

PARTICIPANT CERTIFICATION

I certify that all the information given to the Caribou Housing Agency household composition, income, all family assets, allowances and deductions is accurate and complete to the best of my knowledge. I understand that false statements are punishable under Federal and/or State Law and are grounds for termination of Federal Housing Assistance. I further acknowledge that our family must follow the rules listed below in order to continue to receive Federal Housing Assistance.

A. THE FAMILY MUST:

1. Supply any information that the Caribou Housing Agency determines to be necessary, including any information for use in a regularly scheduled reexamination or interim reexamination.
2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Supply an information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
4. Immediately report in writing to the Housing Agency any changes in income or assets, and if family member no longer lives in the unit..
5. Promptly notify the PHA in writing of the birth, adoption or court-awarded custody of a child.
6. Request PHA written approval prior to adding any other family member as an occupant of the unit..
7. Promptly notify the Caribou Housing Agency each time any family member is away from the unit for more than two weeks.
8. Allow the Caribou Housing Agency to inspect the unit at reasonable times and after reasonable notice.
9. Notify the property owner/manager in writing of any conditions that develop in the unit that are in violation of HUD's Housing Quality Standards and provide the Housing Agency a copy of the written notice.
10. Notify the Caribou Housing Agency and owner in writing no less than 30 calendar days before moving from the unit or terminating the lease.
11. Use the assisted unit for residence by the family. The unit must be the family's only residence.
12. Give the Caribou Housing Agency a copy any owner eviction notice.
13. Pay utility bills and supply appliances that the owner is not required to supply under the lease.

B. THE FAMILY MUST NOT:

1. Own or have any interest in the unit.
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. Participate in illegal drugs, violent criminal activity or any type of criminal activity.
5. Sublease or let the unit or assign the lease or transfer the unit.
6. Receive Housing Choice Voucher program housing assistance while receiving another housing subsidy for any unit under any other Federal, State or local housing assistance program.
7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
8. Receive Housing Choice Voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family.
9. Pay a security deposit or rental payments to the landlord that different from the amount authorized by the Housing Agency or which exceeds the amount charged for unassisted units. The family must notify the Housing Agency if the landlord demands such.
10. Engage in abuse of alcohol that threatens the health, safety, or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.
11. Allow any other than current approved household members to use the address of the assisted unit for their mailing address.
12. Share bank or financial accounts with anyone other than current approved household members.
13. Have guests in the assisted unit for more than 30 consecutive days, or 90 cumulative days in a 12 month period, without Housing Authority and property owner/manager approval.

I know and understand that failure to comply with any of the above provisions is sufficient ground for termination of my Federal Housing Assistance. Any information the family supplies must be true and complete.

SIGNATURE AND DATE OF ALL HOUSEHOLD ADULTS

- | | |
|----------|-------------|
| 1. _____ | DATE: _____ |
| 2. _____ | DATE: _____ |
| 3. _____ | DATE: _____ |
| 4. _____ | DATE: _____ |