Brown County Housing Authority

BRIEFING GIVEN BY: _____ DATE OF BRIEFING: _____

Head of Household, please initial each item as you find it in your packet:

(Left side)

_____ 1) (2 COPIES) BRIEFING CHECKLIST – (THIS FORM)

_____ 2) (2 COPIES) HOUSING CHOICE VOUCHER PROGRAM POLICIES

_____ 3) THE FAMILY HANDBOOK

_____ 4) VOUCHER EXTENSION REQUEST FORM

_____ 5) REQUEST FOR TENANCY APPROVAL (RTA)

_____ 6) LIST OF LANDLORDS, ACCESSIBLE UNITS, SUBSIDIZED UNITS (A&B)

(Right Side)

_____ 7) CHANGE OF HOUSEHOLD PACKETS (ABC)

_____ 8) CHANGE OF INCOME FORM

_____ 9) RHIIP- WHAT YOU SHOULD KNOW ABOUT EIV BROCHURE

_____ 10) NOTICE TO CLIENTS: FRAUD

_____ 11) THINGS YOU SHOULD KNOW

_____ 12) PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME BROCHURE

_____ 13) TENANCY ADDENDUM

_____ 14) Family Self Sufficiency Program (FSS)

_____ 15) PORTABILITY & NEIGHBORING HOUSING AUTHORITIES

Head of Household, please read, sign and add your social security number and the date:

I have attended the required briefing session explaining the Housing Choice Voucher Program and the responsibilities expected of both my family and the owner. I have received the specific program information that is initialed above. I understand the rules of the program and will comply with them as long as I participate in the program. I understand that it is my responsibility to communicate and enforce the program rules with any members of my household and/or guests.

_____ _____ _____

Head of Household Signature Social Security Number Date