



BRIEFING DECLARATION

I, _____, an applicant/participant in the Housing Choice voucher Rental Assistance Program, I declare that my responsibilities as an applicant/participant of the Rental Assistance Program were explained to me and that I had the opportunity to ask questions. I declare that I fully understand the following:

General Program:

- ✓ I understand that I must report in writing and submit verifying documentation for any changes (additions or move outs) in my family composition within 10 business days of the change.
- ✓ I understand that I must report in writing and submit verifying documentation for any changes in my family's income, both increases, decreases or job changes, within 10 business days of the change.
- ✓ I understand that I cannot pay the landlord more than my portion of the rent, as determined by my Housing Program Specialist, and that the landlord cannot collect from me or anyone else more than the contract rent that was approved by the PHA.
- ✓ I understand that I am responsible for the conduct and activities of my family members and any guests allowed into my home by myself or my family members, whether known or unknown to myself.
- ✓ I understand that neither myself, my family or guests may use my home (contract unit) or premises for any illegal purpose or activity. I also understand that neither I nor my family members or guests may engage in any violent or drug-related criminal activity.
- ✓ I understand that I am to keep my home (contract unit) in a good, clean, safe and sanitary condition and keep the utilities on/connected at all times.
- ✓ I understand that I must abide by the provisions of my lease; in particular, I must pay my rent on time and in full in order to avoid being evicted from the unit.

Move-In:

- ✓ I understand that the lease cannot be dated prior to the date the unit passed inspection.
- ✓ I understand that I cannot move into a unit until it passes the Federal Housing Quality Standards Inspection (HQS Inspection) and that I need to hear from the Housing Specialist that the unit has passed inspection before moving in.
- ✓ I understand that if I do move in before the unit passes the HQS inspection then I will be responsible for the entire contract rent and will in all likelihood forfeit my voucher.
- ✓ I understand that the lease documents must be completed and signed properly in order for payment to be released to the landlord.
- ✓ I understand that the Tenancy Addendum, provided by the PHA, becomes a part of the lease and is enforceable between myself and the landlord.
- ✓ I understand that the PHA must provide my potential landlord with the names, address and contact information of my current and prior landlord along with my current and prior unit addresses if known to the PHA.

Annual Recertifications:

- ✓ I understand that before I sign a new lease:
 - I must have the PHA's approval of any new contract rent, and
 - The PHA must confirm that the unit has passed inspection

Move-out:

- ✓ I understand that in order to move I must give a minimum of 30-days notice in writing to my landlord and my Housing Specialist. I further understand that my 30-day notice must cover a calendar month and that I need to check my lease to see if my lease requires more than 30-days notice.
- ✓ I understand that I must have written permission from my landlord to remain in the unit past the last day of the month of notification.

Family Obligations and Grounds for Denial or Termination of Assistance:

- ✓ I have read the Family Obligations and understand my responsibilities as a participant of this program.
- ✓ I understand that if I violate any of the Family Obligations I jeopardize my continued assistance.
- ✓ I have read the Grounds for Denial or Termination of Assistance and understand that if I participate in any of these activities I may lose my voucher.

By signing this document, I/We declare that I/WE read and fully understood all of the above information as it was presented to me/us during the briefing. I/we have been given the opportunity to ask any questions I/we had regarding the Family Obligations and the administration of the Rental Assistance Program. Also, I/We certify under penalty of perjury that the information given to the Prince William County Office of Housing and Community Development (OHCD) is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance or ineligibility.

Signature of Head of Household	Date	Signature of Spouse/Co-Head	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
Signature of Housing Program Specialist	Date		