Brown County Housing Authority

HOUSING CHOICE VOUCHER PROGRAM POLICIES

VOUCHERS

- Vouchers are issued once program eligibility has been determined. The voucher form lists the "Obligations of the Family" that all household members must be aware of and comply with.
- Vouchers expire 60 days from the date of issuance (refer to expiration date on Voucher form).
- Households are required to find suitable housing AND submit the Request for Tenancy Approval packet prior to the expiration of the voucher.
- If additional time is needed, households may request a Voucher extension, which must be approved by program staff. Requests are to be made in writing on the Voucher Extension Request form and must be received prior to the expiration date of the voucher.

HOUSEHOLD COMPOSTION

- **All** household members residing in an assisted unit must be approved by Brown County Housing Authority (BCHA). A background check will be completed for each adult.
- BCHA approval is required **BEFORE** new members move into the unit.
- Exceptions are births, adoptions, or court-awarded custodies; these additions must be reported within 10 business days. Household removals must also be reported within 10 business days.
- **Visitors in an assisted unit for more than 30 consecutive days OR a total of 90 days within a 12-month period will be considered unauthorized household members and will result in program termination and/or repayment of assistance overpayment.**
- Adding or removing household members requires that a Household Change Form be completed.
- The assisted unit may not be subleased, assigned, or transferred, and must be the family's only residence.
- The family must not own or have any interest in the assisted unit and cannot rent from a family member.

HOUSEHOLD INCOME

- Households are required to report **ALL income and income sources.**
- **CHANGES MUST BE REPORTED WITHIN 10 BUSINESS DAYS** by completing and submitting the Income Change Form.
- Failure to report changes in income in the required timeframe may result in termination and/or repayment of assistance overpayment.

TERMINATIONS

- After program admission, a review of participant eligibility and rent portions are conducted at least annually. Failure to return review paperwork and requested supporting documents will result in termination of assistance.
- BCHA inspection of the rental unit will be completed at least annually. Participant households must make their unit available for inspection by having an individual 18 years or older present during the date & time frame indicated on the inspection notification letter. Failure to allow access to the unit for the scheduled inspection may result in termination.
- Lease violations or damage to the unit beyond normal wear and tear may result in termination.
- The assisted household or household members may not receive rental assistance while receiving rental subsidy from another federal, state, or local housing assistance program.
- Participation will be denied or assistance terminated if BCHA determines any household member engaged in **criminal activity related to violence, drugs/controlled substances, abuse of alcohol, or sexual conduct.**
    - Misdemeanor charges will cause a period of ineligibility of 3 years.
    - Felony charges will cause a period of ineligibility of 5 years.
- Participant households found to have violated program policies will be charged for the amount of assistance paid on their behalf from the date of the program violation through the date of program termination.

- Households terminated from the HCV program for a policy violation will be ineligible for program participation for 1 to 5 years (depending on termination reason), and until any overpayment is repaid in full.

TENANT RENT PORTION & 40% RULE

- The participant's rent portion is generally set at 30% of the household's adjusted monthly income – if the total of the contract rent + the tenant-responsible utilities cost (gross rent) is less than the Voucher Payment Standard (VPS) for the approved voucher size.
- If the gross rent of the unit exceeds the approved Voucher Payment Standard (VPS), the household will be responsible for 30% of the adjusted monthly income PLUS the additional rent above the approved (VPS).
- If the tenant rent portion would exceed 40% of the household's adjusted monthly income as a result of covering the additional portion of rent, rental assistance will not be approved at this unit.
- Households with no income must find a rental unit where the gross rent (rent + tenant-responsible utilities) is less than the approved Voucher Payment Standard.

MOVING and ABSENCES

- Unless the tenant, landlord, and BCHA all agree, moving during the initial lease term is not permitted.
- To prevent interruption of assistance, it is advisable to contact BCHA for a move appointment 2-3 months in advance of moving to a different unit.
- Failure to notify BCHA in writing before moving out of the assisted unit will result in program termination.
- Households are generally not permitted to move more frequently than once per year unless an exception for good cause is granted by BCHA.
- Households that will be absent from the assisted unit for more than 30 days must provide written notification to BCHA before the absence begins.
- Households absent from the assisted unit for more than 180 consecutive days will be terminated.

LANDLORD REFERENCE CHECKS

- BCHA may provide the following information to current and prospective landlords if requested: 1) the Family's Total Tenant Payment and the amount of the Housing Assistance Payment, 2) names of household members, 3) current address for the household, 4) names of the family's current and prior landlord(s), 5) the number of units where BCHA assisted this household in the past three years, 6) factual information (not allegations from any third party).
- BCHA will not release any other information to a current or prospective landlord without the applicant / participant's written authorization.

By signing below, I understand the above policies, have received a copy of them, and agree to abide by them. I understand that if I fail to follow these policies, I will be terminated from the Housing Choice Voucher program AND/OR I may be charged with an overpayment of rental assistance. I also understand that I will be ineligible to participate in the program until my period of ineligibility has ended *and* I have repaid any overpayment in full.

Head of Household	**Date**		
Social Security Number of Head of Household		Other Family Member over age 18	Date
Spouse or Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date