writing, no less than 30-days prior to moving out of the unit.
- I must pay my share of the monthly rent to the landlord.
- I must pay my monthly utility bills.
- I must make our monthly Repayment Agreement entered with a Public Housing Authority.
- I cannot damage the unit/premises beyond normal wear and tear, nor allow guests to cause damage.
- I cannot use illegal drugs.
- I cannot commit any criminal activities, including violent-criminal and drug-related.
- I cannot engage/abuse alcohol that threatens the health, safety, or right to peaceful enjoyment of the premises.
- I cannot receive rental assistance from a relative of any member of the household (unless permitted by CHA).
- I cannot allow other persons to use my physical/mailling address for their physical/mailling address.
- I cannot have guest in my unit for more than 14 days in a row, or 30 total days in a year. (unless CHA and landlord approves).
- I, or anyone in the family, cannot receive voucher assistance while receiving another housing subsidy.
- I cannot commit any serious or repeated violations of the lease. This includes, non-payment of rent, disturbance of neighbors, destruction of property, living/housekeeping habits, and criminal activity
  - I/we will lose our Voucher if we are evicted, via court, from our unit.
- I cannot fraud, bribery, or any other corrupt or criminal act with the program.
- I or anyone in the family, cannot engage in or threaten abusive or violent behavior towards CHA personnel.

**I understand that I must report to the CHA within 10 days** (please initial each line):

- I must immediately report to the CHA all changes in household income, including new income.
- I must immediately report to the CHA when a family member no longer lives in the household (including if child was removed from household)
- I must immediately report to the CHA of the birth, adoption, or court-awarded custody of a child.
- I must immediately give the CHA a copy of any "Notice to Quit", "30-Day Notice", or "Eviction" notice.

**I hereby certify that I understand my obligations under the voucher program and that my failure to comply with these obligations may result in the termination of the participation in the program.**

\_\_\_\_\_  
 Signature of Head of Household

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Spouse or Other Adult Member

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Other Adult Member

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Other Adult Member

\_\_\_\_\_  
 Date

# PENALTIES FOR FRAUD

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## Types of Fraud:

- Withholding information
- Making false statement
- Lying on personal declaration forms
- Failure to comply with program requirements
- Falsifying document and/or signatures
- Failure to report promptly changes in household income and/or composition (within 10 days)
- Allowing additional people to live in the unit without approval from the Housing Agency and/or landlord
- Subleasing all or part of the rental unit
- Charging a live-in aid rent
- Committing to a serious criminal act
- Owning or having a financial interest in the rental unit.

## Penalties for Fraud:

- Evicted from rental unit
- Terminated from rental assistance
- Required to repay all overpaid rental assistance
- Fined up to \$10,000
- Imprisoned up to five years
- Ineligibility for future government assistance
- Subject to State and local government penalties

## By signing below, I confirm:

- 1. That I have read the penalties for submitting fraudulent information;**
- 2. That I understand what fraud is, and;**
- 3. That I understand the penalties for committing fraud.**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Other Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member

\_\_\_\_\_  
Date