

## Family Certification of Briefing

This is to certify that on this date I have completed a family briefing for the Housing Choice Voucher Program. The items below have been explained to me by a MaineHousing representative. I understand that should I need further explanation on any or all of these items, it is always available to me in person, by telephone or in writing:

- □ A description of how the Housing Choice Voucher Program works.
- My responsibilities to the landlord.
- My family obligations to MaineHousing.
- How the Housing Assistance Payment (HAP) is determined for my family.
- How MaineHousing determines the maximum rent for a unit.
- The length of the term of my voucher and the policy for extensions
- An explanation of portability and the procedures for exercising portability.
- MaineHousing's policy on providing information to prospective landlords.
- How MaineHousing determines a family's unit size.
- An explanation of the grounds for termination of assistance.
- □ When and how I am required to report <u>any and all family member income and/or family</u> composition changes in writing within 14 calendar days of the change to MaineHousing.
- □ Requirements surrounding Housing Quality Standards Inspections.

The following documents have been provided to me on this date:

- □ The Family Handbook Home to Stay Family Obligations Addendum □ Protecting Tenants at Foreclosure Act Family Certification of Briefing
  - Protect Your Family From Lead in Your Home
    - Maine Housing Family Self-Sufficiency Program
    - Are You a Victim of Housing Discrimination?
- Housing Choice Voucher □ The Family Information Sheet

A Good Place to Live!

The Landlord Packet

□ Reasonable Accommodation Policy

It is my responsibility to locate suitable and eligible housing before the expiration date of my voucher, and to notify MaineHousing if I am having difficulty. I understand the rules of the program and will comply with them as long as I participate in the program.

Date: **Applicant Signature** Date: Additional Household Adult Signature Date: \_\_\_\_\_ Additional Household Adult or Translator (specify)

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