



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).



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; IHEDA 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 cal 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 IHEDA.

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 for suitable housing you have been discriminated against on the basis of age, race, color, sex, disability, national origin, and/or familial status, you may file a housing discrimination complaint with any Department of Housing and Urban Development (HUD) office. Upon request, the LSA will provide a form (HUD 903.1 Housing Discrimination Complaint) and appropriate information on file.

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, _____, certify that I have been briefed by the PHA designated agency staff (LSA representative) in person about how the program works. The briefing includes information about my obligations under the program, my right not to be discriminated against, and my right to an informal review or informal hearing. I certify that I fully understand my rights and obligations for the HCV program. I certify that I fully understand this document and that all of my questions concerning this document have been fully explained to my satisfaction prior to signing.

Signature of Head of Household

Date (month, day, year)



ADDRESS 30 South Meridian Street, Suite 900, Indianapolis, IN 46204
PHONE 317 232 7777 TOLL FREE 800 872 0371 WEB www.ihcda.IN.gov

State of Indiana
Lieutenant Governor
Eric Holcomb



EQUAL OPPORTUNITY EMPLOYER AND HOUSING AGENCY

