



SECTION 8 OFFICE
700 ANDOVER PARK W, SUITE A, TUKWILA, WA, 98188-3322
PHONE: (206) 214-1300 FAX: (206) 243-5927

OFFICE USE ONLY	
FORM #:	857
HOUSEHOLD ID:	
TICKLER #:	
EFFECTIVE DATE:	

STATEMENT OF FAMILY RESPONSIBILITIES

When the family's unit is approved and the HAP contract executed, the family must follow the rules listed below in order to continue participating in the Section 8 Rental Housing Voucher program.

A. The family **MUST**:

1. **Supply** any information that the Housing Authority (HA) or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
2. **Disclose** and **verify** social security numbers and sign and submit consent forms for obtaining information.
3. **Supply** any information requested by the HA to verify that the family is living in the unit or information related to family absence.
4. Promptly **notify** the HA in writing when the family is away from the unit for an extended period of time in accordance with HA policies.
5. **Allow** the HA to inspect the unit at reasonable times and after reasonable notice.
6. **Notify both** the HA and the Owner in writing before moving out of the unit or terminating the lease.
7. Use the assisted unit for the residence by the family. The unit must be the family's **only** residence.
8. Promptly **notify** the HA in writing of the birth, adoption, or court-awarded custody of a child.
9. **Request** HA approval **in writing** to add any family member as an occupant of the unit. **Any person staying at the premises more than fourteen (14) days in a two (2) month period shall not be considered a guest and MUST be reported to the Housing Authority by the tenant.**
10. Promptly **notify** the HA in writing if any family member no longer lives in the unit.
11. **Give** the HA a copy of any owner issued eviction notice.
12. **Pay** utility bills and **supply** appliances that the owner is not required to supply under the lease.

B. Any information the family supplies **must be true and complete**.

C. The family (including each family member) **must NOT**:

1. **Engage** in or threaten abusive or violent behavior toward Housing Authority
2. **Own** or have any interest in the unit (other than in a cooperative, or owner of a manufactured home leasing a manufactured home space.
3. **Commit** any serious or repeated violation of the lease. *(This means if you are*

EVICTED from the unit, you will be denied further assistance).

4. **Commit** fraud, bribery or any other corrupt or criminal act in connection with the program.
5. **Participate** in illegal drug or criminal activity.
 - a. *Drug related criminal activity means* one of the following:
 1. The illegal manufacture, sale, or distribution, or possession with intent to manufacture, sell or distribute, a controlled substance (as defined in section 102 of the Controlled Substances Act (21 B.S.C.. 802)); or
 2. The illegal use, possession for personal use, of a controlled substance as defined above.
 - b. *Violent criminal activity means* any illegal criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against the person or property of another.
 - c. In making its determination as to whether drug-related criminal activity or violent criminal activity occurred, the issue will be whether the preponderance of evidence indicates that a family has engaged in such activity, regardless of whether the family member has been arrested or convicted.
6. **Sublease** or let the unit or assign the lease or transfer the unit.
7. **Receive** Section 8 tenant-based or Project-based program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
8. **Damage** the unit or premises (other than damages from ordinary wear and tear) or permit any guest(s) to damage the unit or premises.
9. **Abuse** alcohol in a way that interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.

I understand that any changes in family income or family composition must be reported to the Housing Authority in writing within thirty (30) days of the date of change.

I understand that I must report any household member who is a registered Sex Offender immediately. I understand that I must notify the Housing Authority of any illegal criminal activity involving myself or any household member immediately.

I understand that any violation of the above obligations could result in the termination of my Section 8 assistance or denial of another voucher.

Signature of Tenant/Head of Household

Print Name

Date

Signature of Spouse/Co-Tenant

Print Name

Date