



CARIBOU HOUSING AGENCY

Housing Choice Voucher Program

25 High Street

Caribou, ME 04736

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www.cariboumaine.org



ANNUAL PARTICIPANT CERTIFICATION

I understand:

- ☐ I will give true and complete information to the CHA.
- ☐ I will sign and submit any consent form required by CHA.
- ☐ I must supply any/all information/document(s) that CHA request from our family.
- ☐ I must disclose and verify all household members Social Security Numbers.
- ☐ I must disclose Citizenship.
- ☐ I must request CHA and landlord approval, before any other adult(s) move into the unit.
- ☐ I must notify the CHA when any family member is going to be out of the unit for more than 14 consecutive days.
- ☐ I must allow the CHA to inspect the unit.
- ☐ I must notify the CHA and landlord, in writing, no less than 30-days prior to moving out of the unit.
- ☐ I must pay my share of the monthly rent to the landlord.
- ☐ I must pay my monthly utility bills.
- ☐ I must make our monthly Repayment Agreement entered with a Public Housing Authority.
- ☐ I cannot damage the unit/premises beyond normal wear and tear, nor allow guests to cause damage.
- ☐ I cannot use illegal drugs.
- ☐ I cannot commit any criminal activities, including violent-criminal and drug-related.
- ☐ I cannot engage/abuse alcohol that threatens the health, safety, or right to peaceful enjoyment of the premises.
- ☐ I cannot receive rental assistance from a relative of any member of the household (unless permitted by CHA).
- ☐ I cannot allow other persons to use my physical/mailling address for their physical/mailling address.
- ☐ I cannot have guest in my unit for more than 14 days in a row, or 30 total days in a year. (unless CHA and landlord approves).
- ☐ I, or anyone in the family, cannot receive Section 8 assistance while receiving another housing subsidy.
- ☐ I cannot commit any serious or repeated violations of the lease. This includes, non-payment of rent, disturbance of neighbors, destruction of property, living/housekeeping habits, and criminal activity
- ☐ I/we will lose our Section 8 Voucher if we are evicted, via court, from our unit.
- ☐ I cannot fraud, bribery, or any other corrupt or criminal act with the program.
- ☐ I or anyone in the family, cannot engage in or threaten abusive or violent behavior towards CHA personnel.

I understand that I must report to the CHA within 10 days:

- ☐ I must immediately report to the CHA all changes in household income, including new income.
- ☐ I must immediately report to the CHA when a family member no longer lives in the household (including if child was removed from household)
- ☐ I must immediately report to the CHA of the birth, adoption, or court-awarded custody of a child.
- ☐ I must immediately give the CHA a copy of any "Notice to Quit", "30-Day Notice", or "Eviction" notice.

I hereby certify that I understand my obligations under the Section 8 Program and that my failure to comply with these obligations may result in the termination of the participation in the program.

Signature of Head of Household

Date

Spouse or Other Adult Member

Date

Other Adult Member

Date

Other Adult Member

Date

PENALTIES FOR FRAUD

Types of Fraud:

- Withholding information
- Making false statement
- Lying on personal declaration forms
- Failure to comply with program requirements
- Falsifying document and/or signatures
- Failure to report promptly changes in household income and/or composition (within 10 days)
- Allowing additional people to live in the unit without approval from the Housing Agency and/or landlord
- Subleasing all or part of the rental unit
- Charging a live-in aid rent
- Committing to a serious criminal act
- Owning or having a financial interest in the rental unit.

Penalties for Fraud:

- Evicted from rental unit
- Terminated from rental assistance
- Required to repay all overpaid rental assistance
- Fined up to \$10,000
- Imprisoned up to five years
- Ineligibility for future government assistance
- Subject to State and local government penalties

By signing below, I confirm:

1. That I have read the penalties for submitting fraudulent information;
2. That I understand what fraud is, and;
3. That I understand the penalties for committing fraud.

Signature of Head of Household

Date

Spouse or Other Adult Member

Date

Other Adult Member

Date