



Select Program:

My Home

Housing First

STATEMENT OF RESPONSIBILITIES

I, as a Participant in the My Home Housing Program, fully understand and agree to the following:

1. I must report all household income from all sources, and the names and Social Security numbers of all persons who are living in the household during the course of the lease year.
2. If, at any time during the year, anyone moves in or out, I must report it immediately to the My Home office. A person who stays more than a total of thirty (30) days in any lease year or who uses my address as his/her official address, is presumed to be a resident of my household.
3. I must supply such certification, release information, or documentation as the My Home Housing Program or the U.S. Department of Housing and Urban Development (HUD) determines to be necessary in the administration of the Program. I understand that I must attend my interview appointments and complete my responsibilities in the time specified by the My Home Housing Program. I understand that I must fulfill all my annual recertification responsibilities as specified by the My Home Housing Program.
4. I understand that I must use my dwelling unit solely for my residence. It shall be my principal place of residence; and I will not assign the assisted lease or transfer the dwelling unit. I further understand that I must maintain the dwelling unit in a clean and tenantable manner; and that I must comply with all provisions of the lease.
5. I understand that I must report, in writing, any decreases or increases in household income within ten (10) days during the lease year.
6. I understand that I must reimburse the My Home Housing Program for any overpayment of housing assistance resulting from any failure to report income changes that occur.
7. I understand that I must allow the My Home Housing Program to inspect my dwelling unit at reasonable times and after reasonable notice. I further understand that I must be present during my scheduled inspection and allow the inspector full access to my dwelling unit and related facilities.
8. I understand that I must comply with the lease and occupy the unit for the full term of the lease (unless notice to vacate is given in accordance with the lease).
9. I understand that if I am evicted, I may not be eligible for further benefits from the My Home Housing Program.
10. I understand that the My Home Housing Program paid a full security deposit to my landlord on my behalf. I understand that the Program is entitled to the return of that security deposit at the end of my tenancy. If the owner makes a charge against the security deposit and/or files a claim for damages or vacancy loss under the Housing Assistance Payments Contract, I will be responsible for repaying, to the My Home Housing Program, all amounts paid out on my behalf.
11. I understand that neither I, nor anyone in my household, shall commit fraud in connection with the My Home Housing Program.
12. I understand that neither I, nor anyone in my family, shall receive assistance under the My Home Housing Program while occupying or receiving assistance for occupancy of another dwelling unit assisted under any federal housing assistance program (including any Section 8 program).
13. I understand that my assistance may be terminated if a preponderance of evidence exists which indicates I, or anyone in my household, have engaged in a drug-related criminal activity or violent criminal activity.
14. I understand that I am responsible for any HQS violations caused by my household and guests. Failure to either repair the deficiencies or reimburse the landlord for the reasonable cost of the repairs may result in my termination from the My Home Housing Program. I also understand that I must pay for utilities that are not paid for by the landlord. Failure to maintain utilities is a violation of HQS and could result in my termination from the Program.
15. I understand that I must comply with the service plan developed by my case manager. Failure to fully participate in the specified services may result in my termination from the My Home Housing Program.
16. I understand that I must fulfill all the annual recertification responsibilities if I wish to remain eligible for benefits.
17. I understand that information from the My Home records will be shared, as permitted by law, with the Milwaukee County Department of Health & Human Services and all affiliated partners.

Participant signature

Date

For office use only

Date received

