

# ANNUAL REEXAMINATION PACKET

Every year the JCHA is required to reexamine your income, assets, deductions, and family composition. Please complete the attached packet according to the instructions listed below:

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## INSTRUCTIONS:

- Complete the attached Application for Continued Occupancy and HUD-92006 – Supplement to Application
  - **All household members age 18 and older must sign the following documents:**
    - Application for Continued Occupancy
    - HUD-9886 Authorization for the Release of Information/Privacy Notice
    - Family Obligations Form
    - HUD-52675 Debts Owed to PHAs & Terminations (only if the adult household member has not previously signed)
  - **Gather verifications of the following and return with your completed recert packet:**
    - Current Income (including wages, SSI, Social Security, welfare assistance, unemployment, contributions from family and friends, etc.)
    - Assets – balance and interest earned - (checking account, savings account, retirement, real estate, stocks, bonds, etc.)
    - Any assets that you have given away or sold for less than full value in the past 2 years
  - Return all the completed materials to the JCHA office by the due date on your letter.
  - **Do not send us original documents. Submit copies with your request.**
  - Please call (201) 706-4677/4678 or email [hcvp@jcha.us](mailto:hcvp@jcha.us) if you need any assistance completing your application or have questions about what materials are needed to complete the packet.
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## IF YOU NEED TO REPORT A NEW HOUSEHOLD MEMBER, WE WILL NEED THE FOLLOWING DOCUMENTS FROM THE NEW HOUSEHOLD MEMBER:

Note: New household members may be added due to birth, adoption, and court ordered changes in child custody. Please be advised that you must request and receive JCHA approval to add any other person as an occupant of the unit.

- Proof of Social Security Number (SSA-issued card or print-out)
  - Proof of Citizenship/Immigration Status (Birth Certificate, U.S. Passport, eligible immigration document)
  - Signed Citizenship Declaration
  - HUD-52675 Signed Debts Owed & Terminations Form (only if age 18 or older)
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*Thank you for your cooperation.*





# TENANT FILE CHECKLIST

TENANT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

Housing Assistance Technician: \_\_\_\_\_

√	Initial Occupancy and/or Move	Date:
	Voucher ( <b>application</b> , background, birth certificates, SS cards, D214s)	
	Family Obligations	
	VAWA Form	
	Debts Owed to Public Housing Agencies and Terminations	
	Inspection Report	
	Application Form	
	Supplement to Application Form 92006	
	Utility Schedule	
	Authorization for Release (HUD 9886)	
	Rent Receipt	
	Gas/Electric	
	Family Declaration of Assets	
	Income Verification ( <i>all household members &amp; student verifications</i> )	
	EIV	
	Owner Lease	
	HAP Contract	
	One Strike Policy Lease Addendum	
	Rent Reasonableness	
	HUD 50058	
	Notice to Owner/Tenant	
√	Annual Recertification	Date:
	Voucher ( <b>orig. application</b> , background, birth certificates, SS cards, D214s)	
	Family Obligations	
	VAWA Form	
	Debts Owed to Public Housing Agencies and Terminations	
	Initial Notice	
	Second Notice (if applicable)	
	Inspection Report	
	Updated Application Form	
	Supplement to Application Form 92006	
	Utility Schedule	
	Authorization for Release (HUD 9886)	
	Rent Receipt	
	Gas/Electric	
	Family Declaration of Assets	
	Income Verification ( <i>all household members &amp; student verifications</i> )	
	EIV	
	Owner Lease	

	HAP Contract	
	One Strike Policy Lease Addendum	
	Rent Reasonableness	
	HUD 50058	
	Notice to Owner/Tenant	
√	<b>Interim Income Adjustment</b>	<b>Date:</b>
	Income Verification me Verification	
	HUD 50058	
	Increase/Decrease Notice to Tenant/Owner	
√	<b>Change of Family Composition</b>	<b>Date:</b>
	Income Verification	
	HUD 50058	
	Increase/Decrease Notice to Tenant/Owner	
√	<b>Change of Ownership</b>	<b>Date:</b>
	Change of Ownership Form	
	Amendment to Lease Agreement and HAP Contract	
	Owner/Agent Data Form	
	Property Owner Certification	
	Direct Deposit Application (required)	
	W-9 Form	
	Copy of Recorded Deed or HUD-1 form (for new purchases)	
	Tax Bill (taxes must be paid up-to-date)	
	Current Insurance Policy (Declaration page(s) only)	
	Current Water Bill	
	Social Security Card or Tax Identification Number	
	Photo Identification (must be valid)	
	Copy of Management Agreement (if property is managed by management agent)	
	Certification of Formation	

**PHA OFFICIAL’S CERTIFICATION FOR TENANT FILE**

I, \_\_\_\_\_ certify that I have reviewed and verified all information submitted by the Household as required by Federal Law, such as household composition, income, net family assets and allowances and deductions.

\_\_\_\_\_  
Signature of PHA Official or Representative

\_\_\_\_\_  
Date

## Application for Continued Occupancy

Please fill in all applicable blanks and answer all questions. If you need additional space, use a blank piece of paper and attach it to the application.

Name of Head of Household: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

### I. Household Composition – List everyone who currently lives or will live in your household.

Note: You may add a household member due to birth, adoption, or court-ordered custody. Other additions are subject to JCHA approval.

First & Last Name	Date of Birth	Sex (M, F)	Relation to Head	Social Security Number	Race *	Ethnicity (Check one) **
1.			<b>Head</b>			<input type="checkbox"/> H or <input type="checkbox"/> NH
2.						<input type="checkbox"/> H or <input type="checkbox"/> NH
3.						<input type="checkbox"/> H or <input type="checkbox"/> NH
4.						<input type="checkbox"/> H or <input type="checkbox"/> NH
5.						<input type="checkbox"/> H or <input type="checkbox"/> NH
6.						<input type="checkbox"/> H or <input type="checkbox"/> NH

\* Code for Race: 1 –White; 2- African American; 3 -American Indian; 4- Asian; 5-Hawaiian/South Pacific

\*\* Code for Ethnicity: H-Hispanic or NH-Non-Hispanic

1. List any household member(s) 18 years or older who currently attends school full-time and the name of the school the household member(s) attends: \_\_\_\_\_ Does not apply:

2. List any household member(s) who is disabled: \_\_\_\_\_ Does not apply:

Will the disabled household member(s) require special accommodations due to their disability? Yes  No   
If yes, describe accommodation: \_\_\_\_\_

3. Do you have a child under the age of 6 who has been tested for lead and was found to have an elevated blood level? If yes, you will need to provide the JCHA with a copy of the test results. Yes  No

4. Has any household member ever been convicted of a crime (other than a traffic violation)? Yes  No   
If yes, please explain: \_\_\_\_\_

5. Are you or any member of your household subject to a lifetime registration requirement under any state or federal sex offender registration program? Yes  No

If yes, indicate name of household member(s): \_\_\_\_\_

## II. Household Income

Complete each of the income sections below and provide income information for all household members. You will need to provide documentation to verify each type of income your household receives.

**1. Earned Income** – includes employment and wages of any kind (full-time, part-time, seasonal, self-employment, temporary employment, cash payment). If you work with a temp agency, list below and estimate your pay.

Do you or any household member receive any earned income? Yes  No

Are you or anyone in your household a ten (10) month employee? Yes  No

Name(s) of 10-month employee(s): \_\_\_\_\_

**Required Verification Documents** – Provide two (2) consecutive paystubs, a payroll print-out/summary, or employer letter. For self-employment: provide a copy of your most recent tax return (e.g. 1040, 1040A).

Household Member Name	Employer/Source of Income Information		Amount (\$)/year
	Name:	Phone:	\$
		Fax:	
	Address:		
	Name:	Phone:	\$
		Fax:	
	Address:		
	Name:	Phone:	\$
		Fax:	
	Address:		

## 2. Benefit Income

Does any household member receive:

a. Disability/ Worker's Compensation? Yes  No  c. Welfare/TANF? Yes  No

b. Social Security or SSI? Yes  No  d. Unemployment? Yes  No  e. Food Stamps? Yes  No

**Verification:** Provide an award letter or print-out with current benefit amount.

Household Member Name	Income Type	Amount (\$)	Frequency

## 3. Other Income

Does any household member receive:

a. Alimony/Child Support Yes  No  c. Pension/Retirement? Yes  No

Case number: \_\_\_\_\_ d. Foster Care/Adoption Assistance? Yes  No

b. Cash or help paying bills from friends/family? Yes  No  e. Other Income? Yes  No

**Verification:** Provide a statement/award letter/print-out to show how much you currently receive.

Household Member Name	Source	Source Address & Phone Number	Amount (\$)	Frequency

### III. Assets

Do you or any household member have...?		If yes, provide the following documents as verification:
Checking Account	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>For checking:</b> provide 2 most recent bank statements or 2-month average balance.
Savings Account/Certificate of Deposit (CD)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Most recent bank statement
Retirement Acct (for example, 401K, 403B)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Statement/printout from bank that shows current balance, interest rate, and penalty for early withdrawal of funds
Life Insurance Policy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Document that shows type of policy and cash value
Stocks or Bonds	Yes <input type="checkbox"/> No <input type="checkbox"/>	Statement that you receive from broker
Real Estate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Documentation of the value of the real estate & income you receive from it
Other Assets	Yes <input type="checkbox"/> No <input type="checkbox"/>	Statement of the value and income you receive from asset

If you answered "Yes" to any of the above, please provide more information about the asset(s) below:

Household Member Name	Source	Source Address	Cash Value(\$)	Interest Rate

\*For a checking account, provide the 2-month average balance.

Have you or any household member given away or sold assets (including cash) for less than full value in the last two years? Yes  No

If yes, what was the asset? \_\_\_\_\_

What was the value of the asset? \_\_\_\_\_ How much did you receive for the sale of the asset? \_\_\_\_\_

### IV. Child Care Expenses

**Note: Complete Section IV ONLY IF there are children 12 years or younger in the household.**

In order to be counted as a deduction the childcare must allow an adult member of the household to work, go to school, or search for a job.

Do you have any childcare expenses that are not reimbursed by someone outside your household? Yes  No

**Verification:** Provide a bill from your childcare provider or a printout from a government agency that shows your current contribution.

Provider Name, Address & Phone Number	Name(s) of Child(ren)	Name of Person enabled to attend work, school, or job search	Activity Enabled (work, school, or job search)	Cost (\$)	Frequency

## V. Medical Expenses

**Note: Complete Section V ONLY IF the head of household, co-head, or spouse is disabled or at least 62 years old.**

Do you or any household member have any of the following medical expenses?		Amount of Expense (\$)	Frequency of Expense	Estimated Annual Amount (\$)
Prescriptions	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Doctors bills/co-pays	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Insurance Premiums	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Hospital bills	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>			

**Verification:** Provide any printouts or receipts that you have, to support the amount of medical expenses you have on an annual basis.

## VI. Disability Expenses

**Note: Complete Section VI ONLY IF one or more household members is disabled.**

Do you have any expenses for the care of a disabled household member that enable any member of the household to work (for example, care attendant, auxiliary apparatus, or service animal)? Yes  No

**Verification:** Provide bills or printouts showing how much you pay and how frequently.

Describe Expense	Estimated Annual Amount (\$)	Who is enabled to work?

**WARNING! Title 18, Section 1001 of the United States Code:** Whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully— (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years.

**I do hereby swear and attest that all of the information above about my household is true and correct.**

Signature of Head of Household

Date

Signature of Spouse/Co-Head/Other Adult (18 years or older)

Date

Signature of Other Adult (18 years or older)

Date

Signature of Other Adult (18 years or older)

Date





## **HOUSING CHOICE VOUCHER (SECTION 8) PROGRAM ONE STRIKE POLICY LEASE ADDENDUM**

The Jersey City Housing Authority (JCHA), in accordance with HUD regulations and JCHA policy, has adopted the following One Strike Policy and lease amendment. The foregoing process shall be triggered by an arrest, and a criminal conviction is unnecessary to demonstrate violations of the applicable lease. In addition, the JCHA shall pursue terminations of voucher assistance under One Strike based on egregious crimes committed by juveniles, as permitted by law.

If a Section 8 Program Participant (“participant”) has been evicted based on a One Strike violation and the charges against the participant are dismissed—not pled down to a lesser offense—then the participant shall be reinstated to the Section 8 Voucher Program if the participant previously held a voucher.

The lease shall require the participant to act and cause authorized family members, guests and other persons under the participant’s control, to act in a manner that will not disturb other tenants’ peaceful enjoyment of their accommodations and will be conducive to maintaining the assisted unit<sup>1</sup> in a decent, safe and sanitary condition, including refraining from behavior caused by drug or alcohol abuse that interferes with the health, safety or right to peaceful enjoyment of the assisted premises<sup>2</sup> by other tenants, agents of JCHA, the owner/landlord of the assisted unit, or persons residing in the immediate vicinity of the assisted premises. In accordance with federal law and applicable HUD regulations, a criminal conviction is not necessary to demonstrate serious violations of the lease. Prohibited activities include, but are not limited to, the following:

- Engaging in any activity, including physical and verbal assaults, that threatens the health, safety or right to peaceful enjoyment of the assisted premises by other tenants, agents of JCHA, owner/landlord of the assisted unit, or persons residing in the immediate vicinity of the assisted premises;
- Engaging in any violent criminal activity or other activity that threatens the life, health or property of other tenants, agents of JCHA, owner/landlord of the assisted unit, or persons residing in the immediate vicinity of the assisted premises;
- Engaging in any drug-related criminal activity on or off the assisted premises; for purposes of the lease, the term “drug-related criminal activity” means the illegal manufacture, sale, distribution, use, possession, storage, service, delivery or cultivation of a controlled substance;
- Displaying a weapon with a verbal or non-verbal threat to shoot, fire, explode, throw or otherwise discharge the weapon, to actually shoot, fire, explode, throw or otherwise discharge a deadly weapon, or to inflict any injury on another person or to damage any property through the intentional, reckless, careless or negligent use of a weapon. For purposes of this lease, a “deadly weapon” means a firearm or anything manifestly designed, made or adapted for the purpose of inflicting death or serious bodily injury. A deadly weapon shall include but not be limited to a club, explosive weapon, firearm, knife or knuckles. This also prohibits the use of any BB gun or pellet guns on the assisted premises; and
- Owning or possessing illegal weapons on the assisted premises;
- Causing any fire on the assisted premises, either intentionally or through negligent or careless disregard.

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<sup>1</sup> Assisted unit is defined as a Section 8 rental unit.

<sup>2</sup> Assisted premises is defined as the premises where the Section 8 rental unit is located.

- If participant, household members, guests or other persons under participant's control have been convicted of manufacture or production of methamphetamines on the premises of federally assisted housing, the voucher assistance shall be terminated immediately;
- If participant, household members, guests or other persons under participant's control are subject to a lifetime registration requirement under state sex offender registration laws, then the voucher assistance shall be terminated immediately;

JCHA shall emphasize that the foregoing list of prohibited actions is not exhaustive. In all circumstances, except in circumstances that necessitate mandatory voucher termination, JCHA retains the authority to, after considering all credible evidence and on a case-by-case basis, decide against voucher termination. JCHA shall consider the following factors when making determinations regarding authorized voucher terminations under the One Strike Policy:

1. Seriousness of the offending action
2. The extent of participation by the Head of Household and other household members in the offending action, including whether the culpable member is a minor, disabled, or a victim of domestic violence or stalking
3. The effects the voucher termination would have on family members not involved in the offending activity
4. The extent to which the Head of Household has shown personal responsibility and has taken all reasonable steps to prevent or mitigate the offending action
5. Effects the voucher termination, or the absence of termination, would have on the community
6. The demand for the Housing Choice Voucher (Section 8) Program by eligible families
7. The length of time since the offending action
8. If JCHA considers rehabilitation, then the participant must submit evidence (e.g. formal certification of his/her participation in, or completion of, a rehabilitation program recognized by JCHA)

The following guidelines shall serve as just that: an instructive guide for JCHA and participants with respect to One Strike violations and their serious consequences. Note that the following guidelines are not mandatory, not applicable in all circumstances, and not exhaustive. In making any decisions pursuant to JCHA's One Strike Policy, employees shall consider alternatives and factors as described more clearly below and may, on a case-by-case basis under the totality of the circumstances based on the best evidence available to the JCHA, choose against voucher termination.

- Drug charges:
  - **By Head of household:**
    - Possession with intent to distribute --- On/Off assisted premises --- termination of voucher assistance.
    - Possession charge only --- On/Off assisted premises --- stipulation agreement to enter a rehabilitation program and no further lease violations for two years.
  - **By other members of the household on the lease:**
    - Possession with intent to distribute --- On/Off assisted premises --- termination of voucher assistance.

- Possession charge only --- On/Off assisted premises --- stipulation agreement to remove household member or enter a rehabilitation program and no further lease violations for two years.
- **By persons not on lease: relative, guest, or frequent visitor not on the lease using the address of the head of household:**
  - Possession with intent to distribute
    - On assisted premises --- stipulation agreement for offender not to enter the assisted unit and no further One Strike violations from the assisted unit for two years. Also, if the arrest happened in the assisted unit with drugs, then termination of voucher assistance.
    - Off assisted premises --- certification to be signed by the head of household and must provide A or B: (A) documentation of address for the offender; (B) change of address by the head of household for the offender from the US Post Office. Also, if charged within 500 feet of assisted premises, then stipulation agreement for offender not to enter the assisted unit and no further One Strike violations from the assisted unit for two years.
  - Possession charge only --- On/Off assisted premises --- certification to be signed by head of household must provide either A or B: (A) documentation of address by the head of household for the offender from the USPS and/or notification to the USPS that mail shall not be sent to the assisted unit's address.
- Note that the use of controlled substances in compliance with New Jersey state law (e.g. the New Jersey Compassionate Use Medical Marijuana Act, N.J.S.A. § 24:6I) will not subject participants to violation of JCHA's One Strike Policy unless such use constitutes a pattern of abuse that interferes with the health, safety or right to peaceful enjoyment of the assisted premises by other tenants.
- Weapon charges:
  - **Firearms:**
    - By Head of household --- On/Off assisted premises --- termination of voucher assistance.
    - Other member of household on lease --- On/Off assisted premises --- termination of voucher assistance.
    - Persons not on lease: relative, guest, or frequent visitor not on the lease using the address of the head of household --- On assisted premises --- stipulation agreement for the offender not to enter the assisted unit and no further One Strike violations from the assisted unit for two years. Also, if the arrest happened in the assisted unit with weapons, then termination of voucher assistance.

Persons not on lease: relative, guest, or frequent visitor not on the lease using the address of the head of household --- Off assisted premises --- certification to be signed by head of household must provide either A or B: (A) documentation of address for the offender; (B)

- change of address by the head of household for the offender from the USPS and/or notification to the USPS that mail shall not be sent to the assisted unit's address. Also, if charged within 500 feet of the assisted premises, then stipulation agreement for offender not to enter the assisted unit and no further One Strike violations from the assisted unit for two years.
- **Weapons other than firearms:**
  - By Head of household --- On/Off assisted premises --- based on the severity of weapons charge: termination of voucher assistance or stipulation agreement for no further One Strike violations for two years.

- Other member of household on the lease ---On/Off assisted premises --- based on severity of weapons charge: termination of voucher assistance or stipulation agreement.
  - Persons not on lease: relative, guest, or frequent visitor not on the lease using the address of the head of household --- On/Off assisted premises --- certification to be signed by the head of household providing A or B: (A) documentation of address for the offender; (B) change of address by the head of household for the offender from the USPS and/or notification to the USPS that mail shall not be sent to the assisted unit's address.
- *Alcohol abuse*: pattern of abuse that interferes with the health, safety, or right to peaceful enjoyment of the assisted premises by other tenants, agents of JCHA, owner/landlord of the assisted unit.
  - **Head of household and any other member of the household on the lease:**
    - On assisted premises: stipulation agreement for a rehabilitation program and no further One Strike violations for two years.
    - Off assisted premises: N/A
  - **Persons not on lease: relative, guest, or frequent visitor not on the lease using the address of the head of household:**
    - On assisted premises: stipulation agreement for the offender not to enter the assisted unit and no further One Strike violations from the assisted unit for two years.
    - Off assisted premises: N/A
- *Violent criminal activity*:
  - **Violent criminal activity that interferes with the health, safety, or right to peaceful enjoyment of the assisted premises by other tenants, agents of JCHA, owner/landlord of assisted unit or persons residing in the immediate vicinity of the assisted premises:**
    - Head of household --- On/Off assisted premises --- termination of voucher assistance.
    - Other member of the household on lease --- On/Off assisted premises --- termination of voucher assistance.
  - **Violent criminal activity AND evidence that offender is residing in the assisted unit**
    - Persons not on lease: relative, guest, or frequent visitor not on the lease using the address of the head of household
      - On assisted premises:
        - With evidence that offender is residing in the assisted unit --- stipulation agreement not to enter or visit the head of household in the assisted unit and no further One Strike violations for two years.
        - Without evidence that offender is residing in the assisted unit --- certification to be signed
      - Off assisted premises:
        - Certification signed by the head of household providing A or B: (A) documentation of address for the offender; (B) change of address by the head of household for the offender from the USPS and/or notification to the USPS that mail shall not be sent to the assisted unit's address. Also, if charged within 500 feet of the assisted premises, then stipulation agreement for

offender not to enter the assisted unit and no further One Strike violations from the assisted unit for two years.

- **Violation criminal activity with additional charges:**

- Persons not on lease: relative, guest, or frequent visitor not on the lease using the address of the head of household --- On/Off assisted premises --- (1) termination of voucher assistance if there is evidence that the offender is residing in the assisted unit; (2) stipulation agreement for the offender not to enter the assisted unit and no further One Strike violations from the assisted unit for two years.

Where JCHA deems appropriate and executes a stipulation agreement, JCHA shall seek termination of voucher assistance based upon any subsequent violations of the lease and/or One Strike Policy which thereby violates the existing stipulation agreement. If JCHA has executed a stipulation agreement for a violation of One Strike Policy, then JCHA may offer a grievance hearing to resolve the lease violation if it is not another One Strike violation.

Where the guidelines provide for a Stipulation Agreement, JCHA may require the removal of the offending individual from the lease. Where such alternative is appropriate, household members wishing to remain in the assisted unit must provide sufficient proof that the offending individual has indeed been physically removed from the assisted unit. To do so, participants shall refer to the following list. Participants must provide documents and/or satisfy criteria from the following list, which must total a minimum of 10 points. For example, if a participant provides the removed person's new lease from a different address, then such document totals 10 points; thus, the participant has satisfied his/her obligation to remove the culpable person and, accordingly, the participant along with the rest of his/her household may remain in the assisted unit.

- Lease of removed person, evidencing his/her new address (10 POINTS)
- Utility bill of removed person, evidencing his/her new address (7 POINTS)
- Is head of household willing to move to a smaller apartment? (7 POINTS)
- Participant in good standing (5 POINTS)
- JCHA checks subject assisted unit and finds no evidence that the culpable person is still living in the assisted unit (5 POINTS)
- Documentation notifying the USPS of a change of address for the offender (5 POINTS)
- Mail going to removed person at different address (3 POINTS)
- Request that mail not be delivered to the head of household's address (3 POINTS)
- Legal Disclaimer Ad in newspaper (3 POINTS)

The Grandparent Clause is an exception to JCHA's One Strike Policy. With regard to the treatment of elderly persons (whether heads of household or other household members) who have members on their lease who have been arrested in violation of One Strike, JCHA may offer an option for the elderly person to avoid eviction by allowing him/her to transfer to an appropriate senior site or building. This option is contingent upon the elderly resident's willingness to transfer to the new housing independently.





Housing Choice Voucher Program  
400 US Highway #1 · Jersey City, NJ 07306  
Tel: (201) 706-4677/4678  
[www.jerseycityha.org](http://www.jerseycityha.org)  
[hcvp@jcha.us](mailto:hcvp@jcha.us)

## FAMILY DECLARATION OF ASSETS UNDER \$5,000

**Head of Household:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Last four digits of SS#:** XXX-XX- \_\_\_\_\_

I, \_\_\_\_\_ confirm that my family's net assets do not exceed \$5,000.

Pursuant to the Department of Housing and Urban Development (HUD) code of federal regulations specifically:

- 24 CFR 928.516 - *For a family with net assets equal to or less than \$5,000, a PHA may accept a family's declaration that it has net assets equal to or less than \$5,000, without taking additional steps to verify the accuracy of the declaration.*

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I understand that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my rental assistance and I may be subject to a civil penalty, plus damages, under the False Claims Act (31 U.S.C 3729).

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Authorization for the Release of Information/ Privacy Act Notice

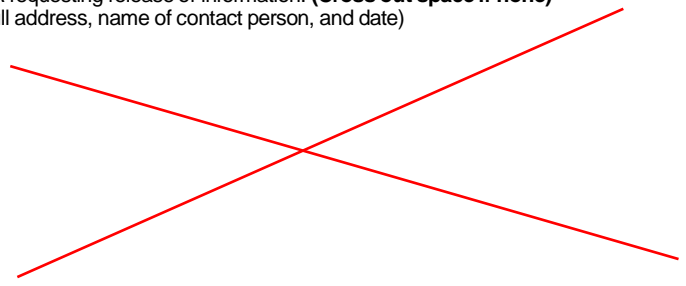
U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

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

JERSEY CITY HOUSING AUTHORITY  
HOUSING CHOICE VOUCHER PROGRAM  
400 US HIGHWAY #1 (Marion Gardens)  
JERSEY CITY, NEW JERSEY 07306

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



**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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

<b>Signature of Applicant</b>	<b>Date</b>

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266 and expires 04/30/2023.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

Public Housing (24 CFR 960)

Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR

982) Section 8 Moderate Rehabilitation (24 CFR 882)

Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

- Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
- Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
- Whether or not you have defaulted on a repayment agreement; and
- Whether or not the PHA has obtained a judgment against you; and
- Whether or not you have filed for bankruptcy; and
- The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family’s suitability for initial or continued rental assistance and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

- VII.** To have access to your records maintained by HUD, subject to 24 CFR Part 16.
- VIII.** To have an administrative review of HUD’s initial denial of your request to have access to your records maintained by HUD.
- IX.** To have incorrect information in your record corrected upon written request.
- X.** To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
- XI.** To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA’s name, address, and telephone numbers are listed on the Debts Owed and Termination Report.

You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise, the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD’s EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**  
Jersey City Housing Authority  
400 US Highway #1 (Marion Gardens)  
Jersey City, NJ 07306

**I hereby acknowledge that the PHA provided me with the  
Debts Owed to PHAs & Termination Notice:**

**Signature**

**Date**

**Printed Name**

\*\*\*\*\* EXTRA COPY FOR OTHER ADULT --->

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

I am a citizen by birth, naturalized citizen or national of the United States.

OR:

I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # \_\_\_\_\_ Date \_\_\_\_\_

**Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.**

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

**Eligible immigration status and 62 years of age or older:** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

**Immigrant status under 101(a)(15) or 101(a)(20) of INA:** A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

**Permanent residence under 249 of INA:** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

**Refugee, asylum or conditional entry status under 207, 208 or 203 of INA:** A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

**Parole status under 212(d)(5) of INA:** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

**Threat to life or freedom under 245(a) of INA:** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

**Amnesty under 245(a) of the INA:** A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

**Instructions to Housing Authority:** Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

**Instructions to Family Member for Completing Form:** On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.

## Family Obligations

The family must follow the rules listed below in order to continue participating in the Jersey City Housing Authority's Housing Choice Voucher Program. Families that do not abide by these obligations will be terminated from the program.

### **The Family (Including Each Family Member) Must:**

1. Supply any information that the JCHA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
2. Disclose and verify social security numbers.
3. Sign and submit consent forms for obtaining information as required by the JCHA.
4. Supply any information requested by the JCHA to verify that the family is living in the unit or information related to family absence from the unit.
5. Promptly notify the JCHA in writing when the family is away from the unit for more than 30 days.
6. Notify the JCHA and the owner in writing at least 30 days before moving out of the unit or terminating the lease.
7. Use the assisted unit solely for residence by the family that is listed on the HAP Contract and Lease. The unit must be the family's only residence.
8. Notify the JCHA in writing within thirty (30) days of the birth, adoption, or court-awarded custody of a child who will reside in your unit.
9. Request the JCHA and the owner's written approval to add any other family member as an occupant of the unit.
10. Request and obtain the JCHA approval before adding a live-in aide to the household.
11. Promptly notify the JCHA in writing if any family member no longer lives in the unit.
12. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
13. Allow the unit to be inspected at reasonable times and after reasonable notice.
14. Give the JCHA a copy of any owner eviction notice.

### **The Family (Including Each Family Member) Must Not:**

15. Own or have any interest in the unit (other than in a cooperative, or the JCHA Homeownership Program).
16. Receive housing choice voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the JCHA 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.

*Continued on back*

**The Family (Including Each Family Member) Must Not: (continued)**

- 17. Receive housing choice voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
- 18. Sublease or let the unit or assign the lease or transfer the unit.
- 19. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
- 20. Commit any serious or repeated violation of the lease, including but not limited to nonpayment of rent.
- 21. Engage in or allow guests to engage in any behavior that disturbs the peaceful and quiet enjoyment by others of the premises and the neighborhood.
- 22. Threaten or engage in or allow guests to threaten or engage in abusive or violent behavior toward JCHA personnel or its representatives.
- 23. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
- 24. Engage in or allow guests to 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.
- 25. Possess or use Illegal possession and use of a firearm or aggravated assault weapon in violation of federal, state or local criminal or civil laws;
- 26. 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.
- 27. Be a registered sex offender in any state or territory of the United States.
- 28. Be convicted of a drug related crime for the manufacture or production of methamphetamine on the premises of federally assisted housing.

**By signing below, I acknowledge that I have read the Family Obligations and understand that violating them may result in the termination of my assistance.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date