

Summary of Housing Choice Voucher Checklist

Housing Choice Voucher-Mainstream

Anniversary month _____

- 40% Maximum Rent Burden.** For all vouchers issued for new admissions or transfer, LHA will prohibit a voucher household from renting a unit, if the gross rent (contract rent plus utility allowance) exceeds the payment standard and the family's share of tenant rent plus utility responsibility exceeds 40% of their adjusted monthly income.

- Interim Reviews**
 - **Family Composition Changes:** All family composition changes must be approved by Lincoln Housing Authority prior to the individual moving in or out of the unit. You must provide LHA your landlord's written approval for the household change. All eligibility factors including income will be updated to determine the appropriate rent adjustment. Prior approval is not required for additions by birth, adoption or court-awarded custody, however the family must inform LHA in writing within 30 calendar days of the birth, adoption or court-awarded custody.

 - **Income Changes:** Income changes must be reported at the next annual examination. LHA will adjust rent prior to annual examination upon written request from the family. Families who report zero income will be required to report income changes at quarterly certifications and rents will be changed accordingly. Delays in adjusting income increase should benefit families who become employed.
 - **Decreases:** LHA will verify the income decrease and any replacement income. A decrease in the tenant's rent share will only occur if the replacement income is less than the income they have lost.

- Earned Income Calculations:** Future income will be anticipated during the certification period. Sporadic Income: If you have income history for the past 12 months your previous year's income may be used to anticipate future income.

- Medical Expense Deduction:** For elderly and disabled households only. LHA will deduct the out-of-the-pocket medical and dental expenses or insurance premiums that exceed 3% of annual household income.

- Minimum Rent:** Minimum rent charge is \$50.00. The family should notify LHA if unable to pay the amount due to a financial hardship.

- Portability:** After residing within the city of Lincoln for one year and you properly complete the terms of your lease, you may request your voucher be transferred outside of the city of Lincoln. Vouchers can only be ported to areas that administer the Housing Choice Voucher program.

- Utility Reimbursements:** If the Housing Assistance Payment exceeds the rent to owner a utility reimbursement will be sent.

- Family Self Sufficiency program:** Mainstream Voucher receive a preference on the waiting list for the FSS program, please contact LHA if interested in participating in the FSS program. Attached is a Family Self Sufficiency program brochure.

I ACKNOWLEDGE RECEIPT OF A COPY OF THIS CHECKLIST AND UNDERSTAND THE CONTENTS CONTAINED HEREIN:

_____ Signature

_____ Date

**Notice to tenants about the Section 8 Housing Choice Voucher Program
Lincoln Housing Authority (LHA)**

1. Term of the lease

The term of the lease must be for one (1) year. If the tenant terminates before expiration of the term without a mutual agreement from the owner, the tenant will forfeit his/her voucher of family participation. The tenant must give the Housing Authority and the Owner a proper 30 day notice in writing before vacating.

2. Payment of rent

Tenants pay their share of the rent to the Owner. Subsidy begins only after the unit has passed inspection and all papers are signed. The Housing Authority is not responsible for any portion of the rent prior to execution of the Housing Assistance Payment Contract.

3. Maintenance problems. Notify the owner in writing describing the problem to correct with a reasonable expectation date for completion and provide a copy to the Housing Authority. If the problem is not corrected by the requested due date, contact LHA's Inspection department.

4. Reasons for the Termination of Housing Subsidy

Your assistance will be subject to immediate termination should any of the following occur. *This does not reflect a complete list of reasons for termination.* See "Obligations of the family" on your voucher and the policies established in the Section 8 Administrative Plan. A current copy of the Section 8 Administrative Plan is available during regular business hours at 5700 R Street, Lincoln, Nebraska and accessible at the LHA website www.l-housing.com. A printed copy of the entire document can be provided at the requestor's expense.

- a. Failure to report information or documentation necessary to administer the program.
- b. Failure to notify the Housing Authority **before vacating the unit**. Absenteeism from your unit in excess of 60 days will be considered abandoned.
- c. Failure to obtain LHA's **prior written approval** of all changes in family composition.
- d. Failure to declare in writing when a family members is either temporarily or permanently absent from the household.
- e. Allowing "**visitors**" or **unauthorized persons** to stay in your subsidized unit on a repetitive basis without LHA and the landlord's prior written approval. Visitors may be considered unauthorized household members.

The following may be used to considered a visitor as an unauthorized person in your subsidized unit.

1. Absence of evidence of any other address for the visitor.
2. Statements from neighbors and/or property owners.
3. The use of your subsidized unit address as the visitor's current address for any purposes shall be construed as their permanent residence.
4. Allowing the assisted unit's mailing address to be used by others not listed on the lease.

The burden of proof that an individual is authorized to be a guest or member of your subsidized unit rests on the program participant. In absence of such proof, the individual will be considered an unauthorized household member and LHA will terminate assistance if prior written approval was not granted by LHA.

4. **Reasons for the Termination of Housing Subsidy** (continued)

- f. Failure to cooperate with the completion of an annual re-examination or an inspection on the unit.
- g. Any member of the household or guest who damages the unit or premises beyond ordinary wear and tear, and/or failure to pay for any utilities to be paid by the tenant.
- h. A breach of agreement to pay back amounts owed to the Housing Authority.
- i. If the participant, including any member of the household, guest or other person under the participants control, engages in drug related criminal activity or violent criminal activity or has any convictions of habitually abuses alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.

IF TERMINATED RENTAL ASSISTANCE WILL BE DENIED FOR THREE (3) YEARS.

- j. Failure to fully list on the application or Personal Declaration forms, any household member's arrest for drug-related activities, alcohol abuse arrests or other arrests for violent or other criminal activities.
- k. If the participant has committed fraud in connection with any Federal Housing Assistance Program. *If debt is incurred due to fraudulent action(s) LHA must be repaid in full prior to re-admittance to the voucher waiting list and/or program.*

IF TERMINATED RENTAL ASSISTANCE WILL BE DENIED FOR THREE (3) YEARS AND THE PROGRAM MUST BE REPAID IN FULL.

5. **Tenant History**

Lincoln Housing Authority will provide any factual tenant history on file to a prospective Landlord, if requested.

6. **Victims of Domestic Violence**

Tenants who are victims of domestic violence, dating violence or stalking are protected by the VAWA from being evicted or from housing assistance being terminated because of the acts of violence against them.

I have received, read and understand the HUD form titled "Apply for Housing Assistance", "How Your Rent is Determined", "Certification of Domestic Violence, Dating Violence or Stalking" and the Lead Based Paint pamphlet at admissions to the program.

I ACKNOWLEDGE RECEIPT OF A COPY OF THIS NOTICE AND UNDERSTAND THE CONTENTS CONTAINED IN PAGES 1 AND 2 HEREIN:

Head of Household Signature

Date

Other Adult Signature

Date

Other Adult Signature

Date

LHA Representative

