



**BURLINGTON HOUSING AUTHORITY**  
**65 MAIN STREET**  
**BURLINGTON, VT 05401-8408**  
**PHONE: (802) 864-0538**  
**FAX: (802) 658-1286**  
**www.burlingtonhousing.org**



## **RECERTIFICATION**

### **APPLICATION FOR CONTINUED OCCUPANCY OR RENTAL ASSISTANCE**

#### **INTRODUCTION**

Federal regulations require that recipients of federal housing assistance recertify their family composition, income, assets and deductions annually to ensure that your portion of the rent is calculated correctly.

#### **INSTRUCTIONS**

Please complete this Application for Continued Occupancy or Rental Assistance so that we can re-confirm your family's information and recalculate your rent contribution.

In addition to completing the application, you need to complete and sign the following forms:

1. BHA Authorization for Release of Information
2. HUD Authorization for Release of Information / Privacy Act Notice  
Form 9886 for Section 8 and Public Housing; or  
Form 9887 & 9887-A for other Managed Properties
3. Other releases as required by the assistance program

Please review the application carefully and answer all required questions fully and accurately. If you cannot fit all of the information in the space provided, add additional sheets. Incomplete applications will be returned to you. Failure to complete this form and to return the information by the due date is a violation of your lease or family responsibilities and is a basis for lease or rental assistance termination. If you have changes in your income or family members after you have completed and submitted this Application, it is very important that you notify BHA with the updated information. If we complete your Annual Recertification with inaccurate information it could result in your being charged a back rent amount at a later date, due to this unreported change. **It is your responsibility to always report any changes within ten (10) days of the change.** False statements or information are grounds for eviction or termination of rental assistance.

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IF YOU HAVE ANY QUESTIONS, PLEASE CALL OR WRITE TO: **BURLINGTON HOUSING AUTHORITY**  
**65 MAIN STREET**  
**BURLINGTON, VT 05401-8408**  
**(802) 864-0538**

**AFTER YOU HAVE COMPLETED THIS APPLICATION, KEEP THIS PAGE FOR FUTURE REFERENCE.**

## **PRIVACY DISCLOSURE**

All information in applicant and tenant files is considered to be confidential, except that BHA may disclose information in tenant or applicant files to other public agencies, utility companies or non-profit organizations in furtherance of the operations or business of BHA. BHA may also disclose information relating to the tenancy of former BHA tenants and program participants to landlords who are seeking references and to credit bureaus. Medical information and information concerning a disability of any tenant or applicant will not be disclosed by BHA to any person or organization without a written release from the tenant or applicant in question.

Except for disclosure of information to landlords seeking references and to credit bureaus, any tenant or applicant who wishes to limit disclosure of information by BHA as provided above must notify the Executive Director of his/her wishes in writing.

BHA will keep all information received involving domestic violence, dating violence, sexual assault or stalking confidential, unless the victim requests or consents in writing to disclosure, the information is required in an eviction proceeding or disclosure is otherwise allowed by law. In addition, BHA will comply with the provisions of confidentiality laws and regulations that apply to BHA.

## **EQUAL OPPORTUNITY AND NON-DISCRIMINATION STATEMENT**

The Burlington Housing Authority (BHA) will comply with Title VI of the Civil Rights Act of 1964 and Title VIII of the Civil Rights Act of 1968; Section 504 of the Rehabilitation Act of 1973; Executive Order 11063; Fair Housing Amendments Act of 1988; The Americans with Disabilities Act of 1990; and with the laws of the State of Vermont prohibiting discrimination in public accommodations and in employment practices, and all related rules, regulations and requirements thereunder.

The BHA will not on account of race, color, creed, national origin, sex, sexual orientation, place of birth, age, U.S. military veteran status, familial status, marital status, disability, gender identity or gender related characteristics, deny to any person the opportunity to apply for admission, nor deny to an eligible applicant the opportunity to lease or rent a dwelling suitable for its needs. Further, in the selection of tenants, there will be no discrimination against persons otherwise eligible for admission because their income is derived in whole or in part from public assistance. BHA will not discriminate against selected tenants, and discrimination by one tenant against another is unacceptable and will not be condoned.

The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the federal government that federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

## **DISCLOSURE TO APPLICANTS AND PROGRAM PARTICIPANTS WITH DISABILITIES**

Burlington Housing Authority's policies and practices are designed to provide assurances that persons with disabilities will be given reasonable accommodations, upon request, so that they may fully access and utilize our housing programs and related services. BHA will consider requests for Reasonable Accommodations from persons with disabilities in order to afford them an equal opportunity to obtain the same result, to gain the same benefit or to reach the same level of achievement as those who do not have disabilities.

All of BHA's applications, forms, annual recertification questionnaires, etc. may be requested in an alternative format. Additionally, persons with disabilities may request that our annual recertification interviews, and other meetings, be held in private or at their apartment.

IF YOU NEED TO REQUEST A REASONABLE ACCOMMODATION, SUCH AS NEEDING ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT US AT (802) 864-0538.



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**RECERTIFICATION**  
**APPLICATION FOR CONTINUED OCCUPANCY OR RENTAL ASSISTANCE**

Please complete all sections. Incomplete applications will result in the application being returned to you.

HEAD OF HOUSEHOLD AND CURRENT ADDRESS				
<b>NAME</b>	FIRST	LAST	MIDDLE INITIAL/MAIDEN NAME	
<b>MAILING ADDRESS</b>	PO BOX / STREET	<b>PHYSICAL ADDRESS</b>	STREET ADDRESS	
	CITY/TOWN		CITY/TOWN	
	STATE/ZIP CODE		STATE/ZIP CODE	
<b>E-MAIL ADDRESS</b>	@			
<b>TELEPHONE NUMBERS</b>	HOME	WORK	PAGER/CELL PHONE	

HOUSEHOLD COMPOSITION						
List all persons who will be living in the household when you receive rental assistance. Use additional sheet if necessary.						

NAME	RELATION	SOCIAL SECURITY #	SEX	AGE	DATE OF BIRTH	PLACE OF BIRTH
1	Head					
2						
3						
4						
5						
6						

YES  No  Do you expect any additions to the household within the next twelve (12) months?  
 NAME AND RELATIONSHIP: \_\_\_\_\_  
 EXPLANATION: \_\_\_\_\_

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Do you have full custody of your child(ren)?  
 EXPLANATION: \_\_\_\_\_

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Are there any absent household members who, under normal circumstances, would live with you, such as a family member away in military duty?  
 EXPLANATION: \_\_\_\_\_

**HOUSEHOLD INCOME**

Include all income or financial benefits anticipated for the next twelve months, received by ALL household members, regardless of age. Any 'Yes' for questions 1 – 16 requires a detailed explanation in the table below

**Do YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE INCOME FROM:**

<input type="checkbox"/>	<input type="checkbox"/>	1.	Employment wages or salaries? <i>Including overtime, tips, bonuses, commissions and payments received in cash</i>																				
<input type="checkbox"/>	<input type="checkbox"/>	2.	Self-employment?																				
<input type="checkbox"/>	<input type="checkbox"/>	3.	Regular pay as a member of the Armed Forces?																				
<input type="checkbox"/>	<input type="checkbox"/>	4.	Unemployment benefits or worker's compensation?																				
<input type="checkbox"/>	<input type="checkbox"/>	5.	General Assistance, Aid to Needy Families with Children (ANFC)?																				
<input type="checkbox"/>	<input type="checkbox"/>	6a.	Child Support or alimony? <i>Any AWARDED amounts, collected to uncollected. We must count court-ordered support whether or not it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered, or received directly from the payor.</i>																				
		6b.	<table border="1"> <tr> <td><b>YES</b></td> <td><b>NO</b></td> <td><b>HOW IS THE SUPPORT RECEIVED?</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Child Support Enforcement Agency</td> <td>NAME OF AGENCY</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Court of Law</td> <td>NAME OF COURT</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Directly from Individual</td> <td>NAME OF PERSON</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other</td> <td>EXPLAIN:</td> </tr> </table>	<b>YES</b>	<b>NO</b>	<b>HOW IS THE SUPPORT RECEIVED?</b>		<input type="checkbox"/>	<input type="checkbox"/>	Child Support Enforcement Agency	NAME OF AGENCY	<input type="checkbox"/>	<input type="checkbox"/>	Court of Law	NAME OF COURT	<input type="checkbox"/>	<input type="checkbox"/>	Directly from Individual	NAME OF PERSON	<input type="checkbox"/>	<input type="checkbox"/>	Other	EXPLAIN:
<b>YES</b>	<b>NO</b>	<b>HOW IS THE SUPPORT RECEIVED?</b>																					
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		6c.	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>If money is not actually received, are you taking legal action to remedy? Explain:</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	If money is not actually received, are you taking legal action to remedy? Explain:																	
<input type="checkbox"/>	<input type="checkbox"/>	If money is not actually received, are you taking legal action to remedy? Explain:																					
<input type="checkbox"/>	<input type="checkbox"/>	7.	Social Security, SSI or any other payments from the Social Security Administration?																				
<input type="checkbox"/>	<input type="checkbox"/>	8.	Veteran's benefits, pensions, retirement benefits or annuities?																				
<input type="checkbox"/>	<input type="checkbox"/>	9.	Severance payments?																				
<input type="checkbox"/>	<input type="checkbox"/>	10.	Settlements, such as insurance settlements?																				
<input type="checkbox"/>	<input type="checkbox"/>	11.	Disability, death benefits or life insurance dividends?																				
<input type="checkbox"/>	<input type="checkbox"/>	12.	Regular gifts or payments from anyone outside the household?																				
<input type="checkbox"/>	<input type="checkbox"/>	13.	Educational grants, scholarships, or other student benefits?																				
<input type="checkbox"/>	<input type="checkbox"/>	14.	Lottery winnings or inheritances?																				
<input type="checkbox"/>	<input type="checkbox"/>	15.	Payments from rental property, land contracts or other forms of real estate?																				
<input type="checkbox"/>	<input type="checkbox"/>	16.	Any other income sources or types not listed, such as: food stamps, fuel assistance?																				
<input type="checkbox"/>	<input type="checkbox"/>	17.	Do you or any household member expect any changes to your income in the next twelve (12) months?																				

QUESTION NUMBER	FAMILY MEMBER	INCOME SOURCE AND ADDRESS	AMOUNT
Ex: 1	John	XYZ Corp., 125 Main Street, Burlington, VT	\$15,000 per year

**ZERO INCOME VERIFICATION**

YES      NO  
     Are YOU or any other ADULT family member claiming zero income? If yes, who:

**ASSET INFORMATION**

Include all assets held and the corresponding annual interest rate, dividends, and/or other income derived from the asset. An asset is defined as a lump sum amount that you hold and currently have access to.

YES      NO      Do YOU OR ANYONE IN YOUR HOUSEHOLD HOLD:

- 1.    Checking or savings accounts?
- 2.    CDs, money market accounts or treasury bills?
- 3.    Stocks, bonds or other securities?
- 4.    Trust funds?
- 5.    Pensions, IRAs, KEOGH or other retirement accounts
- 6.    Cash on hand over \$500?
- 7.    Real estate, rental property, land contracts/contract for deed or other real estate holdings?  
*This includes your personal residence, mobile homes, vacant land, farms, vacation home or commercial property.*
- 8.    Personal property as an investment?  
*Including paintings, coin or stamp collections, artwork, collector or show cars and antiques.*
- 9.    A safe deposit box?

QUESTION NUMBER	FAMILY MEMBER	ASSET	ACCOUNT NUMBER	TYPE	ANNUAL INTEREST RATE	AMOUNT
Ex: 1	John	Charter One Bank	123456	Savings	1%	273.78

**DISPOSITION OF ASSETS**

YES      NO  
     Have you or any family member disposed of or given away any asset(s) for **LESS** than fair market value within the past two years? If Yes:

FAMILY MEMBER: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

EXPLANATION: \_\_\_\_\_

### MEDICAL EXPENSES

If you are elderly and/or disabled and pay all or part of your medical expenses, you may be entitled to an allowance to offset your portion of the rent. Please list the pharmacies, doctors, dentists, hospitals, medical equipment suppliers and insurance providers which *you* must make payment to (which is not reimbursed by insurance), so we can verify your out of pocket expenses.

DOCTORS, DENTISTS AND HOSPITALS			
PHARMACIES			
MEDICAL EQUIPMENT SUPPLIERS			
HEALTH / MEDICAL INSURANCE		PREMIUM	MTHLY/QTRLY/YEARLY
MEDICARE MEDICAID OR BOTH			
MEDICARE ID #			
LIFELINE EMERGENCY RESPONSE			

### CHILD CARE EXPENSES

List both your weekly out of pocket costs and the amount provided from other sources. Other sources can include SRS, welfare, or a parent not part of the household.

CHILD CARE PROVIDER	NAME AND ADDRESS	YOUR WEEKLY COST:
		OTHER SOURCES PAYMENT:

### STUDENT INFORMATION

Yes    No

    If any adult (18 years of age or older) in the household currently a full-time student, or planning to be one within the next 12 months? If Yes, list the name of the student and the school.  
*You will need to provide verification from the school*

STUDENT NAME

NAME OF SCHOOL


**CRIMINAL INFORMATION**

YES      No

a. Have you or any family member been charged with or convicted of a crime during the past year? If Yes, give details of the crime, when it took place and where?

FAMILY MEMBER	CRIME
WHEN	DETAILS
WHERE	

<b>EMERGENCY CONTACT</b> IF POSSIBLE, LIST SOMEONE IN THE AREA WHO IS NOT PART OF YOUR HOUSEHOLD	NAME	RELATIONSHIP	
	ADDRESS		
	TOWN/CITY	STATE	ZIP CODE
	PHONE NUMBER		

**APPLICANT CERTIFICATION**

I certify that the information given on this application is accurate and complete to the best of my knowledge and belief. I understand that false statements or information is punishable under Federal Law. I also understand that false statements or information are grounds for denial of my application or termination of my assistance.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head of Household

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date





## AUTHORIZATION FOR THE RELEASE OF INFORMATION

I/we consent to allow Burlington Housing Authority to request and obtain information from third party sources relevant and necessary for the processing of my application for federally assisted housing, for the periodic determination of my rental obligations, and for the periodic determination of my continued eligibility for housing.

Sources that may be contacted and that are authorized to release requested information include, but are not limited to: income and benefit sources, asset sources, sources for eligible deductions from income (pharmacy/prescription, doctor, dental expenses, medical insurance, etc), landlords, credit bureaus, character references, personal references, utility companies, social service providers, courts, police departments and corrections departments.

Copies of this authorization shall have the same force and effect as the original.

This authorization shall remain effective for the duration of my receipt of rental assistance from the Burlington Housing Authority.

--	--	--

Head of Household

Signature

Date

--	--	--

Spouse

Signature

Date

--	--	--

Other family member,  
age 18 or older

Signature

Date

--	--	--

Other family member,  
age 18 or older

Signature

Date

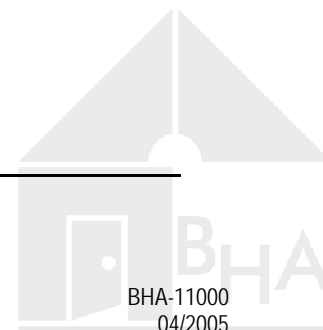
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Other family member,  
age 18 or older

Signature

Date

File Name: \_\_\_\_\_





# 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. 1/31/2014

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

Burlington Housing Authority  
65 Main Street  
Burlington, VT 05401

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

Manchester Field Office  
Norris Cotton Federal Building  
275 Chestnut Street, 4th Floor  
Manchester, NH 03101-2487

**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(l)(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.

**Statement of Family Obligations  
Burlington Housing Authority  
Section 8 Housing Choice Voucher Program**

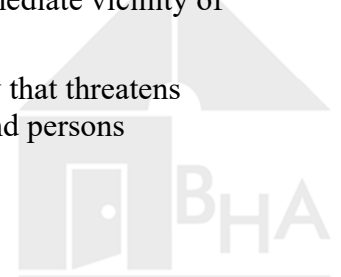
I, \_\_\_\_\_ (please print name/s), as a head of household and participant in the Housing and Urban Development (HUD) Section 8 Housing Choice Voucher Program (HCV or Program), administered by Burlington Housing Authority (BHA), fully understand and agree, on behalf of myself and my family, to comply with all of the following Family Obligations to remain eligible for continued rental assistance under the Program:

1. The family must supply any information that BHA or HUD determines to be necessary, including submission of required evidence of citizenship or eligible immigration status.
2. The family must supply any information requested by BHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
3. The family must disclose and verify social security numbers and must sign and submit consent forms for obtaining information in accordance with part 5, subpart B, of 24 CFR §982.551.
4. The family must report all increase in income of \$200 or more to the BHA within 10 days of the change occurring. (reporting is considered filling out the interim application)
5. Any information supplied by the family must be true and complete.
6. The family is responsible for any Housing Quality Standards (HQS) breach by the family caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest per §982.404(b).
7. The family must allow BHA to inspect the unit at a reasonable time and after reasonable notice. I understand that the property owner/landlord will be given a copy of all inspections.
8. The family may not commit any serious or repeated violations of the lease. Serious and repeated lease violations will include, but not be limited to, nonpayment of rent, disturbance of neighbors, destruction of property, living or housekeeping habits that cause damage to the unit or premises, and criminal activity that is the fault of the tenant or guests.
9. The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease
10. The family must notify the PHA and the owner before moving out of the unit or terminating the lease per §982.354(d).
11. The family must promptly give BHA a copy of any owner eviction notice.



**Statement of Family Obligations  
Burlington Housing Authority  
Section 8 Housing Choice Voucher Program**

12. Regarding Occupancy and Use of the Unit:
  - a. The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
  - b. The composition of the assisted family residing in the unit must be approved by BHA and listed on the lease. The family must promptly notify BHA in writing of the birth, adoption, or court-awarded custody of a child. The family must request BHA and Landlord approval to add any other family member as an occupant of the unit. No other person (i.e., nobody but members of the assisted family) may reside in the unit (except for a foster child or live-in aide as provided in Family Obligation 11b of this form.)
  - c. The family must promptly notify BHA in writing if any family member no longer lives in the unit.
  - d. If the BHA has given approval, a foster child or a live-in aide may reside in the unit. The BHA has the discretion to provide or deny this approval based on policies and definitions set forth in its Administrative Plan.
  - e. The family must not sublease the unit, assign the lease, or transfer the unit.
  - f. The family may, subject to landlord approval, engage in legal profitmaking activities in their unit, if such activities are incidental to primary use of the unit for residence by members of the family and do not impact their neighbors' right to peaceful enjoyment of their unit.
13. Guests are limited to staying in the assisted unit no more than 15 consecutive days, or a total of 30 days in a 12-month period. Any person whose stay exceeds either the number of permitted consecutive or total days will be considered to be living in the unit as an unauthorized household member, in violation of these Family Obligations.
14. The family must supply any information or certification requested by the BHA to verify that the family is living in the unit or information related to family absence from the unit.
15. The family must promptly notify BHA when all the family is absent from the unit. Written notice must be provided to the BHA at the start of the extended absence, which is defined as any period greater than 30 calendar days.
16. The family must not own or have any interest in the unit, (other than in a cooperative and owners of a manufactured home leasing a manufactured home space).
17. Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
18. Family members and their guests must not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
19. Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.



**Statement of Family Obligations  
Burlington Housing Authority  
Section 8 Housing Choice Voucher Program**

- 20. An assisted family or members of the family must not receive HCV program assistance while receiving another housing subsidy, for the same unit or a different unit, under any duplicative federal, State or local housing assistance program.
- 21. A family must not receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless BHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

For purposes of the above statements, I understand the term “family” is interchangeable with “household” and includes a group of persons residing together (24 C.F.R. § 5.403) in my assisted unit. I also understand that serious or repeated violation(s) of any of the above Family Obligations caused by myself, as head of household, any member of my family or household (whether approved or unapproved), or any guest staying in my unit, may lead to the termination of the family’s rental assistance provided on my behalf by BHA, under the Housing Choice Voucher Program.

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*Signature of Head of Household/Date*

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*Signature of Co –Head of Household /Date*

