

FAMILY OBLIGATIONS

Ongoing Responsibilities

I understand the Klamath Housing Authority (KHA) will **deny** or **terminate** my rental assistance for **any** of the following:

1. If I or any household member fails to comply with all the requirements of the Family Obligations of the Housing Choice Voucher program;
2. If I or any household member fails to report any change in family income or household composition in **writing** within 7 (seven) days of when the change takes place;
3. If I or any household members engages in any drug-related criminal activity;
4. If I or any household members engages in any violent criminal activity;
5. If any household member has been evicted from federally assisted housing in the last five years;
6. If any PHA has terminated assistance within the last 2 to 5 years (depending on the sanction);
7. If I or any household member currently owes money to this Housing Authority, or any other Housing Authority;
8. If I, or any household member engages in or threatens abusive or violent behavior towards any of the KHA staff. "Abusive or violent behavior" includes verbal as well as physical abuse or violence. Use of expletives (swearwords) that are generally considered insulting, racial epithets, or other language, written or oral that is customarily used to insult or intimidate, may be cause for termination or denial. "Threatening" refers to oral or written threats or physical gestures that communicate an intent to abuse or commit violence;
9. If the family fails to meet income and composition requirements (new families only);
10. If the family fails to furnish KHA with information or verifications within the requested time frame;
11. If I or any household member allows individual "guests" to stay in the unit for a combined total of more than fourteen (14) days per year, or provides accommodations to boarders or lodgers;
12. If the family moves within the first year of their lease or moves, at any time, without notice to KHA;
13. If I or any household member fails to notify KHA of absences from the unit of more than 30 days;
14. If I fail to complete my annual exam each year before the recertification date;
15. I understand my address cannot be used by anyone, *for mailing purposes or for any other purpose*, who does not live in the household;
16. If I, or any household member fail to comply with the lease.

The Klamath Housing Authority has fully explained my responsibilities and I agree to comply with all of the above. I understand any act violating these responsibilities WILL result in termination of my rental assistance and/or application AND I will also be sanctioned from any housing assistance for a minimum of 2 years.

Head of Household Signature: _____

Date _____

Spouse/Other Adult: _____

Date _____

Other Adult: _____

Date _____

Staff Signature: _____

Date _____