



## FAMILY PROCEDURAL OUTLINE

### THINGS TO DO AND KNOW

1. Congratulations! You now have a Housing Choice Voucher (HCV), which makes you eligible to be on the program. You have 60 days to find a place where you would like to live. Extensions may be requested in writing and are only given for a disabled family or for families with 3 or more children. No suspensions of the voucher are given. You may stay in the place you are living now provided that it meets program standards and its within our jurisdiction.
2. The RHA will assign one bedroom for each two persons within the household. A family may request an exception to this subsidy standard in writing with supporting documentation.
3. Read all documents received.
4. Locate a dwelling unit with the same number of bedrooms as listed on your Housing Choice Voucher. The RHA will only give the prospective owner your name and current address and family composition. If the owner/agent agree to accept you as a tenant along with the HCV program, have the owner/agent complete the following:

Request for Inspection (Yellow Packet)  
Request for Tenancy Approval  
Proof of ownership, ID, and tax information

These should then be returned to the Rosenberg Housing Authority office as soon as possible and before your Housing Choice Voucher expires.

5. The Rosenberg Housing Authority (RHA) office will review the documents and if complete, will inspect the unit to make sure it meets Housing Quality Standards (HQS). If it does not meet HQS the owner will be given fourteen (14) days to conform. A re-inspection will then be made to decide if the unit does meet HQS.
6. The RHA will determine if the requested rent is reasonable, the unit meets HQS, and that the required lease provisions are met, the lease will be approved. The owner/agent may collect a security deposit not in excess of private practice or amounts charged to unassisted tenants. The RHA will calculate the amount of the assistance payment and the amount that you must pay the owner. You must pay your share of the rent directly to the Landlord on the first day of each month.
7. You must contact the Rosenberg Housing Authority to coordinate the start of your HCV Assistance, with your move in date. **You and the owner may then sign the lease and provide a copy of the signed and dated lease to the Housing Authority.** All leases are for a one year period. The owner and the RHA will sign the Housing Assistance Payment Contract.

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Signature

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Date



# Housing Authority of the City of Rosenberg

## ANNUAL AND INTERIM REEXAMINATIONS RECERTIFICATION

**All families** must be reexamined at least annually to determine if they will continue to receive assistance and to recompute Total Tenant Payment and assistance payments, if necessary.

Family's failure to comply with reexamination requirements are grounds for termination of assistance.

The annual reexamination will be coordinated with your annual Housing Quality Standards (HQS) inspection and processing owner's requests for rent adjustments.

Families will be notified in writing 90-120 days in advance of the scheduled effective date (move-in date).

Families and owners will be notified of the results of the reexamination and new Housing Assistance Payments Contract executed with new lease and/or amendment will be executed.

### **INTERIM REEXAMINATION IS REQUIRED WHEN A FAMILY HAS EXPERIENCED A CHANGE IN INCOME AND/OR FAMILY COMPOSITION.**

All changes in family and income **MUST** be reported to our office **IN PERSON IMMEDIATELY AND IN WRITING WITHIN 10 DAYS OF THE OCCURENCE!** You must fill out a form requesting an interim reexam. The cut-off date for making changes in your rent is the 22nd of the month. We will take into consideration the date you began working before recomputing your new rent amount. Please allow 30-60 days for completion.

**FAILURE TO REPORT THIS INFORMATION MAY RESULT IN TERMINATION FROM THE PROGRAM OR YOU HAVING TO REIMBURSE THE HOUSING AUTHORITY FOR THE INCORRECT AMOUNT OF RENT WE HAVE BEEN PAYING ON YOUR BEHALF. This does not apply to participants who are receiving Social Security, SSI or Veterans Pensions.**

**I STATE I HAVE READ AND UNDERSTOOD THESE RULES AND REGULATIONS AND AGREE TO COMPLY.**

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**SIGNATURE**

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**DATE**



# Housing Authority of the City of Rosenberg

## REGARDING FRAUD IN THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

DEAR SECTION 8 HOUSING CHOICE VOUCHER PARTICIPANT (S):

The Department of Housing and Urban Development (HUD) is seriously concerned about fraud in the Section 8 Program and has asked us the Housing Authority to send this reminder to all families in the program. Going along with these simple rules will help you stay in the Section 8 Program and help the program run fairly and honestly. Not following these rules could result in referral of the matter for investigation and you being accused of a Federal Crime.

Whenever appropriate, we will ask you for information about your income and your family size so we can make sure that you are paying the right rent to your landlord and that your unit is the right size for your family. When we ask for this information be sure to:

1. Let us know about all income received by members of your household and income that you expect to receive in the next year. Many people forget income from second jobs, overtime, part-time jobs and income received for child support.
2. Let us know the name of everyone expected to live in your household in the next year. If your family size increases, we will help find a larger place to live.

Your rent payment to your landlord must not be more than the amount in your lease that we calculated at the time of our review. If you are now paying (or if your landlord asks for) any money in addition to this payment, please report this to us at once. We will determine if these extra payments are legal. Most of these payments are illegal and appropriate action will be taken against the landlord. We will review your case and get back to you shortly.

It is very important that you report all income and any changes in the number of people living with you. We urge you to be sure that you are meeting these responsibilities so that you will continue to receive assistance and so that this program can serve as many families as possible.

If you know of any case of fraud by other Participants, Landlords and Housing Authority employees, or if you have any questions on this subject, please call at (281) 342-1456.

Thank you for your cooperation.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date



# Housing Authority of the City of Rosenberg

## INFORMATION REGARDING PROCEDURES FOR INFORMAL REVIEWS AND INFORMAL HEARINGS

### INFORMAL HEARING

The opportunity for an informal hearing shall be given to Section 8 Housing Choice Voucher Program participants for decisions related to the following:

1. Calculation of Total Tenant Payment or Tenant Rent.
2. Denial or termination of assistance.
3. Determination that a family is over housed and is denied an exception to the occupancy standards.
4. Determination of bedroom size entered on the Housing Choice Voucher.

The participant must submit a written request for an informal hearing in person at the RHA's office by the close of the business day for an informal hearing to the attention of the Executive Director in care of the Rosenberg Housing Authority within ten (10) days from the date of the notice sent by the RHA determination in the above cases.

Informal Hearings are not required when the RHA:

1. Fails a unit for Housing Quality Standards (HQS) violation.
2. Refuse to extend a Housing Choice Voucher.
3. Imposes sanctions against an Owner who is not in compliance with the program requirements.
4. Takes other action following RHA discretionary administrative procedures or HUD policies and procedures.

The participant may either appear in person at the hearing or may be represented by a lawyer or other representative at his/her own expense. The participant shall have the right to present evidence, both oral and written. The participant has the right to ask questions in his/her efforts to appeal the decision.

The RHA will notify the participant in writing of the decision based on the material presented at the hearing, within fourteen (14) days of the hearing.

### INFORMAL REVIEW

The opportunity for an informal review shall be given to an applicant who applies for participation in the RHA Section 8 Housing Choice Voucher Program for decisions related to the following:

1. Listing on the waiting list.
2. Issuance of a Housing Choice Voucher.
3. Participation in the Housing Program.

The applicant must submit a written request for an informal review in person at the RHA's office by the close of the business day for an informal hearing to the attention of the Executive Director in care of the Rosenberg Housing Authority within ten (10) days from the date of the notice sent by the RHA determination in the above cases.

The applicant may either appear in person at the review or may be represented by a lawyer or other representative at his/her own expense. The applicant shall have the right to present evidence both oral and written. The applicant has the right to ask questions in his /her efforts to appeal the decision.

The RHA will notify the applicant in writing of the decision based on the materials presented at the review, within fourteen (14) days of the review.

**I hereby certify that I have read and understand the statements preceding this; and by my signature attest to this.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



# Housing Authority of the City of Rosenberg

## NOTICE OF PORTABILITY

### Overview of Portability

Portability is a term used to describe a family’s ability to rent a dwelling unit outside the jurisdiction of the initial HA and receive Housing Choice Voucher Program assistance.

A voucher holder or participant family has the right to receive tenant-based voucher assistance to lease a unit outside the initial HA jurisdiction, anywhere in the USA in the jurisdiction of a PHA with tenant-based assistance.

### Limitations under the Portability Provisions

The HA may not provide portability assistance if the family has moved out of its assisted unit in violation of the lease.

Portability does not apply to families assisted in a project-base program.

Portability is limited to one move during any one year period both within and outside the HA’s jurisdiction.

Portability is limited if sufficient funding is not available.

### Where a Family May Move

When a family moves under portability to an area outside the initial HA jurisdiction, the receiving HA may administer the assistance for the family or absorb the family into their program if the receiving HA has a tenant based program in the area where the unit is located.

Families are limited to moves to areas with a HA administering a voucher program.

(If there is more than one HA with jurisdiction in an area where a family wishes to exercise portability, the initial HA will designate the receiving HA.

### Residency

If neither the head of household nor the spouse of an assisted family already had a legal residence in the jurisdiction of the initial HA at the time the family first submitted an application for assistance with the initial HA the following will apply:

- ◆ the family must lease a unit anywhere in the initial HA ‘s jurisdiction during the first 12 month period.
- ◆ after the initial 12 month period the family may exercise portability.

### To use your Portability Option

Contact the HA at (281) 342-1456 if you want to move to any location other than the City of Rosenberg, Texas. The HA will assist you in completing a Request for Portability and provide you with important information.

**I HAVE READ THE ABOVE AND UNDERSTAND THAT I MAY MOVE UNDER PORTABILITY SUBJECT TO FEDERAL REGULATIONS AND HA POLICY. I HAVE RECEIVED A COPY OF THIS FORM.**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

**SURROUNDING HOUSING AUTHORITY**  
**LOCATIONS REGARDING PORTABILITY**

**Bay City Housing Authority  
Portability Person  
3012 Sycamore  
Bay City, Texas 77414**

**Phone (979) 245-2652  
Fax (979) 245-1274  
OH: M-F, 8-5**

**El Campo Housing Authority  
Portability Person  
1303 Delta Street  
El Campo, Texas 77437**

**Phone (979) 543-6991  
Fax (979) 543-5027  
OH: M-Thur, 7-6**

**Harris County Housing Assistance  
Portability Person  
8933 Interchange Drive  
Houston, Texas 77054**

**Phone (713) 578-2100  
Fax (713) 669-4595  
OH: M-F, 8-5**

**Houston Housing Authority  
Portability Person  
2640 Fountain View Dr.  
Houston, Texas 77057**

**Phone (713) 260-0600  
Fax (713) 260-0812  
OH: M-F, 8-5**

**Pasadena Housing Assistance Program  
Portability Person  
1114 Davis Street  
Pasadena, Texas 77506**

**Phone (713) 475-5544  
Fax (713) 477-3819  
OH: M-W, 8-5, Thur, 8-7  
Fri, 8-3**

**Texas Department of Housing and Community Affairs  
Portability Person  
Capital Station  
P.O. Box 13941  
Austin, Texas 78711-3941**

**Phone 1-800-237-6500  
Fax (512) 475-1511  
OH: M-F 8-5**

# Housing Choice Voucher Program

## FAMILY OBLIGATIONS

- 1) The family must supply any information that the Housing Authority (HA) or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status, any requested certification, release or other documentation.
- 2) The family must supply any information requested by the HA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition. The family must report all changes in income and/or family composition in writing within 60 days of the date of the occurrence.
- 3) The family must disclose and verify social security numbers and must sign and submit consent forms for obligating required information.
- 4) Any information supplied by the family must be true and complete.
- 5) Repair of the assisted unit for maintenance or normal wear and tear is the responsibility of the owner, however the family is responsible for a Housing Quality Standards (HQS) breach caused by any of the following:
  - a) The family fails to pay for any utilities that the owner is not required to pay for, but which are to be paid by the tenant;
  - b) The family fails to provide and maintain any appliances that the owner is not required to provide, but which are to be provided by the tenant; or
  - c) Any member of the household or guest damages the dwelling unit or premises (damages beyond ordinary wear and tear).
  - d) If an HQS breach caused by the family is life threatening, the family must correct the defect within no more than 24 hours. For other family-caused defects, the family must correct the defect within no more than 30 calendar days (or any HA-approved extension). If the family has caused a breach of the HQS, the HA must take prompt and vigorous action to enforce the family obligations. The HA may terminate assistance for the family.
- 6) The family must allow the HA to inspect the unit at reasonable times and after reasonable notice.
- 7) The family may not commit any serious or repeated violation of the lease.
- 8) The family must notify the HA and the owner before the family moves out of the unit, or terminates the lease on notice to the owner. The family must comply with lease requirements regarding written notice to the owner. Proper notice to the HA is considered at least 30 days advanced written notice. When relocating, the family must remove all personal belongings; clothes, furniture, etc., remove any trash and clean the unit.
- 9) The family must promptly give the HA a copy of any owner eviction notice.
- 10) The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
- 11) The composition of the assisted family residing in the unit must be approved by the HA. The family must promptly (i.e. within 60 days) inform the HA in writing of the birth, adoption or court-awarded custody of a child. The family must request HA approval prior to adding any other family members as an occupant of the unit.
- 12) The family must promptly notify the HA in writing if any family member no longer resides in the unit.
- 13) Members of the household may engage in legal profit making activities in the unit, but only if such activities are incidental to primary use of the unit for residence by members of the family.
- 14) The family must not sublease or let the unit.
- 15) The family must not assign the lease or transfer the unit.
- 16) The family must supply any information or certification requested by the HA to verify that the family is living in the unit. The family must promptly notify the HA in writing of an absence from the unit. An extended period is defined as any period greater than 30 calendar days.

## **FAMILY OBLIGATIONS- Cont'd**

- 17) The assisted family (including a principal, other interested party, i.e. parent, child, grandparent, grandchild, sister or brother or any member of the family) must not own or have any interest in the unit.
- 18) The members of the family must not commit fraud, bribery or any other corrupt or criminal act in connection with the programs.
- 19) Family members must not 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 and persons residing in the immediate vicinity of the premises.
- 20) Members of the household must not 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.
- 21) An assisted family, or members of the family, may not receive Section 8 tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicated federal, State or local housing assistance program.
- 22) A family must not receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

### **23) NOTICE OF ACTIONS WHICH MAY RESULT IN TERMINATION OF HCV ASSISTANCE:**

- 1) Failure to comply with any of the above family obligations.
- 2) If the family currently owes rent or other amounts to the HA or to another HA in connection with Section 8 or public housing assistance under the 1937 Act.
- 3) If the family has not reimbursed any HA for amounts paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under the lease.
- 4) If the family breaches an agreement with the HA to pay amounts owed to an HA, or amounts paid to an owner by an HA. (The HA, and its discretion, may offer a family the opportunity to enter an agreement to pay amounts owed to an HA or amounts paid to an owner by an HA. The HA may prescribe the terms of the agreement.)
- 5) If the family participating in the FSS program fails to comply, without good cause, with the family's FSS contract of participation.
- 6) If the family has engaged in or threatened abusive or violent behavior toward HA personnel.

**Failure to comply with any of the above may result in the termination of Housing Assistance.**

I hereby certify that I have read and understood the Housing Choice Voucher Program Family Obligations.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

**Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department of the United States Government.**





**BRIEFING CERTIFICATION**

I have been brief on the Housing Choice Voucher Program on the following items and understand that I have a choice of selecting both the house and the neighborhood. The items below have been explained in detail to me by the Rosenberg Housing Authority (RHA) agent. I understand that should I need further explanation of any or all of the these items, it is always available to me in person or in writing.

- ◆ A description of how the Housing Choice Voucher Program works.
- ◆ The areas where I am permitted to lease a unit, name and address of landlords that accept housing
- ◆ Facts I should consider before renting a unit
- ◆ The advantage of living in an area that is not high poverty
- ◆ My responsibilities to the owner
- ◆ The Family Obligations
- ◆ Housing Assistance Payment determination
- ◆ Determination of maximum rent for a unit
- ◆ The length of the term of my Housing Choice Voucher and the policy for extensions
- ◆ An explanation of portability and the procedures for exercising portability
- ◆ Policy on providing information to prospective owners
- ◆ Determination of family’s unit size
- ◆ Explanation of grounds for termination of assistance
- ◆ Annual and interim reexaminations. When and how families are required to report changes in income and family composition
- ◆ Applicable income limits
- ◆ Housing Quality Standards
- ◆ Verification methods
- ◆ Procedures for informal reviews and informal hearings
- ◆ Housing Choice Voucher Program security deposit
- ◆ Lead base paint certification
- ◆ What you should know about EIV
- ◆ Declaration of Citizenship/Noncitizen Status

**The following documents have been provided:**

- |  |  |
|--|--|
| Housing Choice Voucher                 | Utility Allowance Schedule                   |
| Request for Lease Tenancy Approval     | HUD Lease Addendum                           |
| Schedule of Fair Market Rents          | Violence Against Women Brochure              |
| Housing Agency Subsidy Standards       | Schedule of Payment Standards                |
| Housing Discrimination Brochure        | Lead Base Paint Brochure                     |
| Notice of Accessible Units             | HUD Booklet “Good Place to Live”             |
| Request for Inspection                 | Things To Do and Know                        |
| Disposal of Assets Certification       | Important Message to the Landlord            |
| Things You Should Know                 | Tenant/Landlord Certification                |
| Federal Privacy Act Statement          | Authorization for the Release of Information |
| Protecting Tenants Against Foreclosure |  |

**It is my responsibility to locate suitable and eligible housing before the expiration date of my Housing Choice Voucher and to notify the RHA if I am having difficulty. I understand the rules of the program and will comply with them as long as I participate in the program.**

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date