

## Board of County Commissioners

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## Department of Citizen Services

Celene E. Steckel  
Director  
Email: [csteckel@carrollcountymd.gov](mailto:csteckel@carrollcountymd.gov)  
Housing: 410-386-3600  
Aging: 410-386-3800

### Obligations of the Family

When the family's unit is approved and the Housing Assistance Payment (HAP) contract is executed, the family must follow the rules listed below in order to continue participating in the Housing Choice Voucher Program. Any information the family supplies must be true and complete.

#### **The family (including each family member) must:**

1. Supply any information that the Public Housing Authority (PHA) or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of the family income and composition.
2. Promptly notify the PHA, in writing, of any changes in income, assets, and/or household composition.
3. Disclose and verify Social Security numbers and sign and submit consent forms for obtaining information.
4. Supply any information requested by the PHA to verify that the family is living in the unit or information related to the family absence from the unit.
5. Promptly notify the PHA in writing when the family is away from the unit for an extended period of time in accordance with the PHA Administrative Plan.
6. Allow the PHA to inspect the unit at reasonable times and after reasonable notice. If you fail to attend two (2) appointments with our housing inspector, your housing assistance may be terminated.
7. When it is time for your annual reexamination all persons in your household age 18 or older must attend. If you fail to attend two (2) appointments with our housing representative, your housing assistance may be terminated.
8. Notify the PHA and the owner in writing before moving out of the unit or terminating the lease.
9. Use the assisted unit for residence by the family. The unit must be the family's only residence.
10. The composition of the assisted family residing in the unit must be approved by the PHA. Promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child. The family must report any visitor who resides in the unit for more than ten (10) consecutive days; your visitor may not stay any longer than thirty (30) calendar days in a one-year period.
11. Submit a written request for PHA approval to add a family member as an occupant of the unit prior to allowing them to move in.
12. Promptly notify the PHA in writing if any family member no longer lives in the unit.
13. Promptly give the PHA a copy of any owner eviction notice.
14. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.

\*Please note – the public housing authority defines promptly as within 10 business days

**The family (including each family member) must not:**

1. Own or have any interest in the unit.
2. Commit any serious or repeated violation of the lease. (*See housing authority's Administrative Plan for further clarification.*)
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 and persons residing in the immediate vicinity of the premises.
5. The family must not sublease or let the unit or assign the lease or transfer the unit (subleasing includes receiving payment to cover rent and utility costs by a person living in the unit who is not listed as a family member).
6. 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.
7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises, including damages resulting from nonpayment of utilities.
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, 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.
9. The members of the household must not abuse alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.

**I have read the above and understand my responsibilities while participating in the Housing Choice Voucher Program. I understand violating any one or more of the obligations could result in termination of housing assistance.**

**Signature:**

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**Head of Household**

**Date**

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**Witness**

**Date**

The Americans with Disabilities Act applies to the Carroll County Government and its programs, services, activities, and facilities. Anyone requiring an auxiliary aid or service for effective communication or who has a complaint should contact The Department of Citizen Services, 410.386.3600 or 1.888.302.8978 or MD Relay 7-1-1/1.800.735.2258 or email [ada@carrollcountymd.gov](mailto:ada@carrollcountymd.gov) as soon as possible but no later than 72 hours before the scheduled event.