

## MARIN COUNTY HOUSING AUTHORITY

### STATEMENT OF FAMILY OBLIGATIONS

All information requested by this agency is required to determine initial and/or continued eligibility for participation in the program. You must follow all obligations if you wish to remain eligible for housing assistance.

- I. **Reporting Requirements – *The Family must fill out an Interim Form and send to their case worker. Interim can also be completed in your RentCafe portal. Additional information can be found on <https://www.marinhousing.org/change-of-income-forms>.***
  1. REPORT ALL CHANGES WITHIN TEN (10) BUSINESS DAYS OF OCCURANCE
  2. Report all sources of income and assets accurately. Income means all amounts, monetary or not. Asset incomes mean any amounts derived from assets to which any family member has access.
  3. Report any change in household members or size (this includes foster children and live-in aides), sources of income/assets, work or home phone number.
  4. Supply any documentation that Marin Housing determines to be necessary within ten (10) working days. This includes: a) social security cards, b) evidence of citizenship or eligible immigration status, c) signed authorization for the release of information forms, and d) information for use in a regularly scheduled reexamination or interim of family income and composition.
  5. Promptly notify Marin Housing and the owner when the family is away from the unit for more than twenty (20) days.
  6. Use the assisted unit for residence by the family members named on the lease only. The unit must be the family's only residence. Supply any information requested by Marin Housing to verify that the family is living in the unit.
- II. **Maintenance of Unit – *The family must:***
  1. Maintain the unit in a clean, sanitary and safe condition. Allow Marin Housing to inspect the unit at reasonable times and after reasonable notice. If Marin Housing believes that there are illegal activities or unauthorized individuals residing in unit, we have the right to make periodic unscheduled housing inspections.
  2. Report needed repairs promptly to the manager or owner
  3. Pay utility bills and supply and maintain appliances that the owner is not required supplying under the lease.
  4. Abide by all terms of the lease the family signed with the owner. The family is responsible for behavior of guests and visitors. Show consideration for neighbors.
- III. **Prior to Moving – *The family must:***
  1. You must notify your owner your intentions to move out of the unit in accordance with the terms of your lease. You must get approval from owner and Marin Housing prior to move out. Provide copy of all notices from owner to Marin Housing including eviction notice.
  2. Contact your Eligibility Worker to arrange for a transfer briefing. In order to move to another unit, the family must attend a transfer briefing; leave the current unit clean, free of damages (other than damage from ordinary wear and tear) and owing no rent to the owner. Family must have complied with all terms of the lease. If you owe money to Marin Housing, no transfer voucher will be issued.
- IV. **Certificate and Voucher Violations – *The family must not:***
  1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
  2. Commit any serious or repeated violation of the lease.
  3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
  4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents or persons residing in the immediate vicinity of the premises.
  5. Sublease the unit or assign the lease or transfer the unit. Nor give out keys, store the belongings of others or allow non-family members to use your address to receive mail.
  6. Receive Section 8 Housing Choice Voucher housing assistance while receiving another housing subsidy for the same unit or a different unit under any other Federal, State or local housing assistance program.
  7. Receive Housing Choice Voucher assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the household, unless the unit has been approved by the Marin Housing as reasonable accommodations for disabled families.
  8. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
  9. Offer or pay owner any money other than the amount authorized by Marin Housing.
  10. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents or persons residing in the immediate vicinity of the premises.
  11. Rent a unit from a relative. Situations in which the tenant is severely disabled will be reviewed.
  12. Fail to vacate the unit at lease end if the owner does not choose to renew.
  13. Engage in threatening, abusive or violent behavior toward Marin Housing staff.
  14. Become delinquent in the repayment of any debt owed Marin Housing.

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**FAMILY MEMBER/HOUSEHOLD CERTIFICATION**

**INSTRUCTIONS:** All members of the household, 18 years and older must read and sign below.

**BY SIGNING BELOW, I DECLARE, UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT. I HAVE READ THE INSTRUCTIONS AND UNDERSTAND THAT ANY FALSE STATEMENTS ARE SUFFICIENT AND GOOD CAUSE FOR TERMINATION OF MY HOUSING ASSISTANCE AND MAY ALSO SUBJECT ME TO FURTHER LIABILITY OR ACTIONS.**

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLFULLY MAKING FALSE OR FRAUDULENT STATEMENTS OR REPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**



_____ Head of Household (print name)	_____ Signature	_____ Date
_____ Spouse (print name)	_____ Signature	_____ Date
_____ Other Adult Member (print name)	_____ Signature	_____ Date
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_____ Other Adult Member (print name)	_____ Signature	_____ Date
_____ Other Adult Member (print name)	_____ Signature	_____ Date
_____ Other Adult Member (print name)	_____ Signature	_____ Date
_____ Other Adult Member (print name)	_____ Signature	_____ Date
_____ Other Adult Member (print name)	_____ Signature	_____ Date

**REMINDERS**

- You, and all members over the age of 18, must sign.
- All questions must be answered. Incomplete or illegible applications will be returned and your assistance may be terminated.