GREAT FALLS HOUSING AUTHORITY

1500 Chowen Springs Loop
Great Falls, MT 59405-2564
Office: 406-453-4311
Fax: 406-727-5566
TDD: 406-453-6327
e-mail: gfha@gfhousing.org
Website: www.gfhousing.org

Great Falls Housing Authority Section 8 Program

Statement of Family Obligations

Below is a listing of obligations for families participating in the Section 8 program. These obligations include responsibilities the family is required to fulfill, as well as prohibited actions. The family must follow all of the rules below in order to participate in the Section 8 program. Please be advised that if you or any family member violates and/or fails to act on any one of these requirements, Great Falls Housing Authority may terminate your housing assistance. If you do not understand these obligations, or if you have any questions, please ask you Leasing Specialist for assistance.

FAMILY CERTIFICATION:

I have carefully read this entire statement and understand that all family members are responsible for fulfilling these obligations. I understand that any violation of these obligations, including failure to act or report information, may result in termination of my housing assistance. I understand that a telephone call does not constitute proper notification and that all notifications must be in writing.

Signature of Adult Family Member	Date
Signature of Adult Family Member	Date
Signature of Adult Family Member	Date

TIME FRAMES FOR REPORTING CHANGES

When family obligations require you to respond to a request or notify Great Falls Housing Authority of a change you must respond or notify GFHA in writing within 10 working days, unless otherwise noted in GFHA correspondence.

THE FAMILY (INCLUDING EACH FAMILY MEMBER) MUST:

1. You must supply any information that GFHA or HUD determines to be necessary, including evidence of citizenship or eligible immigration status.
2. You must supply any information requested for use in a regular or interim re-examination of family income and composition.
3. You must disclose and verify social security numbers and sign and submit consent forms for obtaining information
4. All information the family gives to Great Falls Housing Authority must be true and complete.
5. You must report any changes in family size.
6. You must report any income if no member of the family previously had countable income.
7. The composition of the family residing in the unit must be approved by GFHA. You must notify GFHA of the birth, legal adoption, or court-awarded custody of a child. You must request GFHA's written approval to add or any other household member as an occupant to the unit.
8. If GFHA has given written approval, a foster child or a live-in aide may reside in the unit.
9. All family members age 18 and over must attend all scheduled appointments and must bring all requested information to these appointments at the scheduled time.
10. You must supply any information requested by GFHA to verify that the family is living in the unit and any information related to family absence from the unit.
11. You must notify GFHA when the family is absent from the unit for a period of more than 30 days.
12. You must notify GFHA if any family member leaves the unit (moves out) or if any family member will be away from the unit for a period of 30 days or more.

EQUAL HOUSING OPPORTUNITY

13. You must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease. You must ensure that all utilities that you pay for are turned on at all times. If you supply your own appliances, you must ensure that they are in working order at all times.
14. You must allow GFHA to inspect your unit. An adult (age 18 and over) must be available and present at the appointed time to allow inspectors access to the unit.
15. You must use the assisted unit for residence by the family. The unit must be the family' only residence
16. You may engage in legal profit-making activities in the unit, but only if such activities are incidental to the primary use of the unit by the family.
17. You must notify GFHA and the landlord in writing before moving out of the unit or termination the lease.
18. You must promptly give GFHA a copy of any eviction notices that your landlord gives you.

THE FAMILY (INCLUDING EACH FAMILY MEMBER MUST NOT:

1. You must not own or have any interest in the unit.
2. No member of the family may receive Section 8 assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State, or local housing assistance program.
3. You may not have an interruption in assistance of over 180 days when transferring from one unit to another.
4. You may not receive Section 8 assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless GFHA has determined (and has notified the owner and the family of such determination) that approving the unit would provide reasonable accommodation for a family member who is a person with disabilities.
5. You must not sublease the unit, assign the lease or transfer the unit.
6. You must not commit any serious or repeated violation of the lease, such as allowing unauthorized occupants, paying rent late, violating the building rules, destroying property, etc.
7. You must not damage the unit or premises (other than normal wear and tear) or permit any guest to damage the unit or premises. You are responsible for the actions of all household members, guests, and anyone else on the property under your family's control.
8. You may not currently owe rent or other amounts to GFHA or any other Housing Authority. Amounts owed are subject to the local stature of limitations unless owed under a judgement.
9. You may not breach an agreement to repay GFHA for amounts owed. A breach of repayment agreement is defined as a failure to make the full payment in the month for which the payment is due.
10. No member of the family can have been evicted from public or federally assisted housing within the last five (5) years.
11. No member of the family can have been terminated from the Section 8 program by GFHA within the last five (5) years.
12. You must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
13. No member of the family may engage in any drug-related criminal activity. No member of the family may possess, use, sell, manufacture, or distribute illegal drugs. (This includes any member of the household, a guest, or any other person on the property under your family's control)
14. No member of the family may engage in 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. (this includes any member of the household, a guest, or any other person on the property under your family's control)
15. No member of the family may engage in 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. (this includes any member of the household, a guest, or any other person on the property under your family's control)
16. No member of the family may engage in or threaten abusive or violent behavior toward any Great Falls Housing Authority personnel.
17. No member of the family can have been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing.
18. No member of the family can be subject to a lifetime registration requirement under a State sex-offender registration program in any state.