



GEORGIA DEPARTMENT
of COMMUNITY AFFAIRS

Compliance Hearing Packet

PARTICIPANT'S NAME: _____

PARTICIPANT'S VOUCHER NUMBER: _____

(DOCUMENTS ENCLOSED)

- ☐ Proposed Termination letter
- ☐ Compliance Referral Review Checklist
- ☐ Evidence of Violation (such as writ of possession, landlord statement, utility statements, etc.)
- ☐ Copy of Tenant's Voucher
- ☐ Family Obligations/ Statement of Family Responsibility
- ☐ Specialist Summary Statement
- ☐ Informal Hearing Request

Submitted By: _____

If packet is requested by Compliance to be resubmitted, a manager's signature is required.

Manager Signature Required: _____



Compliance Referral Review Checklist

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Compliance Referral Review

Is This Referral/Violation an Occurrence of Abuse or Fraud?

1. **Program Abuse (Possibly Unintentional)**: Abuse in the HCV program involves actions that are inconsistent with program rules, procedures, or ethical standards, but may not necessarily involve intentional deception or fraud.
2. **Program Fraud (Deliberate)**: Fraud in the HCV program refers to any deliberate deception or misrepresentation made by participants, landlords, or any other involved party to obtain benefits or payments they are not entitled to or to avoid their responsibilities under the program.

☐ Abuse

- ☐ Failure to report a change in the household income during the year in a timely manner but reporting it on the application at recertification.
- ☐ Failure to report a change in the household composition during the year in a timely manner but reporting it on the application at recertification.
- ☐ Failure to return any paperwork required.
- ☐ Utility Disconnection
- ☐ Unauthorized Move
- ☐ Evictions or lease violations
- ☐ Vacated Unit
- ☐ Failure to be present at scheduled appointments.
- ☐ Failure to correct the tenant caused HQS violations.
- ☐ Failure to pay scheduled payments on a Repayment Agreement.
- ☐ Extensive damages to the unit

☐ Fraud

- ☐ Unauthorized Live-In
- ☐ Missed Appointments
- ☐ Illegal Drug Activity
- ☐ Violent Criminal Activity
- ☐ Away from Unit (180 days)
- ☐ Unreported Income during any recertification period
- ☐ The TIF is completed and signed without the income being reported and fails to be disclosed before the effective date of the renewal.
- ☐ 2nd instance of unreported income
- ☐ Misrepresentation of information or falsification of documents.
- ☐ Ownership interest in the unit.
- ☐ Living in more than one unit.
- ☐ Receiving more than one type of housing subsidy under any duplicative federal, state, or local housing assistance program.
- ☐ Paying side payments or signing such an agreement with a landlord.
- ☐ Other criminal activity includes criminal activity, which may threaten the health or safety of the owner, property management staff, DCA employee, residents of the premises, or persons residing in the immediate vicinity of the premises.

Documents To Be Submitted with Certain Types of Referrals

☐ **Unreported Income**

- ☐ Verification of the unreported income such as EIV, wage form, the Work Number, Child Support, Self-Employment form, etc.
- ☐ Reported income information in the file
- ☐ TIF with signed releases
- ☐ Family Obligations
- ☐ All emails or letter correspondence regarding the alleged unreported income

NOTE: If the unreported income occurred before the current recertification, please include the TIF, income verifications, and Family Obligations for the previous recertification as well.

☐ **Illegal Drug/Violent Criminal Activity**

- ☐ Verification of the alleged incident, such as an incident report, arrest log, Department of Corrections or Sex Offender printout, newspaper article, etc.
- ☐ Any email or correspondence from a landlord or other individual

☐ **Unauthorized Live-in**

- ☐ Name of the alleged unauthorized live-in
- ☐ Relationship to head of household
- ☐ Length of time person(s) have been living in unit
- ☐ Approximate age
- ☐ Place of employment
- ☐ Tag number
- ☐ Is the person on probation or parole

NOTE: Most calls regarding unauthorized live-ins often lack detailed information. However, this list serves as a foundational framework to initiate the conversation while the informant is on the phone.

☐ **Eviction**

- ☐ Verification of the reason for the eviction, such as payment ledger showing unpaid rent, photos of damage to unit, etc.
- ☐ Affidavit for Dispossession
- ☐ Judgment
- ☐ Writ of Possession which shows the date it was executed
- ☐ Any emails or correspondence related to the allegation from the participant and/or landlord

NOTE: A proposed termination should not be decided solely based on an Affidavit for Dispossession. Termination for abuse should only be determined after the Court Judgment and/or the Writ of Possession has been executed and received by DCA.

☐ **Unauthorized Move**

- ☐ Verification of the incident which could be an email, phone call, or letter from the landlord,
- ☐ documentation from the Housing Inspector
- ☐ or from the participants themselves

☐ **Multiple Subsidy Error**

- ☐ Multiple Subsidy Report error printout
- ☐ Contact information for the PHA involved
- ☐ TIF
- ☐ Full-time student information or income information for the household member listed on multiple subsidies
- ☐ Family Obligations
- ☐ HAP contract
- ☐ Any emails or documentation with the PHA representative or head of household concerning the multiple subsidy error

☐ **Missed Appointments**

- ☐ All appointment letters
- ☐ Notes to file related to verbal appointments
- ☐ Any emails or other correspondence in the file related to the missed appointments

☐ **Utility Disconnection**

- ☐ Verification of disconnection (verification from a utility company or picture of the meter)
- ☐ Repair letter or 24-hour notice
- ☐ All appointment letters related to the incident

☐ **Damages to Unit**

- ☐ Documentation from landlord
- ☐ Photos

☐ **Side Payments and Subletting**

- ☐ Receipts
- ☐ Contract Signed
- ☐ 2nd Lease
- ☐ Eviction Paperwork

PARTICIPANT'S PROPOSED TERMINATION LETTER

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INFORMAL HEARING / REVIEW REQUEST

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Evidence of Violation/ Supporting Documents

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VOUCHER

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DCA
FAMILY
OBLIGATIONS

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Family Obligations: Grounds for Denial and Termination of Assistance

Georgia Department of Community Affairs

When a family is required to provide notice to DCA, the notice must be in writing. Admin Plan 5-I.C

DCA may deny and terminate assistance to an Applicant or Participant on any of the following grounds:

1. Failure to supply any information, including any certification, release, or other documentation that DCA considers necessary to verify citizenship or eligible immigration status or for use in an annual or interim examination of family income and composition. (24 CFR 982.551 (b) & (24 CFR 982.552(b)(4)) (Admin Plan 12-I.D).
2. Failure to provide documentation of Social Security numbers, and to sign and submit consent forms for obtaining information, including spouse unless legally separated or divorced.) 24 CFR 982.551(a) (3) & 24 CFR 5.218(c)) (Admin Plan 12-I.D).
3. Failure to supply any information requested by DCA to verify that the family is living in the unit or information related to the family's absence from the unit. (24 CFR 982.551((h)(7)(i))
4. Failure to give DCA a copy of any notices from the Department of Housing and Urban Development (HUD) regarding family income, earnings, wages or unemployment compensation.
5. Failure to supply any information requested for use in a regularly scheduled reexamination or interim reexamination of family income and composition. (24 CFR 982.551(b)(2) (Admin. Plan 5-I.C and 11-I.C).
6. Porting families may be terminated for family action or inaction. (24 CFR 982.355(c)(17), (Admin. Plan 10).
7. Failure to promptly notify DCA and the landlord **IN WRITING** when a family member or Head of Household will be away from the unit for more than 30 calendar days. (Admin. Plan 5-I. C.) The family or Head of Household may be absent from the unit for up to 180 consecutive days with DCA's written approval. (Admin Plan 3-I.L.).
8. Failure to notify DCA **IN WRITING** within 30 business days of the birth, adoption, or court-awarded custody of a child. (24 CFR 982.551(h)(2)(Admin. Plan 11-II.B).
9. Failure to request and obtain prior written approval from DCA and the landlord to add any other person(s) as an occupant of the unit (except for the birth, adoption, or court-awarded custody of a child). (24 CFR 982.551(h)(2)(Admin. Plan 11-II.B).

Approval to add a member to the household will be **DENIED** if the individual is ineligible for assistance from DCA due to a debt, fraud, or other reason. Person(s) who reside in the unit more than 50% of the time or have established residency are considered occupants.

10. Failure to notify DCA **IN WRITING** within 10 business days if a household member no longer lives in the unit.(24 CFR 982.551((h)(3))(Admin. Plan 5-I.C).
11. Failure to report **ANY** changes in the source of household income to DCA **IN WRITING** within 10 business days of the effective date of the change (i.e., the first day of employment, the date a pay increase goes into effect, etc.: **NOT** the date on which the income is received). Sources of income include, but are not limited to, wages (including spouse), government benefits (such as Social Security, SSI, TANF), unemployment benefits, pensions, child support, and continuous contributions from friends and family. (24 CFR 982.551(b)(2), (Admin. Plan 11-II-C).
12. Failure to properly report any other changes (i.e. marriage, divorce, separation, etc.) that DCA may consider relevant or that affect family composition or income. (24 CFR 982.551(h)(2) (Admin. Plan 5-I.C).

13. Failure to comply with the lease. **BEFORE** moving out of the unit or terminating the Lease the family must provide DCA with a **COPY OF WRITTEN** notice given to the landlord, which must be in accordance with the terms of the Lease. The initial lease term must be for a minimum of one year. (24 CFR 982.309)(Admin. Plan 9-I.E).
14. Failure to use the assisted unit for residence by the family. The unit must be the family's only residence. 24 CFR 982.551(h)(1)(Admin. Plan 5-I.C).
15. Failure to allow DCA to inspect the unit at reasonable times and after reasonable notice. If the head of household misses the appointment, one final appointment will be scheduled. If the family misses the final appointment, DCA will terminate assistance for abuse. (24 CFR 982.551(d)), (Admin. Plan 8-IIC).
16. Failure to pay utility bills and supply and maintain any appliances that the owner is not required to supply under the Lease. All tenant paid utilities must remain continuously connected. Participants with a first documented instance of utility disconnection will be required to have the utility reconnected within 24 hours or face rental assistance termination. 24 CFR 982.404(a); (Admin. Plan 8-IC Participants with a second documented instance of utility disconnection will not be provided with an opportunity for reconnection and will be terminated for abuse. (Admin. Plan 5-I. C).
17. Failure to reimburse landlord for any damages (other than damage from ordinary wear and tear) to occupied unit or premises caused by household members or guests during lease term or when vacating the unit. (Admin. Plan 12-I.E).
18. Failure to correct tenant-caused, life-threatening HQS violations within 24 hours and other tenant-caused HQS violations within the required time period.
19. Failure to pay rent to the landlord when due or report any additional charges by the landlord **IN WRITING** to DCA. It is illegal for a landlord to charge additional amounts for rent or any other item not specified in the lease which has not been specifically approved by DCA.
20. Failure to give DCA a copy of any owner eviction notice. If evicted for serious or repeated lease violations the family will be ineligible for continued rental assistance. (24 CFR 982.551(g)) (Admin. Plan 12-I.D).
21. The family (including each household member) must **NOT**:
 - a. Own or have any interest in the unit. This includes, but is not limited to, rent to own agreements, installment sales contracts, or any other arrangement for a family member to buy the unit;(24 CFR 982.551(h)(j)) (Admin. Plan 5-I. C).
 - b. Sublease or let the unit, assign the Lease, or transfer the unit; (24 CFR 982.551(h)(6) (Admin. Plan 5-I. C).
 - c. Receive Housing Choice Voucher (HCV) assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State, or Local housing assistance program. (24 CFR 982.551 (n)) (Admin. Plan 5-I. C);
 - d. Be related to the owner in any of the following ways: parent, child, grandparent, grandchild, sister, or brother unless the family includes a member with a disability and the unit accommodates the disability. (24 CFR 982.306 (d)) (Admin. Plan 5-I. C);
 - e. Be evicted from federally assisted housing for serious violation of the Lease, including drug related criminal activity within the last five years (24 CFR 982.552 (c)(iii);
 - f. Be subject to a permanent or lifetime registration as a sex offender. HCV assistance for participants (or household members) erroneously admitted will be terminated (24 CFR 982.553 (a)(2)(i) (Admin. Plan 12-I.D.);
 - g. Owe DCA or have committed past abuse for unreported income (24 CFR 982.552(c)(v);
 - h. Be a felon convicted of illegal drug or violent criminal activity or other criminal act that threatens the health and safety of other residents. 24 CFR 982.551 (1) and 24 CFR 982.553 (a)(ii)(3)(Admin. Plan 5-I.C).

22. The family (including each household member or guest) must **NOT**:
- a. Commit any serious or repeated violation of the Lease 24 CFR 5.2005(c)(1) (Admin.12.III-E);
 - b. Commit fraud, bribery, or any other corrupt or criminal act in connection with the Housing Choice Voucher Program (24 CFR 982.551(k) & 24 CFR 982.552 (c)(iv);
 - c. Participate in illegal drug or violent criminal activity while receiving assistance from DCA (24 CFR 982.553(a)(1) and (2)) (Admin. Plan 12-I.E.);
 - d. Be convicted of the manufacture or sale of methamphetamines (speed) on federally assisted housing property (24 CFR 982.553(b)(1)(ii) (Admin. Plan 12-I.D.);
 - e. Participate in drug use or alcohol abuse that adversely affects the health or safety, or peaceful enjoyment of the premises of other residents while receiving assistance from DCA (24 CFR 982.553 (b)(1)(B) (Admin. Plan 12-I.E.);
23. Engaging in or threatening abusive or violent behavior towards DCA personnel. (24 CFR 982.552)(1)(ix) (Admin. Plan 12-I.E).
24. Owing money to DCA or another Housing Agency in connection with HCV or public housing programs. (24 CFR 982.552(c)(1)(v) (Admin. Plan 12-I.E).
25. Failure to cooperate with DCA staff, DCA Regional Compliance Officers, and other State and Federal personnel that are assigned special case reviews.

FAMILY CERTIFICATION:

I understand that failure to comply with these responsibilities is grounds for denial or termination of my rental assistance. I understand as Head of Household that it is my sole responsibility to provide true and complete information on myself and all household members now or in the future and failure to do so may lead to the denial or termination of my assistance. I understand that if I am terminated for program abuse, I will be ineligible for assistance for three years. If I am terminated for program fraud, I will be ineligible for assistance for five years. Also, if I am terminated for two documented cases of fraud, I will be permanently ineligible for assistance. All monies paid by DCA from the documented date the fraud began must be reimbursed to DCA. Additionally, I understand that false statements or information are punishable under Federal and/or State Law and DCA will pursue accordingly. Under Federal Law this could result in a fine up to \$10,000 and/or imprisonment for up to five years. I also understand that as Head of Household, I am solely responsible for each guest and family member's behavior in relation to the family obligation policies outlined above and their violation of the family obligations could lead to termination from the program.

Head of Household (Signature)

Date

Print Name

Co-Head (Signature)

Date

Print Name

HOUSING SPECIALIST SUMMARY STATEMENT

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**GEORGIA DEPARTMENT
of COMMUNITY AFFAIRS**

BRIEF SUMMARY REPORT

Specialist Name:

Date:

Please complete this section below to provide any additional details that are relevant to this case.

Participant's Voucher:

