

Housing Choice Voucher (HCV) Family Rights and Obligations

Head of Household:		
Family Members:		
Local Subcontracting Agency (LSA) Name:	OVO	
Name of LSA Contact Person:		

Obligations of the Indiana Housing and Community Development Authority (IHCDA) and the Local Subcontracting Agency

The IHCDA will make the housing assistance payment on your behalf directly to the owner of your unit so long as you are eligible. The IHCDA and/or the LSA will provide an annual reexamination of your eligibility, an annual inspection to assure that your unit meets Housing Quality Standards under the program, and other services that may be available to you as a participant.

Obligations of HCV Applicant Families and Assisted Households

Rights and Obligations under the HCV program extend to all members of the assisted household with the exception of a request for an informal hearing as this right may only be exercised by the Head of Household (HoH) or their representative.

All applicant families and participating assisted households must comply with specific program obligations to start or continue receiving HCV assistance. Applicant families and assisted households are obligated to:

- 1. Provide true, complete, and accurate information to the Public Housing Agency (PHA) within 30 calendar days of a change in circumstances or of a request by the PHA. This includes providing information regarding family income, family assets, family composition, family citizenship, family crime history, or other information as required for eligibility determination.
- 2. Establish citizenship or legal immigration status for any household member.
- 3. Take responsibility for the care of the assisted housing unit including maintenance of utility services for which you have responsibility. This includes correcting family-caused breach of the Housing Quality Standards (HQS).

Obligations of HCV Applicant Families and Assisted Households (Cont'd)

- 4. Report any violation of HQS to the PHA and to your landlord.
- 5. Cooperate in attending all appointments scheduled by the PHA.
- 6. Complete and sign all required forms for the PHA. Required forms include but are not limited to the Tenant Information Form (TIF), the Authorization for Release of Information Form, and other forms related to initial and ongoing eligibility for benefits.
- 7. Supply any information that the PHA deems to be necessary for all household members, including the submission of birth certificates, social security cards, and picture IDs for adult household members.
- 8. Remain in the initial assisted unit for twelve months of assistance under the HCV program. Thereafter, remain in the unit for the period of time specified in the lease.
- 9. Use the assisted unit only for the purpose of residence.
- 10. Comply with the terms of the lease with the owner.
- 11. Report all changes in writing to your LSA caseworker including changes in household income, assets, household composition, or other changes in your living conditions to the LSA within 30 calendar days of the occurrence.
- 12. Cooperate in establishing agreements to repay assistance that was incorrectly paid out on your behalf under any federal housing program. Also, repay assistance as agreed upon with the PHA.
- 13. Not engage in criminal activities or allow/permit criminal activity by any guest or any other person on or about the premises of the unit.
- 14. Obtain permission from the PHA and the landlord prior to allowing someone to move into the unit.
- 15. Allow the PHA to inspect your unit at a reasonable time after you have receiving reasonable notice.
- 16. Notify the PHA in writing anytime the HoH is going to be absent from the unit for 30 or more consecutive calendar days.
- 17. Notify the PHA and the property owner/landlord in writing at least 30 calendar days prior to terminating the lease on an assisted unit.
- 18. Promptly give the PHA a copy of any eviction notice received from the property owner/landlord.
- 19. Never sublease, assign, transfer, or rent out rooms in the unit or otherwise re-rent the unit.
- 20. Never withhold rent for any reason while being assisted under the HCV program.

Grounds for Termination

The PHA may deny or terminate your HCV assistance if the applicant family or the assisted household:

- 1. Violates any family obligations (see number 1 through 20 above);
- 2. Commits fraud, bribery, and/or any other corrupt or criminal acts in connection with any federal housing programs;

3. Participates in illegal drug activity (notable including drug-related activity with methamphetamine), violent activity, abuse of alcohol, and/or sexual offenses;

Grounds for Termination (Cont'd)

- 4. Pays any money to a property owner/landlord over and above the amount of contracted rent approved for participation in the HCV program;
- 5. Receive HCV program assistance for the unit while receiving other ongoing rental assistance for the unit;
- 6. Uses the assisted unit for purposes other than residence;
- 7. Aside from normal wear and tear on the unit, damages the unit and/or allows any guest of the household to damage the unit;
- 8. Allows anyone to move into the assisted unit without the express written permission of the PHA; IHCDA defines "guest" as anyone not on the lease. A guest can remain in the unit no longer than 30 consecutive days or a total of 90 cumulative calc days during any 12 month period.
- 9. Rents a unit from a property owner/landlord who is related to you or any member of your family by blood or marriage including wife, husband, parent, child, grandparent, sister, or brother unless you receive the express written approval of the LSA and/or the IHCDA.

Increases in household income, assets, or changes in household composition could also affect your eligibility.

	HoH Initials:
Illegal Discrimination	
If you or a member of your family have reason to believe that in your search been discriminated against on the basis of age, race, color, sex, disability, no status, you may file a housing discrimination complaint with any Department Development (HUD) office. Upon request, the LSA will provide a form (HUD Complaint) and appropriate information on file.	ational origin, and/or familial of Housing and Urban
	HoH Initials:

Informal Review/Hearing Process

If the PHA sends a denial letter or a notice of terminated titled "Transmittal Termination or Denial", the letter or notice will contain a brief explanation of the reason for denial of your application for assistance or termination of program participation. You have fifteen calendar days from the date of the letter or notice to request an informal review (applicant family) or informal hearing (assisted household) if you disagree with the letter or notice. Requests must be made in writing and addressed to your PHA. Your request must state why you are requesting the informal review or informal hearing.

At the hearing, you will be given an opportunity to present written or oral objections. The hearing officer will notify you of the final decision in writing and provide a brief explanation for the decision. The PHA is not bound by the decision of the hearing officer if the decision exceeds the authority of the hearing officer or if it is contrary to HUD regulation or federal, state, and/or local laws.

For certain types of decisions, the PHA is not required to provide an opportunity for an informal review or informal hearing.

HoH	Initials:	

Certification by Head of Household	
I,, cert agency staff (LSA representative) in person about how the about my obligations under the program, my right not to be review or informal hearing. I certify that I fully understand certify that I fully understand this document and that all of fully explained to my satisfaction prior to signing.	ne discriminated against, and my right to an informal my rights and obligations for the HCV program. I
Signature of Head of Household	Date (month, day, year)





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