

**Section 8 Moderate
Rehabilitation Program
Statement of Family Responsibility**

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2577-0148 (Exp. 8/31/95)

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Do not send this form to the above address.

1. **Certification.** The undersigned Public Housing Agency (PHA) hereby certifies that the Family headed by «head_of_household» and which consists of the following members

«spouse_name»

«cotenant_name_1»

«cotenant_name_2»

«cotenant_name_3»

«dependent_name_1»

«dependent_name_2»

«dependent_name_3»

«dependent_name_4»

«dependent_name_5»

is eligible to participate in the Section 8 Moderate Rehabilitation Program of this PHA and is approved to occupy a unit located at

«community»«address_line 1» - «apt_nbr» . Under this program, the PHA makes housing assistance payments on behalf of participating Families toward their rents to owners of Decent, Safe, and Sanitary Dwelling units moderately rehabilitated under the Program.

2. Family Portion of Rent.

(a) **Gross Family Contribution.** The total amount that the Family will be obligated to pay monthly towards rent and utilities is based on the Family's income and is called the Gross Family Contribution.

(b) **Family Payment to Owners.** The amount that the Family will be obligated to pay monthly to the Owner will be the amount of the Gross Family Contribution unless the Family is responsible for paying for any utilities. If the Family must pay for any utilities directly, the Family will pay to the Owner the Gross Family Contribution minus the appropriate allowance for tenant-paid utilities and services.

(c) **Changes in Family Income and Allowances.** The amount of the Family's required Gross Family Contribution is subject to change by reason of changes to program rules and changes in Family income, composition, and extent of exceptional medical or other unusual expenses.

3. **PHA Portion of Rent.** The PHA will pay to the Owner on behalf of the Family the difference between the Family's payment to the owner and the monthly Contract Rent.

4. **Conditions.** The Family agrees to perform all its obligations under the Moderate Rehabilitation Program. These obligations include: (a) providing such Family income information and records as may be required in the administration of the program, (b) permitting inspection of its dwelling unit at reasonable times after reasonable written notice, (c) giving at least 30 days notice to the PHA of the Family's intention to vacate the unit, (d) cooperating with the PHA in finding another unit where the Family is no longer eligible for the Contract Unit it occupies because of a change in Family size, (e) not assigning the lease or subleasing the premises, and (f) not providing accommodations for boarders or lodgers. Only the Family members listed in Item 1 above and children born to or adopted by one of these Family members are entitled to housing assistance under this program. Any other increase in the Family size must be approved by the PHA in advance. The Family agrees that any persons who move in without permission may be required to leave the unit if the PHA determines that the unit has become overcrowded.

5. **Equal Housing Opportunity.** If the Family has reason to believe that it has been discriminated against on the basis of race, color, creed, handicap, religion, sex, or national origin, it may file a complaint with the HUD Regional Office. Fair Housing Complaint Forms (Forms HUD-903) are available from this Office.

6. **Termination of Assistance.** If the Family voluntarily vacates the unit, there is no guarantee that further housing assistance will be provided. Additionally, if the Family vacates the unit in violation of the lease term causing the PHA to be liable for vacancy payments or if the Family vacates the unit while owing rent or other amounts due under the lease, the Family may not receive further assistance unless the Family satisfies these liabilities.

Failure of the Family to meet the conditions contained in this Statement, including the timely payment of the Family Payment to Owner, or failure of the Family to fulfill its obligations under the lease with the Owner will be a basis for termination of rental assistance under the Program.

Keep this statement for your records.

Name of PHA: « mgmt_company »	Name of Family (Head of Household): « head_of_household »
Address « mgmt_company_address1 » « mgmt_company_address2 » « mgmt_company_city », « mgmt_company_state » « mgmt_company_zip »	Address « unit_address_line1 » « unit_address_line2 » « unit_address_line3 » « unit_city » « unit_state » « unit_zip »
Telephone Number	Telephone Number « household_phone »
By (Signature and Title)	By
	By (Signature of Family Representative(s))
Date	Date