VASH Family Certification of Briefing

This is to certify that on this date I have completed a family briefing for the Vetrans Affairs Supportive Housing (VASH) 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 VASH 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
  + 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 any and all family member income and/or family composition changes **in writing** **within 14 calendar days of the change** to my Program Officer.
  + Requirements surrounding Housing Quality Standards Inspections.

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

* The Family Information Sheet
* VASH Family Certification of Briefing
* VASH Acknowledgement Form
* HCV Briefing Information
* Fair Housing and Related Services
* Reasonable Accommodation Policy
* VAWA Form
* A Good Place to Live
* Are You a Victim of Housing Discrimination
* Security Deposit Request Form
* Record of Search for Housing/Extension Request
* Low Poverty Area Towns
* Landlord Packet
* Protect your Family from Lead in Your Home
* Tenancy Addendum
* Applying for HUD Assistance – Is Fraud Worth It
* RESTART-FSS
* Housing Choice Voucher

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)*