Pinellas County Housing Authority
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www.PinellasHousing.com

TENANT RESPONSIBILITIES

I, _____, am a Housing Choice Voucher participant or applicant.
Print Name

By INITIALING EACH STATEMENT I agree that I have read, or someone has read to me the following statements.

____ 1. The Family shall be responsible for fulfilling all its obligations under the Voucher of Family Participation issued by the Pinellas County Housing Authority.

____ 2. The Family is further responsible to fulfill its obligations in accordance with the written rental agreement (or lease) entered into with the owner.

____ 3. The Family shall notify PCHA regarding any changes in family income, family composition/size and/or family criminal activity within (10) days after the change occurs. (You must report the change in writing).

____ 4. The security deposit is between the tenant and the landlord. Please read your lease as to when your portion of the rent payment will be considered late.

____ 5. Any time during the year anyone in my family moves in or out, it must be reported to the HA immediately. A person who stays more than fifteen (15) days a year or who uses my address as their address is considered to be a resident in my household. No one may be added to a participating household without first obtaining PCHA approval.

____ 6. The Family must immediately advise the owner of any repairs that are needed in the unit. If the owner cannot be reached by telephone, the tenant must mail a written complaint to the landlord with a copy forwarded to PCHA. If the owner will not make any effort to make the necessary repairs within a reasonable time limit, the PCHA HOUSING ADVISOR must be notified in writing.

____ 7. The Family is financially responsible for any tenant related damages to the unit. The family must leave the unit in the same condition it was when first leased.

____ 8. The unit must be kept in a decent, safe and sanitary manner in accordance with the lease and utilities must be connected at all times.

I understand and agree to the above conditions of my eligibility.

_____ _____
Tenant/Applicant Signature Housing Advisor Signature

_____ _____
Date Date