

NOTICE OF DISQUALIFICATION CONDITIONS

Termination of your Housing Assistance Payments will occur if the program is abused. We will terminate your assistance if:

(Each Adult must write their initials to confirm that you have read and understand each disqualification condition.)

- _____ a. **You fail to** obtain permission from the HACNC Housing Choice Voucher Program, **prior** to moving additional people into your household.
- _____ b. **You intentionally** misrepresent or fail to accurately tell the HACNC Housing Choice Voucher Program about a change in your family income, family assets, family size, sources of income, personal loans, property, **in writing, within 10 days** of the occurrence.
- _____ c. **You** have missed **two (2)** appointments or failed to cooperate **two (2)** times without good cause in a one-year period.
- _____ d. **You** voluntarily **moved out** of a dwelling unit in violation of State Landlord and Tenant law, and/or **without notifying** the **HACNC at least thirty (30) days in advance**.
- _____ e. You do not pay amounts owed to us.
- _____ f. **You** are found to have contributed more/less to the owner for rent than you are supposed to under the HACNC Housing Choice Voucher Program. (e.g., making “side” or “under the table” payments to owner beyond the amounts stated in the Section 8 contract.)
- _____ g. **You** have not found a suitable dwelling within the **60-day term of the voucher** after moving from a qualified housing unit and your Housing Choice Voucher expires.
- _____ h. **You have failed to** supply certification, release, information or documentation required for administration of the program.
- _____ i. **You refuse to** allow us to inspect the dwelling unit at reasonable times and after reasonable notice.
- _____ j. **You** own or have interest in the dwelling unit.
- _____ k. **You** occupy or receive rental assistance for a dwelling unit from any other federal housing program while receiving assistance under this Section 8 program.
- _____ l. **You** do not physically reside in the unit.
- _____ m. You use the premises for other than residential purposes.
- _____ n. **You or any** household member **uses, sells, and/or** manufactures illegal drugs (controlled substances) in the rental unit **or** anywhere. I understand that I, or any household member, **does not have to be convicted in order to lose my assistance**.
- _____ o. You **or any** household member **engages in** violent criminal activity. I understand that I, or any household member, does not have to be convicted in order to lose my assistance.
- _____ p. **You allow** any person(s) **not** part of your household to use your address as a mailing address.
- _____ q. **You use** your bank account(s) to hold, deposit, or cash and write checks for any person(s) **not** part of your household.

