MaineHousing
MAINE STATE HOUSING AUTHORITY

Family Certification of Briefing

This is to certify that on this date I have completed a family briefing for the Housing Choice Voucher Program. The items below have been explained to me by a MaineHousing representative. I understand that should I need further explanation on any or all of these items, it is always available to me in person, by telephone or in writing:

- ☐ A description of how the Housing Choice Voucher Program works.
- ☐ My responsibilities to the landlord.
- ☐ My family obligations to MaineHousing.
- ☐ How the Housing Assistance Payment (HAP) is determined for my family.
- ☐ How MaineHousing determines the maximum rent for a unit.
- ☐ The length of the term of my voucher and the policy for extensions
- ☐ An explanation of portability and the procedures for exercising portability.
- ☐ MaineHousing's policy on providing information to prospective landlords.
- ☐ How MaineHousing determines a family's unit size.
- ☐ An explanation of the grounds for termination of assistance.
- ☐ When and how I am required to report any and all family member income and/or family composition changes **in writing** within **14** calendar days of the change to MaineHousing.
- ☐ Requirements surrounding Housing Quality Standards Inspections.

The following documents have been provided to me on this date:

- ☐ The Family Handbook
- ☐ Protecting Tenants at Foreclosure Act
- ☐ A Good Place to Live!
- ☐ The Landlord Packet
- ☐ The Family Information Sheet
- ☐ Reasonable Accommodation Policy
- ☐ Home to Stay Family Obligations Addendum
- ☐ Family Certification of Briefing
- ☐ Protect Your Family From Lead in Your Home
- ☐ Maine Housing Family Self-Sufficiency Program
- ☐ Are You a Victim of Housing Discrimination?

It is my responsibility to locate suitable and eligible housing before the expiration date of my voucher, and to notify MaineHousing if I am having difficulty. I understand the rules of the program and will comply with them as long as I participate in the program.

_____ Date: _____
Applicant Signature

_____ Date: _____
Additional Household Adult Signature

_____ Date: _____
Additional Household Adult or Translator *(specify)*

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To contact the Housing Choice Voucher Department: **207-624-5789 | 866-357-4853 | Fax 207-624-5713 | section8hcv@mainehousing.org**