

ARHA Redevelopment and Housing Authority – Section 8 Housing Choice Voucher Program
Tenant Responsibilities

I/We _____, are participants in ARHA Housing’s Section 8 Housing Choice Voucher Program. By initialing each statement below I/we agree that I/we have read, or someone has read to me/us the following statements. I/we understand and agree to the following conditions of my/our voucher.

- _____ 1. My family shall be responsible for fulfilling all of the obligations of the Housing Choice Voucher issued by ARHA Housing.
- _____ 2. My family agrees to abide by all terms of the written rental agreement (or lease) entered into with the owner.
- _____ 3. My family shall notify ARHA Housing **in writing** of any changes in come or family size **within ten (10) days** of the change.
- _____ 4. If at any time during the year, anyone in my family moves in or out, I/we **must notify ARHA Housing in writing immediately**. A person who stay overnight at my home more than **fourteen (14) nights per year** or who uses my address for their mail is considered to be a resident in my household.
- _____ 5. My family must immediately advise the owner of any repairs that are needed in my rental unit. If the owner cannot be reached by telephone, I/we must mail a written complaint to the landlord with a copy forwarded to ARHA Housing. If the owner does not make the necessary repairs within a reasonable amount of time, I/we will notify **ARHA Housing in writing**.
- _____ 6. My family is financially responsible for any tenant related damages to our rental unit. My family must leave our rental unit in the same condition it was when we first leased.
- _____ 7. My rental unit must be kept in a decent, safe and sanitary manner in accordance with the lease and utilities must be connected at all times.
- _____ 8. My family must not engage in drug related, violent or any other criminal activity that threatens the health, safety or peaceful enjoyment of another. The arrest of any family member must be reported in writing to ARHA Housing within ten (10) days of the arrest.
- _____ 9. I/We understand that if we miss two (2) scheduled appointments with ARHA, our housing choice voucher will be terminated and I/we will be responsible for paying the entire portion of rent due under the lease agreement.
- _____ 10. I/We agree to use the leased unit as our only place of residence and further agree that we will not sublet or rent out space in the unit to other individuals not approved by ARHA Housing.
- _____ 11. I/We understand that we may not rent from a landlord who is the mother, father, grandmother, grandfather, sister or brother of any member of our family as approved by ARHA Housing.
- _____ 12. I/We understand that failing to abide by the above obligations will result in termination of our voucher.

Warning!

Virginia law makes it a crime to receive housing assistance or reduced rent in subsidized housing programs by giving false information to the housing provider.

Signature of Head of Household

Date

Signature of Other Adult

Date

HCV Coordinator

Date