



CITY OF TORRANCE
SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM
3031 TORRANCE BOULEVARD
TORRANCE, CA 90503
PHONE (310) 618-5840 FAX (310) 618-2429

FAMILY OBLIGATIONS

When your unit is approved and the Housing Assistance Payments (HAP) contract is signed, your family must follow the rules listed below.

Any information the family supplies must be true and complete.

When you are instructed to return income and other verifications, do so by the date required. If you do not, you may be declared ineligible and lose the housing assistance subsidy.

All changes in income, household composition, and **full-time student status** for all household members must be reported in writing to the Housing Office within 10 days of the change. This includes income from employment, self-employment, family support, child support, or any other income. In order to report a change in family income, whether it is an increase or decrease, you must come to the Housing Office and complete the "Change of Family Income" form with attached supporting verification documents. Failure to report these changes or false reporting is cause of immediate termination from the program.

The City of Torrance Housing uses U.S. Housing and Urban Department's (HUD) Enterprise Income Verification (EIV) system to compare the income information. If the system shows income that was not reported to the Housing Office, this is grounds for termination from the program. Furthermore, the family will be required to enter a repayment agreement for any retroactive rent owed to the City of Torrance Housing that resulted in under reporting of income. Criminal penalties may also apply.

If you receive an eviction notice, rent increase, or termination notice from the owner you must contact your Housing Specialist immediately and provide a copy of the notice to the City of Torrance Housing.

THE FAMILY MUST:

- Supply to the Public Housing Authority (PHA) any information that the PHA determines to be necessary. This includes evidence of citizenship and immigration status, information for use in annual or special certification of family composition, income and deductions. It includes notifying the PHA in writing when the family is absent from the unit for an extended period of time in accordance with PHA policy.
- Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
- Supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
- Allow the landlord and the PHA to inspect the unit at reasonable times and after reasonable notice.
- Notify the landlord and the PHA in writing before moving from the unit in accordance with the lease
- Use the assisted unit for residence by the family. The unit must be the family's only residence.
- Promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child.
- Request PHA written approval to add any other family member as an occupant of the unit.
- Promptly notify the PHA in writing if any family member no longer lives in the unit.
- Pay gas, electric, water or any other utility bill for which you are responsible.
- Provide and keep in repair any appliances such as a stove or refrigerator, which the owner does not provide. Repair or pay for damage to the unit caused by any household member or guest.
- Comply with the lease.
- Maintain unit in decent condition.
- Pay tenant share of rent.

THE FAMILY MUST NOT:

- Engage in threatening, abusive, or violent behavior toward the landlord or Public Housing Authority (PHA) personnel.
- Participate in illegal drug or violent criminal activity.
- Commit any serious or repeated violation of the lease.
- Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
- Sublease or sublet the unit or assign the lease or transfer the unit.

THE FAMILY MUST NOT (continued):

- Receive housing choice voucher program 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.
- Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
- Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.
- Make unauthorized side payments. Any amount paid to the owner by the participant other than the amount authorized by the Housing Office on the approved lease is considered an illegal side payment and is cause for you to lose your Housing Assistance. An additional payment for other amenities may be authorized by the Housing Office.

GROUNDINGS FOR DENIAL OR TERMINATION OF ASSISTANCE

The Housing Authority may deny or take away your Section 8 for any of the following:

- If you and the members of your household do not follow the family obligations listed above.
- If as an applicant you or any member of your household is required to have a criminal history record check, but does not sign the consent form or refuses to provide fingerprints if needed.
- If you or any member of your household must register as a sex offender in any State.
- If you or any member of our household engage in any drug-related criminal activity or violent criminal activity
- If you or any member of your household ever produced or manufactured methamphetamine on the premises of federally assisted housing.
- If you or any member of your household currently illegally uses drugs, or has a pattern of illegal use that may threaten the health, safety or right to peaceful enjoyment of the premises by other residents, or if you are evicted or convicted for drug related criminal activity.
- If you or any member of your household abuses alcohol or has a pattern of abuse that threatens the health, safety or right to peaceful enjoyment of the premises by other residents, or if you are evicted for reasons related to alcohol abuse.
- If you or any member of your household was evicted or removed for good reason from any of our assisted housing programs (including Section 8) within 5 years of your application interview.
- If you or any member of your household commits fraud, bribery or any other corrupt or criminal act in connection with any federal housing, program or has done such things within 10 years of your application interview.
- If you or any household member owes rent or other amounts to any housing authority in connection with Section 8 or public housing assistance or has not repaid a housing authority for money paid to an owner under a Housing Assistance Payments Contract for rent, damages to the unit or other amounts owed under the lease.
- If your family breaks a repayment agreement with this or any other housing authority to pay amounts you owe to the housing authority.
- If you or any member of your household is abusive or violent or makes threats against any Housing Authority employee.
- If you or any member of your family does not immediately give the Housing Authority a copy of any letter or notice from HUD that gives information about the amount of income you receive or about verifying family income.
- If you do not accept an offer of assistance with conditions (that provides assistance to some family members but forbids others to live in the unit), or if any adult member of your family does not sign the statement of assistance with conditions, or if you violate the conditions.

I certified that I have read and understand the above program requirements.

_____	_____	_____
Head of Household (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