Waltham Housing Authority

Main Offices at 110 Pond Street, Waltham, MA. 02451 Main Phone Number 781-894-3357

Recertification Checklist: *All the items listed here must be included with your completed Recertification Packet*

Be certain that:

- All household members (all ages) submit the necessary paperwork listed below
- All 18+ household members sign enclosed documents where needed

1. Pay stubs or Weekly Pay information, including from Work as a Subcontractor (Uber, Lyft, Door dash etc).

2. **1040 Form from previous year from** all household members

3. **Social Security Benefits Statement Letter:**
   Submit the current (printed within 90 days of this notice) Social Security Benefits Letter for all household members receiving Social Security, SSI, SSDI, and SSP.

4. **Documentation of Other Benefits**- Provide a letter from DOR (for child support payments), DTA (Welfare/TAFDC benefits or SNAP), Pension Letter, Retirement Benefits letter, VA Benefits, Family Support, etc. Submit a current benefit letter showing the monthly gross amount received.

5. **Assets-Bank Accounts (Checking and Savings), all third-party accounts (Venmo, Cashapp, Apple-pay, and Android pay), 401(k)s, IRAs, Stocks, Bonds, Dividends, etc**.
   Submit the **most recent complete 3 statements for all savings, checking, and third-party accounts.** Submit the 3 most recent statements for all other account types.

6. **Medical Expenses:**
   For elderly/disabled households, submit paid statements, receipts, and/or canceled checks with corresponding bills (not covered by insurance). Paid premiums, prescriptions, and other out-of-pocket medical expenses over the previous 12 months.

7. **Childcare Expenses**:
   Must be incurred to allow adult household members to work or attend school full-time. Submit a letter on the provider's letterhead stating the child's name and weekly expenses.

8. **Child Support:**
   If received, submit a copy of court-ordered documentation or signed self-certification. To obtain proof from DOR, or if child support is needed, please call the Massachusetts Child Support Customer Service Bureau at: 1-800-332-2733 or log in to https://ecse.cse.state.ma.us/uwps.

9. **Unemployment:**
   Submit an Unemployment Benefits letter or statement showing the monthly benefits received.

10. **Full-Time Students**:
    For all household members 18 years or older enrolled full-time while working, submit original verification on school letterhead stating the student's name and full-time enrollment status.

Waltham Housing Authority

110 Pond Street, Waltham, MA 02451
Tel: 781-894-3357 x233 | Fax: 781-894-7595

Section 8 Recertification Packet (Please complete ALL sections on ALL pages)

Please note that **incomplete forms will not be processed**. If a question does not apply to you, please write **N/A**. Additionally, ensure that you **sign and date the last page** before submission.

Instructions:

- Print and complete the form in ink.
- Fill out all sections of the form.
- All statements provided in this form will be verified by the Waltham Housing Authority (WHA) to ensure compliance with HCVP regulations.
- Participants must report any changes to the information provided in writing as soon as they occur.

Head of Household Name:		
Adress:	City:	Zip:
Phone:	Email address:	

Section I: Household Composition – List all the people who will live with you in your unit.

First Name / Last Name	Relation to Head	Social security #	Disable ?	Sex	Date of Birth	Race/Ethnicity
1.	HEAD		Y/N	M/ F		
2.			Y/N	M/ F		
3.			Y/N	M/ F		
4.			Y/N	M/ F		
5.			Y/N	M/ F		
6.			Y/N	M/ F		

Any household members added require prior approval from both WHA and the landlord. Any name change in your family must be verified by legal documentation.

Full-time student Status- Are any members of your household **over 18** and currently full-time students? ☐ Yes ☐ No.

*If yes, please verify the school showing proof of full time the student's full-time status.

Is there a change in family composition expected? ☐ Yes☐ No.

If yes, describe:

Language spoken:

Do you (Head of Household) or your co-head speak and read English? ☐ Yes ☐ No

- If not, what language do you (Head of Household) or your co-head speak and read? _____

Have you or any member of your household been convicted of any offense other than a traffic violation (misdemeanor or felony) since the last Annual Recertification? ☐ Yes ☐ No
If yes, please explain:

Are you or any member of your household required to register as a sex offender in this or any other state since the last Annual Recertification? ☐ Yes ☐ No

Have you or any member of your household ever committed fraud in a federally assisted housing program or been required to repay funds due to misrepresentation of information in such a program since the last Annual Recertification? ☐ Yes ☐ No
If yes, please explain:

NOTE: By signing this document, you and all adult members of your household authorize this Public Housing Authority (PHA) to obtain copies of criminal history records (including arrests and convictions) for all adult family members.

Are any members of your household who are 18 years of age or older, and who are not permanently disabled, currently unemployed or not enrolled as full-time students?

☐ Yes ☐ No

If yes, please list those household members:

Last name, First name, MI
1.
2.

Section II: Income

1. Income from Social Security/Retirement/pension/workers compensation/payment instead of Earnings- Do you or any family members receive income from any of the following sources: Unemployment, SSI or SSDI, TAFDC, PFMLA payment from insurance, Retirement plans, annuities, IRA's, other retirement sources or work compensation? ☐ Yes ☐ No

You can obtain a **Verification Form** from the **Social Security Administration (SSA)** by calling 1-800-772-1213 (TTY: 1-800-325-0778) or visiting www.ssa.gov/onlineservices. To obtain an **Income Verification Form** from the **Department of Transitional Assistance (DTA)**, call the **Assistance Line at 1-877-382-2363**.

If you receive child support payments, you must verify. You can obtain this information through the following methods:

1. Automated Voice Response System (VSR)

Call **1-800-332-2733** (available 24/7) to access your payment history. You may request a list of child support payments, which will be available within **48 hours**.

2. Online Verification

Visit the **Massachusetts Child Support Website** to view and download your payment records. Access the website at: https://ecse.cse.state.ma.us

2. **Employment Income-** Do you have any member of your household who is 18 years of age or older who receives income from Employment? ☐ Yes ☐ No

If you answered "Yes," please complete the information below and provide the three (3) most recent consecutive pay stubs. Additionally, include income details if you work as a subcontractor for services such as **Uber, Uber Eats, Lyft, DoorDash, Instacart, and Shipt.** If you own a business, please provide income details for: **Nail salon, hair services, baking, babysitting, or any other self-employed work.**

Household Member	Employer	Employer address	Earnings
1.			$ /per
2.			$ /per
3.			$ /per
4.			$ /per
5.			$ /per

Bank account deposits- Do you or any member of your household receive **regular deposits** into your bank account that could be considered income? This includes deposits from: **Employers** such as Uber, Lyft, Instacart, or similar services. **Savings groups** such as Ajo, Asusu, Esusu, Chilemba, Tanda, etc. **Business income**, including but not limited to payments from service platforms ☐ Yes ☐ No

If yes, please provide details: _____

4. Support of Minors (child support/ social security) – Does any member of your family receive payments for the support of a **minor** or a **full-time student under the age of 25** from any of the following sources?☐ **Child support**☐ **Social Security benefits**☐ **Foster care payments**☐ **Assisted adoption payments**☐ **Other public assistance (please specify): _____**☐ **No, no one in my household receives such payments.**

If **YES**, please provide documentation of these payments.

5. Public Assistance / Welfare- Do you or any of your family members receive income from public assistance programs, such as: ☐ **TANF (Temporary Assistance for Needy Families)** ☐ **Food Stamps (SNAP)** ☐ **No, no one in my household receives public assistance.**

If you answered "Yes" to receiving any type of assistance from the above question, please complete the section below and provide the most recent statement to show proof of payment. For Child Support (DOR), please provide a statement showing the last 12 months of payments.

Family member	Source	Amount	Frequency

Other Income:

6. Self-Employment/ Income from Business- Do you or any family members receive income from **self-employment,** or a **business owned by a family member?** ☐ Yes ☐ No

If yes, please provide **IRS Form 1040** and all associated **schedules** to the Waltham Housing Authority (WHA) for verification.

7. Gifts and Scholarships- Do you or any family member receive a **regular gift** (at least twice a year for $2,000 or more, or more than once a month for two or more years), including a school scholarship? ☐ Yes ☐ No

If yes, please provide the **name**, **address**, and **telephone number** of the gift giver, along with a **notarized letter** confirming the gift.

8. Gambling Income- Have any family members received income from the **lottery** or online **gambling**?
☐ Yes☐ No

9. Trust, Pension, Retirement, and VA Benefits- Does anyone in your household receive any of the following: **Trust income**, **Pension**, **Retirement benefits**, **VA (Veterans Affairs) benefits?** ☐ Yes ☐ No

If you answer **YES,** please complete the box below and bring your most recent statement showing income and proof of payment.

Family member	Source	Amount	Frequency

10. Certification of No Income- For each family member **over the age of 18** who is claiming **no income**, you will need to contact the **WHA** housing office and schedule an appointment to complete a **No Income Certificate**. By certifying that you do not receive, nor anticipate receiving, any income from any source, you are signing under the **Pains and Penalties of Perjury**.

Section III-Assets- List all assets including but not limited to **Bank accounts** (Checking & Savings), **Digital payment accounts** (Venmo, Cash App, Chime, Direct Express, Apple Pay), **Certificates of Deposit (CDs)**, **Individual Retirement Accounts (IRAs)**, **Money Market accounts**, **Investments** (401(k), Stocks, Bonds), **Real Estate** and other financial assets, etc. **ALL** statements **MUST** be in **PDF format.**

Household Member:	Asset/ Bank Name & Address:	Account Type:
Interest Rate:	Annual Income:	**Total Value:**
Household Member:	Asset/ Bank Name & Address:	Account Type:
Interest Rate:	Annual Income:	**Total Value:**
Household Member:	Asset/ Bank Name & Address:	Account Type:
Interest Rate:	Annual Income:	**Total Value:**
Household Member:	Asset/ Bank Name & Address:	Account Type:

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Interest Rate:	Annual Income:	Total Value:

Head of Household Name: _____
Address: _____

Important to report All Household Members

Important Rules Regarding Household Occupancy

Only individuals listed on your lease and application are permitted to reside in your unit. Visitors may stay temporarily, but their stay must not exceed 30 days annually. This policy ensures that your rent is accurately calculated based on your household income.

If there are any changes to your household composition, you must immediately notify the Waltham Housing Authority. Failure to report such changes may result in the termination of your voucher assistance.

By signing below, you confirm that no unauthorized adults are living in your unit and that you will promptly report any household changes.

Signatures

Head of Household Signature: _____ Date: _____

Spouse Signature (if applicable): _____ Date: _____

Other Adult Household Members:

Signature: _____ Date: _____

Signature: _____ Date: _____

Have you sold assets for less than fair-market value in the past two years? ☐ Yes ☐ No

Section IV- Medical, Childcare, and Handicapped Care Expense Deductions- The Head of Household or spouse is 62 years or older or disabled, the household may be eligible to deduct unreimbursed out-of-pocket medical expenses. Childcare and handicapped care expenses must be incurred to allow a family member to work or enroll in school full-time to qualify for deductions.

Type	Name/ Source of expense	Address of expense	Yearly amount

Participant/Tenant Statement-

I/We hereby certify that all information provided on this form is true, correct, and complete to the best of my/our knowledge. I/We authorize the Housing Authority to verify all information contained herein.

I/We understand that I/we must promptly notify the Housing Authority of any changes in income or family composition, as such changes may affect my/our rent or family contribution, which will be based on verified family income.

I/We declare under penalty of perjury under the laws of the United States of America and the State of [Your State] that the information provided in this statement is true, correct, and complete.

Furthermore, I/We certify that the information submitted to the Waltham Housing Authority regarding my/our housing status, household composition, income, net family assets, allowances, and deductions is accurate and complete to the best of my/our knowledge and belief.

I/We acknowledge that providing false statements or misrepresenting information is punishable under federal law and may result in denial of housing assistance and/or termination of tenancy.

Head of Household Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

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Signature of other adult member (s): _____ Date: _____

Authorization for Emergency Contact Use

Head of Household Name: _____
Address: _____

I, _____, grant the Waltham Housing Authority permission to use my emergency contact information in the event of an emergency.

Emergency Contact Information

- Name: _____
- Phone Number: _____
- Relationship to Applicant: _____
- Email Address: _____

Signatures

Head of Household Signature: _____ Date: _____

Spouse Signature (if applicable): _____ Date: _____

Other Adult Household Members:

- Signature: _____ Date: _____
- Signature: _____ Date: _____

Waltham Housing Authority

110 POND STREET

WALTHAM, MASSACHUSETTS 02451-4505

Interim Reexamination Policy

Effective Date: **12/1/2025**

PURPOSE

The purpose of this policy is to establish consistent procedures for processing interim reexaminations for families participating in Waltham Housing Authority programs. Interim reexaminations are conducted to ensure that a family's rent and subsidy are accurately determined based on their most current household income and composition.

FAMILY REPORTING REQUIREMENTS

All families are required to notify the Waltham Housing Authority (WHA) **in writing** of any changes in total household income. Such notification must include all required supporting documentation. Families must report these changes within ten (10) working days of the change. Failure to report changes promptly may result in retroactive rent increases, recovery of overpayment, or termination of the program. All changes need to be reported, with proper documentation.

INTERIM REEXAMINATION

In general, once a family has reported a change in writing, the Waltham Housing Authority will not process an interim reexamination or redetermine rent until the next annual recertification, except in the following cases.

- **Interim Reexaminations Will Be Conducted When:**

1. Income or Family Composition Change - The total household income changes by more than 10%.

2. Decrease in Income - A decrease in income is expected to last 30 days or longer.

3. Increase in Income for Zero-Income Households - Any household member who previously reported zero income or temporary/sporadic income, must report any new or additional income immediately. Households whose only reported income is SNAP benefits will be considered zero-income households.

EFFECTIVE DATES OF RENT ADJUSTMENTS

A. Rent Increases

Rent increases will generally take effect on the first day of the month following a 30-day notice written to the family. If the family fails to report a change or provide required information within the specified timeframe, the rent increase will be applied retroactively to the date it would have been effective had the information been provided on time. All documents provided after the 25th of the current month will be processed in the following month.

B. Rent Decreases

Rent decreases will take effect on the first day of the month following the date the change was reported, and all required documentation was received. If verification of the change is delayed, the rent decrease will be applied retroactively once the change is confirmed.

ADDITIONAL INCOME AND EMPLOYMENT CHANGES

Any changes related to unemployment, termination, or FMLA leave must be reported as soon as possible with proper documentation. Any additional income received by household members must be reported immediately. Failure to report income changes may result in retroactive rent adjustments, repayment agreements, and/or termination of program participation.

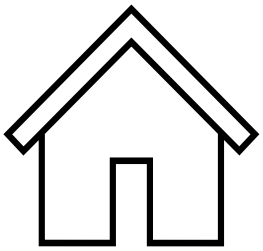
ENFORCEMENT

Failure to comply with this policy, including failure to report required information, may be considered a program violation and may result in: retroactive rent increases, recovery of overpaid subsidies, and/or termination of the Housing Choice Voucher or other assistance.

Tenant Acknowledgment

I, _____ (Head of Household) have received, read, and understand the **Waltham Housing Authority Interim Reexamination Policy**. I agree to comply with all requirements, including timely reporting of any changes in total household income as outlined in this policy.

Tenant Signature: _____
Date: _____



IMPORTANT INFORMATION

THE FOLLOWING FORMS

MUST BE

SIGNED BY ALL HOUSEHOLD

MEMBERS 18 YEARS OR OLDER

WALTHAM HOUSING AUTHORITY
Housing Choice Voucher Program (HCVP) 110 Pond Street, Waltham, MA 02451

New HOTMA Rent Rules — What They Mean for You

A plain-language guide for your annual recertification

The rules for figuring out your rent have changed under a new federal law called **HOTMA** (the Housing Opportunity Through Modernization Act). This page explains the main changes in plain language. Your HCVP leasing officer can help with any questions.

Big change: Your yearly review now looks at the money you **actually received in the past 12 months**. We no longer estimate what you will earn in the year ahead.

How your income is counted

Money, we DO count

- Pay from jobs (full-time, part-time, temporary, seasonal)
- Tips, overtime, bonuses, and commissions
- App and gig work (Uber, Lyft, DoorDash, Instacart)
- Self-employment and side jobs (eBay, Etsy, odd jobs)
- Social Security, SSI, SSDI, and pensions
- Unemployment, child support, FMLA, DFML and alimony

Money, we do NOT count

- A child's job pays (earned income of a member under 18)
- School financial aid (Pell Grants, scholarships)
- One-time gifts or charitable help
- Foster care, adoption, or guardianship payments
- Money from a special-needs trust
- ABLE and 529 savings accounts; property-tax refunds

Note: ***A child's own job pay does not count, but money a child receives that is not from work (for example, Social Security or child support for the child) does count.***

Savings and things you own (assets)

- **Retirement savings (401k, IRA, pension)** do not count
- There is now a federal **asset limit** (about $105,000, set by HUD and adjusted each year). It applies starting on January 1, 2027, Waltham Housing Authority's HOTMA compliance date. Most families are well below it.
- Tell us about **all** your accounts, including online ones (Chime, Cash App, Venmo, PayPal, Zelle, Direct Express). If you own real estate you could live in, tell us so we can review it with you.

Things that can lower your rent (deductions)

- The deduction for **elderly (62+) or disabled families is now higher**.
- Medical and disability costs now count only above **10%** of your income. **If this raises your rent, you can ask us for help (a "hardship")." Hardships are determined on a case-by-case basis.**
- If you lose the childcare deduction and cannot afford your rent, you can ask us for help.

Telling us about changes

- Report **all** changes in income and in who lives with you **within 30 days, in writing** — even if your rent does not change.
- Reporting a change does not always change your rent. We review each change and tell you the result.

- During the year, we usually redo your rent only if your **unearned income** (like Social Security, a pension, unemployment, or child support) goes up by **more than 10%**.
- A raise, additional work hours, or another increase in earned income generally will not increase your rent until your next annual reexamination. You are still required to report income and household changes to the Waltham Housing Authority in accordance with program requirements.
- You must continue to report employment and income changes to WHA even when the change does not result in an immediate rent adjustment.
- We **can lower your rent** during the year if your income drops by more than 10% including if you lose a job or lose hours. Tell us right away.
- **HOTMA does not eliminate your responsibility to report changes.**
- Even if you believe a change will not affect your rent, you should report the change to WHA as required. WHA will determine whether an interim reexamination or rent adjustment is necessary.
- Failure to report required information or providing false, incomplete, or inaccurate information may result in repayment obligations or other action under Housing Choice Voucher Program requirements.
- Always give true and complete information. **Leaving out income on purpose is fraud** and can end your help.

Household changes

You must continue to report changes in household composition, including when:

- A household member moves out;
- You are requesting to add a household member;
- A child is born, adopted, or placed in the household;
- A household member passes away; or
- There is another change affecting who resides in the assisted unit.

WHA approval is required before adding an individual to the assisted household when prior approval is required under program rules.

Signing forms

- The form that lets us check your income (**HUD-9886-A**) is now signed **one time** — not every year. New adults sign up when they join your home or turn 18.
- WHA uses HUD's Enterprise Income Verification (EIV) system and other permitted verification methods to verify income and program eligibility.
- Failure to provide required consent forms or verification documents may affect your continued eligibility for housing assistance.

What you need to do for your yearly review

- Fill out every form. Sign and date each one.
- List income for everyone who lives in your home.
- Send copies of your papers. Keep your originals.
- Turn in your packet by your due date.
- If you email, send PDF files only — **photos are not accepted.**

STATEMENT OF FAMILY RESPONSIBILITY

Section 8

Housing Choice Voucher Program

24 CFR 982.551

Please read the entire document before completing the form. Fill in the blanks below. Type or print clearly.

1. Certification. The undersigned Public Housing Agency (PHA) hereby certifies that the family headed by: _____

_____

and which consist of the following members: _____

_____

_____

_____

_____

_____

is eligible to participate in the Section 8 program of this PHA and is approved to occupy a unit located at: _____

_____

_____

Under this program, the PHA makes housing assistance payments on behalf of participating families toward their rents to owners of descents, and safe, and sanitary units rehabilitated under the program.

2. Family Portion of Rent.

A. ***Tenant Rent***- The total amount that the family will be obligated to pay monthly towards rent and utilities based on the family's income is called the tenant rent.

B. *Family Payment to Owners*- The amount that the family will be obliged to pay monthly to the owner will be the amount of the tenant's rent unless the family is responsible for paying for any utilities. If the family must pay for any utilities directly, the family will pay the owner the tenant rent minus the PHA-determined appropriate allowance for the tenant-purchased utilities and services.

C. ***Changes in Family Income and Allowances***-The amount of the family's required tenant rent may change because of the changes to the program rules and changes in the family income, composition, and other allowable deductions such as medical and childcare expenses.

3. PHA Portion of Rent- The PHA will pay the owner on behalf of the family the difference between the family's payment to the owner and the monthly contract rent in the lease.

4. Obligations of the Family.

A. The Family must follow the rules listed below to continue participating in **the Section 8 Program.**

B. The Family must:

1. Supply any information that the PHA or HUD determines is necessary for the administration of the program, including submissions of required evidence of citizenship or eligible immigration status {as provided by 24 CFR part 5). "Information" includes any requested certification, release, or other documentation.

2. Supply any information requested by the PHA or HUD for use in a regularly scheduled re-examination or interim re-examination of the family income and composition per HUD requirements.

3. Disclose and verify social security numbers (as required) and must sign and submit consent forms to obtain information under regulations,

4. Any information supplied by the family must be true and complete.

C. Housing Quality Standards (HQS) breach caused by family. The family is responsible for any HQS breach damage caused by the family.

D. *Allowing PHA Inspection*. The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice.

E. *Violation of lease.* The family may not commit any serious or repeated violation of the lease.

F. *Family Notice of move or lease Termination*. The family must notify the PHA and the owner before the family moves out of the unit or terminate the lease on notice to the owner.

G. *Owner Eviction Notice*. The family must promptly give the PHA a copy of any owner eviction Notice.

H. *Use and occupancy of the unit.*

***1*.** The family must use the assisted unit for residence by the family. The unit must be the family's only residence.

2. The composition of the assisted family residing in the unit must be approved by the PHA. The family must promptly inform the PHA of the birth, adoption, or court-awarded custody of a child. The family must request PHA approval to add any other family member as an occupant of the unit. No other person. [i.e. nobody but members of the assisted family] may reside in the unit (except for a foster child or live-in aide as provided in paragraph(h)(4) of this section.

3. The family must promptly notify the PHA if any family member no longer resides in the unit.

4. If the PHA has approved, a foster child or live-in aide may reside in the unit. The PHA has the discretion to adopt reasonable policies considering residence by a foster child or a live-in aide and defining when PHA consent may be given or denied.

5. Members of the household may engage in legal profitmaking activities in the unit, but only if such activities are incidental to the primary use of the unit for residence by members of the family.

6. The family must not sublease or leave the unit.

7. The family must not assign the lease or transfer the unit.

I. *Absence from unit*. The family must supply any information or certification requested by the PHA to verify that the family is living in the unit, including any PHA-

requested information or certification for the family's absences. The family must cooperate with the PHA for this purpose. The family must promptly notify the PHA of absence from the unit.

J. *Interest in the unit* – The family must not own or have any interest in the unit.

K. ***Fraud and other program violations***. The members of the family must not commit fraud, bribery, or any other criminal action in connection with the programs.

L. ***Crime by household members***. The members of the household may not engage in drug-related activity, violent activity, criminal activity, or other criminal activity that threatens the health, safety, or right to peaceful enjoyment of other residents and people residing near the premises(see982.553)

M. *Alcohol abuse by household members*. The members of the household must not abuse alcohol in a way that threatens the health, safety, or right to peaceful enjoyment of other residents and people residing in the immediate vicinity of the premises.

N. Other housing Assistance-An assisted family or members of the family may not receive section 8 tenant base assistance while receiving another housing subsidy for the same unit or a different unit under any duplicative (as determined by HUD or under HUD requirements) Federal, State, or local housing assistance program.

5. Illegal Discrimination

If a family believes it has been subjected to housing discrimination based on age, race, color, religion, sex, disability, national origin, or familial status during its search for suitable housing, it may file a housing discrimination complaint with any HUD office. Complaints can be filed in person, by mail, or by telephone. The PHA will provide the family with information and guidance on how to file a complaint.

6. Termination of Assistance.

A. If the family voluntarily vacates the unit, there is no guarantee that further housing assistance will be provided.

B. The PHA Ma denies the program assistance for an applicant or termination program assistance for a participant for any of the reasons listed below:

1. *If the family violates any family obligation under section 4*.
2. *If any member of the family has ever been evicted from public housing*.
3. *If a PHA has ever terminated assistance under the certificate or voucher program for any member of the family*.
4. *If any member of the family participates in illegal drug or violent criminal activity*.
5. *If any member of the family commits fraud, bribery, or any other corrupt or criminal act in connection with any Federal housing program*.
6. *If the family currently owes money to the PHA or another PHA in connection with Section 8 or public Housing assistance*.
7. *If the family has not reimbursed any PHA for the amount paid to an owner under a contract for rent, damages to the unit, or other amounts owed by the family under the lease in the contract*.
8. *If the family breaches an agreement with the PHA to pay amounts owed to the PHA, or amount paid to an owner by a PHA*.
9. *If the family engages in threatened abusive or violent behavior toward PHA personnel*.

By signing this document, I/We declare that I/WE have read and fully understood all the above information. Also, I/We under penalty of perjury that the information given to the Waltham Housing Authority, PHA, and HUD is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance or ineligibility.

Name of PHA: ***Waltham Housing Authority***	***Name Of Family (Head of Household)***
Address: ***110 Pond Street*** ***Waltham, MA 02451***	***Address:***
Telephone Number: ***781-894-3357***	***Telephone Number:***
By (signature and Title)	***Signature of Family Representative:***
Date:	***Date:***

WALTHAM HOUSING AUTHORITY

110 Pond Street, Waltham, MA 02451

FAMILY OBLIGATIONS UNDER THE HOUSING CHOICE VOUCHER PROGRAM

Participant / Head of Household: _____

Assisted Unit Address: _____

Federal authority: 24 CFR § 982.551 and Form HUD-52646. The family must comply with these obligations to continue participating in the Housing Choice Voucher (HCV) Program.

FEDERAL FAMILY OBLIGATIONS

1. **Provide required information.** Supply information that the Waltham Housing Authority (WHA) determines is necessary for program administration, including citizenship or eligible immigration status and information needed for reexaminations of family income and composition.
2. **Reexaminations.** Must report all income of all family members and any information requested for an annual reexamination or interim reexamination of family income and composition. Information supplied must be true and complete.
3. **Social Security numbers and consent forms.** Disclose and verify Social Security numbers as required and sign and submit required consent or authorization forms for obtaining information.
4. **Truthful and complete information.** All information supplied by the family must be true and complete.
5. **Unit condition / family-caused deficiencies.** The family must comply with applicable unit-condition responsibilities. The family may be responsible for deficiencies caused by failure to pay tenant-supplied utilities, failure to provide or maintain tenant-supplied appliances, or damage beyond ordinary wear and tear caused by household members or guests.
6. **Inspections.** Allow WHA to inspect the assisted unit at reasonable times and after reasonable notice.
7. **Lease compliance.** The family must not commit serious or repeated violations of the lease, or they may be evicted by the landlord and could be terminated by the Housing Authority (HA).
8. **Moving or terminating the lease.** Notify both WHA and the owner in writing before moving out of the unit or terminating the lease and comply with the lease's notice requirements.
9. **Eviction notices.** Promptly provide WHA with a copy of any eviction notice received from the owner.
10. **Only residence.** Use the assisted unit as the family's residence. The assisted unit must be the family's only residence.
11. **Adding household members.** Promptly notify WHA in writing of the birth, adoption, or court-awarded custody of a child. Obtain WHA written approval before adding any other person as a household member or occupant.
12. **Removing household members.** Promptly notify WHA in writing when any family member no longer resides in the assisted unit. The family must supply any information requested by the HA to verify that the family is living in the unit or information related to the family’s absence from the unit.
13. **Foster children and live-in aides.** A foster child or live-in aide may reside in the unit only as permitted by WHA policy and with required WHA approval. The family must not sublease or let the unit, assign the lease, or transfer the unit.
14. **Verification of residence / absence.** Supply information requested by WHA to verify that the family is living in the assisted unit or concerning an absence from the unit.
15. **Extended absence.** Promptly notify WHA in writing when the entire family will be absent from the unit for an extended period, in accordance with WHA policy. The family must notify the HA in writing when all family members will be absent from the unit more than 30 days.
16. **Subleasing and Transfer of the Unit.** The family must not sublease the unit, assign the lease, or transfer the unit to another person.
17. **Utilities and appliances.** Pay utility bills and provide and maintain appliances that the owner is not required to provide under the lease.
18. **Ownership interest.** The family must not own or have an interest in the assisted unit, except as permitted for a cooperative or an owner of a manufactured home leasing a manufactured-home space.
19. **Program fraud and corrupt acts.** Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the HCV Program.
20. **Drug-related, violent, and threatening criminal activity.** Family members must not engage in drug-related criminal activity, violent criminal activity, or other criminal activity that threatens the health, safety, or right to peaceful enjoyment of other residents or persons residing in the immediate vicinity.

21. **Alcohol abuse.** Household members must not abuse alcohol in a manner that threatens the health, safety, or right to peaceful enjoyment of other residents or persons residing in the immediate vicinity.
22. **No duplicative housing assistance.** The family must not receive HCV assistance while receiving another housing subsidy for the same unit or a different unit under another federal, state, or local housing assistance program, except as permitted by applicable program rules.
23. **Rental from relatives.** The family must not reside in a unit owned by a parent, child, grandparent, grandchild, brother, sister or any member of the family unless approved by the WHA as Reasonable Accommodation.
24. **Hardship Exemption Reporting.** Notify the Housing Authority in writing when the circumstances that qualified the family for a hardship exemption (for example, a medical or disability-expense hardship, or a child-care-deduction hardship) have ended or no longer exist, so the HA can process the appropriate reexamination.

WHA REPORTING AND DOCUMENTATION REQUIREMENTS

In addition to the federal obligations above, participants must comply with WHA's current Administrative Plan and written reporting/documentation procedures. WHA may request documentation needed to determine eligibility, income, assets, deductions, household composition, continued occupancy, or other program requirements.

Examples of documentation WHA may require include: evidence of citizenship/eligible immigration status; income documentation or verification of zero income; household-composition documentation; Social Security number documentation; signed consent/release forms; and other certifications or records required under WHA policy or applicable law.

Extended absence - WHA policy: If WHA's current Administrative Plan defines an extended absence as more than 30 calendar days, the family must provide written notice at the beginning of the extended absence. The current Administrative Plan controls if this policy is revised.

IMPORTANT NOTICE

Knowingly providing false, incomplete, or misleading information, committing fraud, or violating family obligations may result in denial or termination of HCV assistance, repayment obligations, referral for investigation or prosecution when appropriate, and other remedies allowed by federal law and WHA policy. Any proposed termination is subject to the notice and hearing rights required by applicable HCV regulations and WHA procedures.

FAMILY ACKNOWLEDGMENT

I certify that I have received and reviewed these Family Obligations. The obligations have been explained to me or read to me if necessary. I understand that continued participation in the Housing Choice Voucher Program requires compliance with applicable federal program requirements and WHA policies. I understand that violation of a family obligation may be grounds for denial or termination of assistance, subject to applicable notice and hearing rights.

Head of Household	Signature: _____	Date: _____
Spouse / Co-Head / Other Adult	Signature: _____	Date: _____
Other Adult Family Member	Signature: _____	Date: _____
Other Adult Family Member	Signature: _____	Date: _____
Other Adult Family Member	Signature: _____	Date: _____

WHA Staff / Briefing Representative: _____ **Date:** _____

Reference: 24 CFR § 982.551; Form HUD-52646, Housing Choice Voucher Program. WHA should review this local acknowledgment whenever its Administrative Plan or HUD requirements are amended.

WALTHAM HOUSING AUTHORITY

110 Pond Street • Waltham, Massachusetts 02451
Telephone (781) 894-3357 • TDD (781) 894-3357 • Fax (781) 894-7595

Real Property & Personal Property — Self-Certification

Print Head of Household Name

As part of the HOTMA Rules (24 CFR 5.618), all household members must declare any assets that are owned. Assets are divided into two categories: REAL PROPERTY and PERSONAL PROPERTY. REAL PROPERTY is a house, condo, land, mobile or manufactured home, time-share, or any other building in or outside the United States. Current participating households will not be impacted by this Rule, but this Form MUST be completed at re-exam. Please answer the questions below for every member of your household.

PART A — DO YOU OWN REAL PROPERTY?

Does any member of your household have a **present ownership interest** in any Real Property (a home, condo, time-share, land, mobile/manufactured home, or other building), anywhere in or outside the United States?

☐ **NO.** No one in my household owns any Real Property. ***Skip to Part D on Page 2 and sign.***

☐ **YES.** One or more household members own Real Property. ***Complete Parts B, C, D, and sign on Page 2.***

PART B — PROPERTY DETAILS (only if you answered "Yes")

List each property below. If more than 3 properties are owned, attach a separate sheet.

	Property 1	Property 2	Property 3
List Address (plus city, state and country) for each property			
List household member(s) who own the property			
Property Type (house, condo, mobile home, etc.)			
Estimated market value	$	$	$
Income received per month (rent, lease, etc.)	$	$	$
Do you have the legal right to live there?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Do you have the legal authority to sell it?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Note: If your name is on a property but the law does not let you sell it (for example, a shared inheritance or a court restriction), check "No" for "legal authority to sell." A property you cannot legally sell is usually **not** counted as an asset.

PART C — EXCEPTIONS AND CONDITION (only if you answered "Yes")

Check anything below that applies to a property you listed. It may mean the property does **not** count as an asset.

Reasons the property may be excepted:

☐ You receive assistance for this property as a manufactured (mobile) home or under the Homeownership program.

☐ The property is jointly owned with someone who is NOT in your household, and that person lives in the property.

☐ The property is currently for sale.

☐ You or a household member is a victim of domestic violence, dating violence, sexual assault, or stalking. *(You may self-certify this information; your information is kept confidential under VAWA.)*

PART D — NON-NECESSARY PERSONAL PROPERTY (OTHER VALUABLE ITEMS)

HOTMA also counts certain valuable items owned as assets that are NOT needed for everyday living, work, school, health, or getting around. These are called NON-NECESSARY PERSONAL PROPERTY. List below any items owned such as: boats, jet skis, RVs, ATVs, snowmobiles, motorcycles not used for transportation, antique or collector cars not driven day-to-day, and

WALTHAM HOUSING AUTHORITY

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TAX REFUND AND TAX CREDIT DISCLOSURE / ACKNOWLEDGMENT FORM

Participant / Head of Household:	**Program: ☐ Section 8/HCV ☐ MRVP ☐ AHVP ☐ DMH**
Address:	**Unit #:**
Household Member Receiving Refund/Credit:	**Tax Year:**

PURPOSE OF THIS FORM

This form is used to document prior-year federal or state income tax refunds and/or refundable tax credits received or claimed and to collect supporting documentation needed for Waltham Housing Authority to determine the appropriate treatment under the rules applicable to the household's housing program.

TAX REFUND / TAX CREDIT INFORMATION

☐ I filed a Federal Income Tax Return for the tax year listed above.

☐ I filed a Massachusetts State Income Tax Return for the tax year listed above.

☐ I received a Federal tax refund. Amount: $_____ Date received: _____

☐ I received a Massachusetts State tax refund. Amount: $_____ Date received: _____

☐ I claimed and/or received the Earned Income Tax Credit (EITC). Amount: $_____

☐ I claimed and/or received the Child Tax Credit / Additional Child Tax Credit. Amount: $_____

☐ I claimed and/or received another refundable tax credit.

Type of credit: _____ Amount: $_____

☐ I did not receive a tax refund or refundable tax credit for the tax year listed above.

SUPPORTING DOCUMENTATION

Please attach applicable documentation, such as a complete Federal and/or Massachusetts tax return, IRS or Massachusetts Department of Revenue transcript or notice, Form 1040 and applicable schedules, documentation showing the amount and type of refundable credit, proof of the refund received, and/or a bank statement showing the tax refund deposit when requested.

PARTICIPANT ACKNOWLEDGMENT AND CERTIFICATION

I certify that the information provided on this form and the supporting documents submitted with it are true, complete, and accurate to the best of my knowledge. I understand that Waltham Housing Authority will review the tax refund and/or tax credit information and determine whether and how the amount must be treated under the rules applicable to my housing program. Completing this form does not automatically mean that a tax refund or tax credit will be counted as household income. I understand that failure to provide requested documentation or knowingly providing false or incomplete information may result in corrective action or other action permitted under applicable program rules.

Participant/Head of Household Signature: _____ Printed Name: _____ Date: _____	Other Adult Household Member, if applicable: _____ Printed Name: _____ Date: _____
WHA Staff Received By: _____ Date Received: _____	WHA Staff Review: _____ Date Reviewed: _____

FOR WALTHAM HOUSING AUTHORITY USE ONLY

Documentation Received:	Refund/Credit Amount Verified: $_____
☐ Federal Return ☐ State Return ☐ Tax Transcript	Tax Year Reviewed: _____
☐ Refund Proof ☐ Bank Documentation ☐ Credit Documentation	Program Determination: ☐ No adjustment ☐ Further review
☐ Other: _____	☐ Income review ☐ Asset review ☐ Other: _____

collections kept for their value (coins, stamps, art, antiques, valuable jewelry). Again, as a current participating household this will not impact you.

DO NOT LIST: your everyday car, furniture, clothing, household goods, medical equipment, tools you need for work, or religious or cultural items — these do not count. Also, DO NOT list bank accounts or investments; this information goes on the Assets / Bank Account Worksheet.

Does any household member own any valuable items such as those listed as Non-Necessary Personal Property?

☐ **No.** No one in my household owns items like these.

☐ **Yes.** *List each item below. If you are not sure whether something counts as an asset, list it — we will review & determine.*

List what it is (description)	Owner (household member)	Estimated value	Income it earns (if any)
		$	$
		$	$
		$	$
		$	$

"Estimated value" means about what you could sell the item for today. If an item earns money (for example, you rent out a boat), put that amount in the last column. If you own more items than fit here, attach a separate sheet.

PART E — CERTIFICATION AND SIGNATURES (to be signed by ALL adult household members age 18 and over)

I certify that the information on this form is true and complete. I understand that the Housing Authority will verify any property or valuable items I reported owning, including my legal right to live in any real property, my legal authority to sell it, and whether it is suitable for my family. I understand that I must report any change in what I own within 30 days. I understand that knowingly giving false information is fraud, and may result in the end of my housing assistance and possible criminal penalties.

X _____ **Signature Head of Household**	**Date:** _____
X _____ **Signature Other adult household member**	**Date:** _____
X _____ **Signature Other adult household member**	**Date:** _____

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Authorization to Share EIV Information with Household Members

The Waltham Housing Authority (WHA) uses HUD's Enterprise Income Verification (EIV) system to obtain income, employment, and benefit information about your household. EIV information is protected by the federal Privacy Act and is normally discussed only with the individual to whom it pertains.

I/we, the adult members of the household listed below, authorize the WHA to share and discuss the EIV information it obtains from HUD for our household including income, employment, and benefit data and any EIV Income Discrepancy or Income reports with all adult members of our household listed below, during recertification and at other times necessary to administer our assistance.

I/we understand that this authorization is voluntary; that I may limit or revoke it in writing at any time; that revoking it does not affect the WHA's ability to obtain and use EIV information as required by HUD; and that EIV information will continue to be kept confidential and used only as permitted by the Privacy Act and HUD requirements.

Adult Household Member (print name)	Signature	Date

The Head of Household is responsible for ensuring each adult member listed has signed above.

Questions? Contact Andie Rousseau, Section 8 Administrator • (781) 894-3357 x233 • Andier@walhouse.org