BOULDER COUNTY HOUSING AUTHORITY
Responsibilities of Households Receiving Housing Assistance

Households receiving housing assistance through the Boulder County Housing Authority (BCHA) must comply with all of the following terms of the program, their lease, and all provisions stated in this document. **Failure to comply with any of these may result in termination from the program.** Please note that all "I" statements below pertain to every household member.

ANNUAL RECERTIFICATION. I understand that once a year, prior to the anniversary date of my current lease, BCHA will review my household's eligibility for the program, including collecting current income and asset documentation, verifying current household members, and verifying program compliance, among other things.

INSPECTIONS. I understand that at least once a year, BCHA will inspect my unit to assure that it meets the U.S. Department of Housing and Urban Development's (HUD) Housing Quality Standards. I will receive prior notice of the inspection date and time. I understand that it is my responsibility to be available for this inspection, and if I am not able to be present at the inspection, I will make sure that an adult family member/neighbor over age 18 is present. I understand that BCHA may terminate my housing assistance for inspection violations caused by the tenant, household members, or guests, and for inspections not completed.

REPORT CHANGES IN INCOME. I understand that I must report any change in income (increase or decrease) which may be, but is not required to be, due to job acceptance, job loss, pay raises/decreases, etc. to BCHA **within 10 days of occurrence/notification**. I understand that my late notification of an income change to my case manager may require that the income increase be processed immediately and/or that I will be required to enter into a repayment agreement with BCHA for past unreported income. I will contact my case manager to request that a verification of earnings form be sent to my previous/current/future employer to obtain this information. I also understand that it is my responsibility to ensure that the documentation has been received by my case manager.

UNIT OCCUPANCY. I understand that I must notify BCHA in writing **within 10 days of occurrence** if any of the following changes occur: birth of a baby, an adoption or court awarded custody. I must receive prior approval from BCHA to add another family member(s) as an occupant of the unit, and will immediately notify BCHA if any household members no longer reside in, or are temporarily absent from the unit. I also understand that if my household reduces in size, my voucher size may change, and I may be required to move from my existing residence at the expiration of my lease.

LEASE COMPLIANCE. I understand that it is my responsibility to make sure that my household's portion of the rent will be made on or before the first day of each month; utilities will be paid on time; I will provide and maintain any appliance that the owner is not required to provide under the lease; and that I will keep my unit and common areas clean. I am responsible for any damages to the unit, and am also responsible for my guests and their actions. I understand that I may not commit any serious or repeated violations of the lease, and that failure to comply with the terms of the lease may result in termination from the program.

RESIDENCE: I understand that I may have only one residence.

MOVE NOTIFICATION. I understand that my initial lease with a landlord is to be for a one-year term; after that, I may choose to transfer to a month-to-month lease, if approved by the landlord. If I choose to move, I understand that a (30- or 60-day, depending on the lease) written notice to both the landlord and BCHA is required. If I desire to move while contracted in a lease, I must, with the landlord's approval, sign a "Mutual Rescission of Lease" agreement, and submit a copy to BCHA. If I receive an eviction notice, I must submit it to BCHA immediately. I understand that I may not move to a new unit if I owe monies to a previous landlord or am not in compliance with a repayment agreement.

SECURITY DEPOSIT. I understand that, upon moving into a new unit, a landlord may collect a security deposit, and that it is my responsibility to make sure that I anticipate and budget for this expense.

DRUG-RELATED CRIMINAL ACTIVITY/ABUSE OF ALCOHOL/VIOLENT CRIMINAL ACTIVITY. I understand that no member of my household may engage in any drug-related ("controlled substances") activities, abuse of alcohol or any violent criminal activity.

Drug-related criminal activity is defined as the illegal manufacture, sale, distribution, use of, possession with intent to sell, distribute, or use a controlled substance. Tenant can be held responsible for any guests engaging in any drug or criminal activity.

Abuse of alcohol in a way that threatens the health, safety, or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises may also result in termination of housing assistance.

Violent criminal activity is defined as any "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. Violent criminal activity is grounds for denial or termination of assistance.

BACKGROUND REPORTS. I authorize, through my signature, that BCHA may check police records at any time(s) during my participation in program.

BEHAVIOR TOWARD BCHA PERSONNEL. I understand that any abusive or violent behavior towards any BCHA staff member may result in termination of my rental assistance, or denial of my application for assistance.

FRAUD, BRIBERY, CRIMINAL ACTS. I understand that I may not sublease or sublet my unit, and that I am not allowed to assign the lease or transfer the unit. I may not own or have any interest in the unit and may not rent from a family member unless a reasonable accommodation has been granted. Members of my household may not receive a Housing Choice Voucher while receiving another housing subsidy, either for the same or another unit.

BY SIGNING THIS FORM:

I certify that the information given to BCHA based on income, family size, assets, allowances, and deductions to be true and correct to the best of my/our knowledge and belief.

I understand that false statements or information are grounds for termination of housing assistance.

I understand that providing false information is punishable under federal law.

I have read the family obligations listed on the voucher, and the foregoing two pages. I agree to these terms and understand that failure to comply may result in termination from the Housing Assistance Program.

Signature Head of Household	Date	Signature Spouse/Other Adult	Date
Signature Other Adult	Date	Signature Other Adult	Date