

# CDA SECTION 8 RESPONSIBILITY AGREEMENT

**Please read and initial the end of each statement----- Please return yellow copy**

1. I must abide by all of the family obligations listed on the voucher. Violation of any family obligation can be cause for termination from the program. \_\_\_\_\_
  2. I must provide only true and complete information to the CDA. \_\_\_\_\_
  3. I must receive written approval from CDA and the landlord before anyone can move in with me. I will not allow anyone not on my voucher/lease to use my address for any purpose. \_\_\_\_\_
  4. I must notify CDA in writing within 10 days of the birth, adoption or court awarded custody of a child and/or if any household member leaves the unit. \_\_\_\_\_
  5. In order to remove a household member who has income, I must provide CDA with verification of where that person now resides. \_\_\_\_\_
  6. I must notify CDA in writing within 10 days of ALL changes in household income, including income of minor children and full-time students. \_\_\_\_\_
  7. If I report a decrease to my household income, I will need to provide verification of the decrease to CDA. I understand that it may take up to 60 days for CDA to process the change (after receiving the verification), and the change may be processed retroactively to the first of the month after it was reported. \_\_\_\_\_
  8. If I do not properly report an increase to household income, I will be required to pay back the CDA any excess monies paid to the landlord. I may also be removed from the Section 8 program. \_\_\_\_\_
  9. If the amount of housing subsidy provided by CDA is reduced to zero, I understand that my participation in the voucher program will automatically be terminated 180 days after the last subsidy payment. \_\_\_\_\_
  10. If I have out-of-pocket child-care expenses for children in my household under the age of 13 due to employment, seeking employment or attending school, I must report and provide verification in order to receive a reduction in my rent. \_\_\_\_\_
  11. I will sign a lease agreement with the landlord, and I am obligated to live by ALL the rules and conditions of the lease (ie: paying rent on time, no unauthorized people living in my unit, paying utilities, etc.). \_\_\_\_\_
  12. I can be terminated from the Section 8 program for serious or repeated violations of the lease agreement with the landlord. \_\_\_\_\_
  13. I will provide CDA with copies of any lease violation or eviction notices and any eviction related court documentation. \_\_\_\_\_
  14. If evicted in court, I may be terminated from the Section 8 program. \_\_\_\_\_
  15. I may be terminated from the Section 8 program if I move out of my assisted unit without prior approval by CDA. \_\_\_\_\_
  16. I must obtain approval from CDA before signing any leases/renewals with the landlord. \_\_\_\_\_
  17. I must obtain CDA approval for ANY additional money paid to the landlord beyond CDA approved rent and utilities. CDA must approve the landlord providing me with a rent credit for work done on property. \_\_\_\_\_
  18. I cannot sublease the assisted unit or any part of the assisted unit. \_\_\_\_\_
  19. Upon moving to a new unit, I will not be permitted to move within the initial lease term in the lease agreement. CDA will not approve a lease agreement rescission between myself and the landlord during this initial term. \_\_\_\_\_
  20. I must notify CDA in writing of my intention to move at least 60 days before my intended vacate date. \_\_\_\_\_
  21. I will not be issued a moving voucher until BOTH of the following occur:
    - 1) It is confirmed that I provided proper notice to my landlord \_\_\_\_\_
    - 2) I have provided CDA with all necessary paperwork and income/asset/expense verification. \_\_\_\_\_
  22. I am responsible for my household members and guests of all ages. If any participate in any illegal drug or violent criminal activity, my entire household can be terminated from the Section 8 program. \_\_\_\_\_
  23. If I or any household members/guests threaten, verbally abuse or commit actual violence to any CDA staff, termination of my participation in the Section 8 program will begin. \_\_\_\_\_
  24. I understand I have the right to an informal meeting/hearing when there is a disagreement between the CDA and myself over these rules, or if CDA begins termination of my Section 8 participation. \_\_\_\_\_
- ELDERLY AND DISABLED HEAD OF HOUSEHOLD (#26 ONLY):**
25. If I have out-of-pocket medical expenses that I would like to be counted as a deduction to my rent calculation, I will provide verification of the medical expenses to the CDA. \_\_\_\_\_

***I HAVE READ, UNDERSTAND AND INITIALED THIS AGREEMENT. I WILL REACH OUT TO MY SECTION 8 SPECIALIST WITH ANY QUESTIONS REGARDING THIS AGREEMENT.***

Name of Head of Household: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Other Adult/Spouse: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_