**Housing Choice Voucher VASH Obligation Acknowledgement Form**

Now that you have received your HCV voucher as a participant in the VASH Program, you have required obligations to fulfill. Failure to comply with these program rules can result in the loss of your rental assistance. These obligations include:

* You will be required to cooperate with your VA Caseworker until the VA graduates you from the VASH program. Failure to do so will mean you no longer qualify for the VASH program or the voucher
* You must supply any information that MaineHousing or HUD determines to be necessary for the administration of the program, and to certify and recertify your household.
* Any information you do provide to MaineHousing must be true and complete.
* You must allow MaineHousing to inspect the unit at reasonable times after reasonable notice.
* You may not commit any serious or repeated violations of the lease.
* You must give at least a 30 day written notice to both your landlord and MaineHousing before you move out of your unit or terminate the lease.
* You must promptly notify MaineHousing should you receive an eviction notice.
* You must use the assisted unit as your only residence
* You must promptly notify MaineHousing if you want to add another person to your household. Should that person be 18 or older we require a letter from the landlord approving this addition, AND approval from MaineHousing once the person passes the screening process.
* You must promptly notify MaineHousing in writing if a family member no longer resides in your unit.
* Your family must not own or have any interest in the unit. You may not be related to the landlord. The landlord may not reside in your unit.
* Members of your household may not commit fraud, bribery, or any other corrupt criminal act in connection with the program.
* Members of your household may not engage in drug related criminal activity or violent criminal activity.
* Members of your family may not engage in the illegal use of controlled substances or abuse of alcohol that threatens the health and safety or right to peaceful enjoyment of the premises by other residents.
* When a change in income occurs, you **MUST** report the change in writing to MaineHousing within 14 days of the change. Unreported changes to household income may result in an overpayment of subsidy. Should an overpayment occur you will be required to pay back these amounts and may be terminated from the HCV program and subject to civil and criminal penalties.
* It is illegal for you to make any additional payments to the landlord to cover a rent amount that is higher than what MaineHousing has approved. It is illegal for a landlord to charge such side payments.
* HUD requires that all households be recertified at least once a year. You will receive a recertification packet in the mail and are required to complete and return this in a timely matter. Failure to submit an annual review will result in the loss of your voucher.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the above listed obligations and understand what is expected of me while I am a participant in the Housing Choice Voucher VASH Program.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_understand that I must follow the Housing Choice Voucher and VASH program rules. Failure to follow these rules will result in a termination of my assistance.

**HUD § 982.552   PHA denial or termination of assistance for family**

(c) Authority to deny admission or terminate assistance – (1) Grounds for denial or termination of assistance. (i) If the family violates any family obligations under the Program *(See* **§ 982.551)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_understand that if I am terminated from the program I will be required to pay the full rent on my own with no subsidy assistance from MaineHousing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Witness/Navigator) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MaineHousing Occupancy Specialist)