



## NEW SMYRNA BEACH HOUSING AUTHORITY

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### **OBLIGATIONS OF THE FAMILY UNDER THE HOUSING CHOICE VOUCHER (HCV) PROGRAM**

The following information contains federal regulations regarding your responsibility as a Housing Choice Voucher (HCV) participant. Should you have any questions, please contact your case manager.

As a family participating in the HCV Program you must:

- Report any change of household income within 10 days of the date of the change. If a participant family deliberately withholds information and/or makes false statements regarding their income, they may be charged with fraud under Chapter 409.325 of the Florida Statutes.
- Not commit fraud, bribery, or any other corrupt or criminal act in connection with the program, nor engage in any drug related or violent criminal activity.
- Not receive HCV Program assistance while receiving another housing subsidy for the same unit, under any duplicate federal, state or local housing assistance program.
- Have the proper approval of the New Smyrna Beach Housing Authority (NSBHA) before adding a family member to your household. You must promptly notify NSBHA of the birth, adoption, or court related custody of a child. You must notify the housing authority promptly if any family member no longer resides in your household.
- Not have any interest in the unit, except as a renter, not assign the lease or transfer from the unit.
- The unit must be for your family and it must be your only place of residence. The lease cannot be assigned or transferred.
- Not commit any serious or repeated violations of the lease. You must not damage the unit or premises or allow a family member or guest to do so. Should you receive a notice for eviction you must promptly provide the NSBHA with a copy.

- Promptly notify the NSBHA before vacating your assisted unit or terminating your lease with an owner. You must supply any information required by the NSBHA to verify that you and your family members are living in the unit, including information or certification regarding the purpose of a family absence. Written notification is required for any absence over (30) calendar days.
- Pay any utility for which you are responsible, provide and maintain any appliances made available to you that the owner is not required to provide.
- Correct any breach of Housing Quality Standards, which is caused by you, a family member or guest, within the time specified by the housing authority. For any life-threatening defects – twenty-four (24) hours, all other defects – thirty (30) calendar days.

Note: Upon request of an owner, the NSBHA will provide the owner with a HCV participant's current address (as shown in our records), name and address of the family's present or previous landlord.

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**HEAD OF HOUSEHOLD SIGNATURE**

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**DATE**

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**CO-TENANT SIGNATURE**

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**DATE**