

NOTICE TO VACATE PACKET

Housing Choice Voucher Program

The following documents are required to initiate the move process:

- Notice to Vacate Form
- Annual Recertification Packet
- Income Verifications for all family members

Failure to submit the required documents will result in denial of the notice to vacate request and will delay processing.



Tel: 574-235-9346
Web: www.hasbonline.com
501 Alonzo Watson Drive
South Bend, IN 46601

30 DAY NOTICE-TO-VACATE (MUTUAL TERMINATION OF LEASE)

Participant Name: _____

Address: _____

Telephone: _____

Owner/Property Manager Name: _____

Address: _____

Telephone: _____

By agreement, the above-mentioned parties agree that the leasing agreement for the rental unit listed above shall be terminated on: _____ **(must be on last day of month).**

(Tenant):

I, _____, agree that I will be moving from my current unit on the date listed above, I understand that if I remain in the unit after the above-mentioned termination date; the South Bend Housing Authority will not be responsible for my rent. I further understand that this agreement does not remove any rights or responsibilities under the laws set forth in South Bend Housing Authority's jurisdiction.

Tenant Signature: _____ Date: _____

(Owner):

I, _____, agree with the conditions and further understand that the South Bend Housing Authority will not be responsible for any rent portion after the move-out date stated above. I understand that the South Bend Housing Authority is not a party to the lease and cannot assist with collections of outstanding debts. I further understand that this agreement does not remove any rights or responsibilities under the laws set forth in South Bend Housing Authority's jurisdiction.

Owner/Manager Signature: _____ Date: _____

NOTE: This form **WILL NOT** be approved if you are in your initial lease term or if the participant has been issued a proposed termination. You **MUST** submit the attached reexamination packet and supporting documentation when returning this notice. Failure to do so **WILL RESULT** in a denial of notice to vacate request.

Owners: *If your unit is currently under abatement; the abatement will remain in effect. Please refer to the contract termination letter sent to you by the South Bend Housing Authority.*



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REQUIRED VERIFICATIONS

Housing Choice Voucher Program

Please review the following checklist and attach all necessary documentation and verification for EACH Family Member within your Household. Verification submitted cannot be more than 60 days old.

- EMPLOYMENT VERIFICATION:** If employed, seasonally employed, or have had more than one employer in the past 12 months, provide the name, address, and phone number of each employer AND the last 4 current consecutive paystubs. You must also provide verification concerning any previously reported income you no longer receive.
- SELF-EMPLOYMENT/SEASONAL EMPLOYMENT:** If self-employed, provide a complete signed copy of your most recent tax return, business license, and a copy of the profit/loss statements including receipts.
- UNEMPLOYMENT:** Most recent copy of the Award Letter issued from the unemployment office including the weekly benefit amount.
- PUBLIC ASSISTANCE/TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)/FOOD STAMPS:** Most recent copy of the Award Letter issued from the Family and Social Services Administration.
- CHILD SUPPORT/ALIMONY:** At least 12 months of Payment History from the child support bureau, Court Order, and/or Divorce Decree indicating monthly payment.
- PENSION/ANNUITY:** Most recent copy of the Award Letter indicating the monthly/weekly benefit amount.
- VETERAN'S BENEFITS:** Most recent copy of the Award Letter issued from the Department of Veteran's Affairs indicating the monthly/weekly benefit amount.
- FULL OR PART-TIME STUDENT STATUS:** (For Students 18 years or older **ONLY**) Current enrollment and financial aid information from school's Registrar or Admissions Office. Documentation provided **MUST** state full-time or part-time status.
- SSI/SOCIAL SECURITY BENEFITS:** Most recent copy of current Award Letter from the Social Security Administration.
- MEDICAL AND PHARMACY EXPENSE (ELDERLY and DISABLED ONLY):** Provide printouts reflecting the amount paid for unreimbursed pharmacy costs and medical expenses. Do **NOT** provide any confidential medical information along with expense printouts.
- CONTRIBUTIONS/BILL ASSISTANCE:** Provide the name, address, and phone number of organization or individual providing you with cash or additional assistance as well as the frequency and amount provided to you. A notarized letter reflecting the above information is acceptable.
- BANK STATEMENTS:** Current bank statement for all household accounts including but not limited to: checking, savings, bonds, stocks, money market accounts, etc.
- CHILD CARE EXPENSES:** Child care expense verification from child care provider for children 12 and under.

The following documents are required for New Members of your household **ONLY**. Please do not submit original documents.

- Birth certificate(s)
- Social Security Card(s)
- Photo Identification (18 and older)
- Immigration/Naturalization Documents (if applicable)



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PERSONAL DECLARATION FORM/FAMILY COMPOSITION

Housing Choice Voucher Program

 Head of Household (Your Name)

 Address

 City, State, Zip Code

 Telephone Number

 Email Address

Statement of Family Composition

1) List all persons who are a part of your household including yourself: (Use the back of this sheet if necessary)

Full Name	Social Security Number	Date of Birth	Age	Sex (M/F)	Race	Ethnicity	Disabled Y/N	Relationship to Head of Household
								Head of Household

2) Has anyone moved out of your household during the past 12 months (include deaths, marriages, divorce, separation, permanent placement in nursing home, placement in foster home, etc.)? YES NO

Full Name	Relationship	Out	Date	Reason



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Marital Status Disclosure

3) Are you currently married and your spouse does not reside with you? YES NO

Please provide the following information:

Name of Spouse	Address	Amount that they contribute to your household

Current Annual Income Checklist

1) Will any household member be receiving any time of income from employment? YES NO

If yes, complete below:

Household Member's Name	Employer's Name and Address	Dates Worked	Pay Rate	Hours worked per week
		From: To:	\$	
		From: To:	\$	
		From: To:	\$	
		From: To:	\$	

Please list all employment that has ended in the past 12 months:

Household Member's Name	Employer's Name and Address	Dates Worked	Hours Per Week
		From: To:	
		From: To:	
		From: To:	

2) Does anyone in the household earn income from self-employment or occasional income: bottle/can collecting, yard work, baby sitting, car repair, garage sales, etc? YES NO
 If YES, did they file taxes for the previous year? YES NO

Household Member's Name	Date Business Started	Income Per Week
		\$

3) Is anyone in the household receiving TANF or Disability Assistance? YES NO
If YES, list recipients.

_____ TANF \$_____ Per _____
_____ Disability \$_____ Per _____

4) Is anyone in the household receiving Social Security, Dual Entitlement or SSI benefits? YES NO
If yes, list recipients:

_____ Social Security \$_____ Per _____
_____ Social Security \$_____ Per _____

5) Is anyone in the household receiving alimony or child support payments? YES NO
If yes, list recipients.

_____ \$_____ Per _____
_____ \$_____ Per _____

6) Is anyone in the household receiving unemployment compensation, disability compensation, worker's compensation or severance pay? YES NO
If yes, list recipients.

_____ \$_____ Per _____
_____ \$_____ Per _____

7) Is any household member, 18 or older, receiving pay as a member of the Armed Services? YES NO
If yes, list recipients.

_____ \$_____ Per _____
_____ \$_____ Per _____



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8) Is any household member receiving recurring monetary contributions or other gifts or payments to help the assisted family from a non-household member? YES NO

Name, Phone Number and Address of Non-Household Member	Amount	Frequency
	\$	
	\$	

9) Is anyone in the household receiving periodic payments from annuities, insurance policies, retirement funds, pensions, death benefits, or other similar amounts? YES NO

Household Member's Name	Provider	Amount/Frequency

10) Is anyone in the household receiving food stamp benefits? YES NO
 If yes, list recipients.

_____ \$ _____ Per _____
 _____ \$ _____ Per _____

Current Annual Deductions Checklist

1) Is any household member over the age of 18 currently attending school? YES NO

Household Member's Name	School Name	Full time or Part time

2) Is any household member paying for unreimbursed child care expenses? YES NO
 If yes, list name of household member(s) attending, name and address of the child care provider, and monthly cost:

Household Member Name(s)	Childcare Provider's Name	Address	Anticipated Monthly Expense



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- 3) Is the head of household or spouse elderly (62 or older), handicapped or disabled? YES NO
- 4) If yes, will any household member be paying any type of unreimbursed medical expenses? YES NO
 If yes, list the name of household member, name and address of medical provider including but not limited to:
 Pharmacies, doctor visits, dentist, medical insurance providers, hospital bills which you are paying on, or other related medical expenses.

Household Member's Name	Medical Provider's Name	Address	Anticipated Annual Expense
			\$
			\$
			\$
			\$
			\$

- 5) Are there any deductions from your Social Security or SSI Checks? YES NO

Under \$5,000 Asset Certification

Examples of assets includes checking and savings accounts, trust funds, real estate, stocks, bonds, certificates of deposit, mutual funds, money market funds, pensions that you are not withdrawing from, whole life insurance policies, personal investment items such as coin or stamp collections, etc. The annual income from your net assets (as defined in 24 CFR Part 5) will be included in the total gross income for this household.

- 1) Does your household have assets with a net value under or over \$5,000? Under Over N/A
- a. If UNDER, I/We certify that our net assets do not exceed \$5,000 and the annual income from interest, dividends, etc. from our assets is \$_____.
- b. If OVER, complete the following:
 Our household assets are held in the following accounts:

Asset/Bank Name	Account Type	Address	Total Amount
			\$
			\$
			\$
			\$



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- 2) Have you disposed of any assets for less than Fair Market Value in the past two years? YES NO
 If yes, complete below:

Disposed of Asset Type	Fair Market Value	Disposed of Asset for	FMV-DoA = Amount to Count
	\$	\$	\$
	\$	\$	\$

Criminal Background and Other Information

- 1) Has any household member engaged in any criminal activity within the past five years?
 YES NO If YES, how many times? _____
 Please explain when you were arrested, why you were arrested and the disposition of the case(s). Attach a separate sheet if needed.

- 2) Has any household member ever been arrested and/or convicted of any criminal activity within the past five years?
 YES NO If yes, how many times? _____
 Please explain when they were arrested, where they were arrested, why they were arrested and the disposition of the case(s). Attach a separate sheet if needed.

- 3) Have you or any household member ever been evicted from Public or Subsidized Housing for violent criminal or drug related activity? YES NO If yes, provide: When: _____
 For what reason? _____
 Household Member? _____
 Name of Public/Subsidized Housing: _____

- 4) Is your address knowingly registered to a lifetime sex offender? YES NO
 If yes, who? _____ In what State(s)? _____

- 5) Is any household member subject to a lifetime sex offender registration? YES NO
 If yes, who? _____ In what State(s)? _____

- 6) Is any household member currently using illegal drugs within the past six (6) months? YES NO
 If yes, who? _____



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I/We certify that the above information given to the South Bend Housing Authority on household composition, income, net family assets, allowances, and deductions is accurate and complete to the best of my/our knowledge and belief. I/We certify that I/We have disclosed where I/We received any previous Federal Housing Assistance and whether or not any money was owed. I/We also understand that giving false statements or information can be grounds for termination of housing assistance and is punishable under Federal or State criminal law.

Date: _____

Head of Household Signature: _____

Other Adult Household Member Signature: _____

Other Adult Household Member Signature: _____

Other Adult Household Member Signature: _____

Other Adult Household Member Signature: _____

Other Adult Household Member Signature: _____

SBHA Representative as Witness: _____

Reporting Changes in Income or Household Composition

I understand that I am required to report within 10 days, in writing, any changes in income and household composition. Failure to report this information may result in owing SBHA back rent and/or the termination of my subsidy.

Head of Household Signature: _____

Date: _____

Family Obligations

Housing Choice Voucher Program

The family (including each household member) must follow the rules listed below in order to continue participating in South Bend Housing Authority's housing program.

A. The family MUST:

1. Supply any information that the South Bend Housing Authority (SBHA) or HUD determines to be necessary, including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income or composition.
2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Supply any information requested by the SBHA to verify that the family is living in the unit or information related to family absence.
4. Promptly notify the SBHA in writing when the family is away from the unit for an extended period of time in accordance with SBHA policies.
5. Allow the SBHA to inspect the unit at reasonable times and after reasonable notice.
6. Notify both the SBHA and the Owner in writing before moving out of the unit or terminating the lease.
7. Use the assisted unit for the residence by the family. The unit must be the family's only residence.
8. Promptly notify the SBHA in writing of the birth, adoption, or court-awarded custody of a child.
9. Request SBHA approval in writing to add any family member as an occupant of the unit. Any person staying at the premises more than thirty (30) consecutive days or ninety (90) cumulative days within a twelve (12) month period shall not be considered a guest and MUST be reported to the SBHA by the tenant.
10. Promptly notify the SBHA in writing if any family member no longer lives in the unit.
11. Give the SBHA a copy of any Owner issued eviction notice.
12. Pay utility bills and supply appliances that the owner is not required to supply under the lease.

B. Any information the family supplies must be true and complete.

C. The Family MUST NOT:

1. Engage in, or threaten violent or abusive behavior toward SBHA personnel including its employees, contractors, subcontractors, or agents.
 - a. Violent or abusive behavior includes verbal as well as physical abuse or violence. Use of racial epithets, or other language, written or oral, that is customarily used to intimidate may be considered abusive or violent behavior.
 - b. Threatening refers to oral or written threats or physical gestures that communicate intent to abuse or cause violence.
2. Own or have any interest in the unit (other than in a cooperative, or owner of a manufactured home leasing a manufactured home space).
3. Commit any serious or repeated violation of the lease. This includes termination and denial of further housing assistance if you are EVICTED from the unit.
4. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
5. Engage in drug related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety, or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
 - a. Drug related criminal activity means the illegal manufacture, sale, distribution, or use of a drug, or the possession of a drug with the intent to manufacture, sell, distribute, or use the drug (24 CFR Sec 5.100);



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- b. Violent criminal activity means any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage (24 CFR 982.553(c)).
 - c. In making its determination as to whether drug-related criminal activity or violent criminal activity occurred, the issue will be whether the preponderance of evidence indicates that a family has engaged in such activity, regardless of whether the family member has been arrested or convicted (24 CFR 982.553(c)).
6. Sublease or let the unit or assign the lease or transfer the unit.
 7. Receive HCV tenant-based program assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
 8. Damage the unit or premises (other than damages from ordinary wear and tear) or permit any guest(s) to damage the unit or premises.
 9. Receive HCV tenant-based program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any family member of the family, unless the SBHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
 10. Abuse alcohol in a way that interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.

I understand that I must immediately report in writing any household member who is a registered sex offender. I also understand that I must immediately notify the South Bend Housing Authority in writing of any illegal criminal activity involving myself or any household member(s). This includes reporting all arrests, all filing of criminal charges, and all criminal convictions.

I recognize that any violation of the above stated obligations could result in the termination of my SBHA housing assistance.

Signature of Head of Household

Print Name of Head of Household

Date