



Section 8

PLEASE READ!

- 1) Answer every client question on EACH page.
Check the appropriate box if a section does not apply to your household
- 2) Read, Sign and Date EACH page where a signature is indicated or required.
- 3) I understand refusal to sign this or any required consent form may result in the denial of assistance or the termination of assisted housing benefits.
- 4) I acknowledge, agree and understand that by printing, signing or typing my name in any section constitutes and will be treated as my signature.

I understand that failure to respond to ANY question may jeopardize my housing assistance.

Head Of Household Signature

BHA Use Only

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any federal, state, or local agency, organization, business, or individual to release to the Housing Authority of the City of Bloomington any information or materials needed to complete and verify my application for housing assistance and/or to maintain my continued occupancy of housing furnished by or through the Housing Authority. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Housing Authority in administering and enforcing program rules and policies.

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be requested, this includes but is not limited to:

Identity and Marital Status	Residences and Rental Activity	Income
Medical Allowances	Child Care Allowances	Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility and continued participation in a housing assistance program.

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords	Veterans Administration	Social Security Administration
Retirement/Pension	FSSA	Department of Child Services
Utility Companies	Public Housing Agencies	Schools and Colleges
Work One	Law Enforcement Agencies	Credit Bureaus and Providers
Employers	Support and Alimony Providers	Financial Institutions (Banks)
Medical Providers	Child Care Providers	Courts

I understand and agree that the Housing Authority may conduct computer matching programs to verify the information supplies for my application or recertification. If a computer match is done, I understand that I have a right to exchange such information with other federal, state, or local agencies, including but not limited to State Employment Security agencies; Department of Defense; Office of Personnel Management; U.S. Postal Service; Social Security Administration; State Welfare agencies; Food Stamp (SNAP) agencies; Family and Social Services Administration (FSSA); and Department of Child Services.

I agree that a photocopy of this authorization may be used for the purposes listed above. This authorization will stay in effect for as long as I remain an applicant/participant/resident in any housing program administered by the Housing Authority.

I understand refusal to sign this or any required consent form may result in the denial of assistance or the termination of assisted housing benefits.

I acknowledge, agree and understand that by typing my name in any section constitutes and will be treated as my signature.

SIGNATURES

DATE

Head of Household _____

Adult Member _____

Adult Member _____

Adult Member _____

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

HOUSING ASSISTANCE/RENT REVIEW AND RENEWAL INFORMATION FORM

You must fill out this form completely to be eligible for housing assistance. By signing this form, you certify that the information being given by you to the Bloomington Housing Authority (BHA) on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of your knowledge. By making false statements or the giving of false information to the BHA may be grounds for denial or termination of housing assistance and the termination of your tenancy. By signing this form, you authorize the BHA to conduct an investigation and make inquiries for the purpose of verifying the information being given by you.

**WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE
MAKES IT A CRIMINAL OFFENSE TO WILLFULLY MAKE FALSE STATEMENTS
OR MISREPRESENTATION TO THE BHA ON THIS FORM.**

REASON FOR REVIEW: check which applies

- Annual Review Family change Income change CTM Portability
- New move-in Other

HOUSEHOLD INFORMATION

*List all the names, ages, and check the appropriate box for race of all the people who will live with you if you continue to receive housing assistance.

Name of Head of Household _____ Age _____
 Race: White Black Hispanic Native American Asian Other

Name _____ Age _____
 Race: White Black Hispanic Native American Asian Other

Name _____ Age _____
 Race: White Black Hispanic Native American Asian Other

Name _____ Age _____
 Race: White Black Hispanic Native American Asian Other

Name _____ Age _____
 Race: White Black Hispanic Native American Asian Other

Name _____ Age _____
 Race: White Black Hispanic Native American Asian Other

CONTACT INFORMATION

Home Telephone _____ **Mobile Telephone** _____

E-Mail Address _____

INCOME INFORMATION

NOTE: YOU ARE REQUIRED TO REPORT ALL INCOME AND MONEY RECEIVED by each person who will live with you, including yourself if you continue to receive housing assistance. You are to report the gross amount of income earned (the amount before taxes or other amounts are deducted) and how often the income is received (weekly, bi-weekly, quarterly, annually, or otherwise). You must report the name of the person to whom the income or money is paid and where the money is coming from.

EMPLOYMENT: SALARY OR WAGES Check this box if no one is employed

Name of person working	Employer	Amount	How Often
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TANF/FOOD STAMPS Check this box if you do NOT receive these benefits

Name of person receiving	Type	Amount
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Have you been sanctioned? Yes No

If so, why and when? _____

CHILD SUPPORT Check this box if this does not apply to you

Name of person receiving	County	Amount	How Often
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SOCIAL SECURITY: SS, SSDI, SSI, SS Widow, SS Survivors, Please Specify Type.

Check this box if this does not apply to you

Name of person receiving	Type	Amount	How Often
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RETIREMENT/PENSION Check this box if this does not apply to you

Name of person receiving	Source	Amount	How Often
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STUDENTS: GRANTS/ SCHOLARSHIPS/ LOANS/ FELLOWSHIPS/ WORK STUDY

Check this box if this does not apply to you

Name of person receiving	Source	Amount	How Often
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SELF EMPLOYMENT: HOUSECLEANING, BABYSITTING, ODD JOBS, LAWN CARE, ETC.

Check this box if this does not apply to you

Name of person receiving	Specify Type	Amount	How Often
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OTHER TYPES OF INCOME: Including but not limited to: Military Pay/Pension, Unemployment Compensation, Disability Income from a job, Alimony, Seasonal Employment, Energy Assistance, Township Trustee Rent or Utility Assistance, AS WELL AS ANY OTHER INCOME that is received by the household. **YOU MUST SPECIFY WHO RECEIVES THE INCOME AS WELL AS WHERE THE INCOME IS FROM, THE AMOUNT, AND HOW OFTEN.** If none, check this box.

Name of person receiving	Source	Amount	How Often
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ASSET INFORMATION

Do you or anyone who will live with you own, or have you owned in the past 2 years, any of the following:

House	Yes	No	Mobile Home/Trailer	Yes	No
Land	Yes	No	Other Assets	Yes	No

Do you or anyone who will live with you, own, maintain or receive any of the following?

Checking Account	Yes	No	Inheritance	Yes	No	Bonds	Yes	No
Savings Account	Yes	No	Investments	Yes	No	Stocks	Yes	No
Trust Account	Yes	No	Other Assets	Yes	No	IRA	Yes	No
Certificate of Deposit	Yes	No						

DEDUCTIONS

1. Are you an elderly family claiming medical deductions, including pharmacy, physicians, or hospital costs that you are required to pay out of your own pocket? Yes No
2. Are you disabled and claiming medical deductions including pharmacy, physicians, or hospital costs that you are required to pay out of your own pocket? Yes No
3. If adults are working or in school, are you claiming childcare deduction? Yes No

CRIMINAL ACTIVITY

Has anyone in your household, including yourself, been arrested for any reason in the past 12 months?

Yes No If yes, Please explain: _____

Are you or anyone in the household subject to lifetime state sex offender registry?

Yes No If yes what state: _____

ACKNOWLEDGEMENTS

You are required to sign release forms allowing the Housing Authority to request verification regarding income and/or assets for you or anyone residing at your unit. If the Housing Authority is unable to obtain the required verification by mail, it will be your responsibility to submit the verification to us. If you fail to submit the required verifications, proceedings may be initiated to terminate your assistance. Please be aware that no changes will occur until the Housing Authority receives proper documentation.

If you are currently receiving housing assistance, your rent may be adjusted based upon the information provided on this form. If your rent is adjusted, the BHA will mail a Notice of Rent Adjustment. If your rent is decreased, the adjustment will become effective on the first day of the following month. If your rent is being increased, the adjustment will become effective on the first day of the second month from the date of your increase. If you fail to report increased income changes it will result in a retroactive rent increase. If you fail to report a decrease in income the rent will not take effect until the month following the reported income change. I understand refusal to sign this or any required consent form may result in the denial of assistance or the termination of assisted housing benefits. I acknowledge, agree and understand that by typing my name in any section constitutes and will be treated as my signature.

WARNING: MISREPRESENTATION OF INFORMATION COULD RESULT IN TERMINATION

Signature:

Date

LEAD BASE PAINT FORM

For the collection of information for children age 6 and under and for children with Environmental Intervention Blood Lead Level (EIBLL)

The Bloomington Housing Authority, working to maintain records and information for the protection of children against the hazards of lead based paint, is requesting that you provide them with the following information. The information is kept solely for the use by the Housing Authority for Inspection Priority in the event the family now lives in or is about to occupy a unit that was built prior to 1978. If you have a child that has been tested and determined to have an elevated blood level, we will require the documentation for our files.

- 1. Do you have any children in the household age 6 or under? Yes No
- 2. Is it expected that children age 6 or under will be added
to the lease within the lease term? Yes No

If you answered yes to either one of the above questions, please complete the following questions.

- 1. Has it been determined that any of these children have
an elevated blood lead level? Yes No
- 2. If Yes, list the names of these children:

APPLICANT/RESIDENT CERTIFICATION

GIVING TRUE AND COMPLETE INFORMATION

I certify that all the information provided on household composition, income, family assets and items for allowance and deductions is accurate and complete to the best of my knowledge. I have reviewed the forms and certify that the information shown is true and correct.

REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION

I know I am required to report within fourteen (14) days any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guest/visitors and when I must report anyone who is staying with me.

REPORTING ON PRIOR HOUSING ASSISTANCE

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal Housing assistance while I am in this current program. I will not live anywhere else without notifying the management office immediately in writing, I will not sublease my assisted residence.

COOPERATION

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under federal or state criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

SIGNATURE and DATE: I attest that I have provided the Bloomington Housing Authority with true and complete information regarding my household composition, income, and information on elevated blood lead levels.

Signature

Date



Bloomington Housing Authority

1007 North Summit, Bloomington, Indiana 47404
812-339-3491 fax 812-339-7177

REQUEST FOR EARNINGS INFORMATION

1) Employer	4) Employee
2) Address	5) Address
3) Fax Number	6) Employee Social Security Number XXX-XX-

7) I hereby authorize my employer to release the following information to the Bloomington Housing Authority.

Employee Signature _____ Date _____



EMPLOYER ONLY : Please Complete Each Field

Dates of employment: FROM: _____ TO: _____		Date of first check (month, day, year)	Gross Year To Date Earnings
Rate per hour	Average no. of hrs./pay period	Frequency of pay <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semimonthly	
Has the employee been terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, type of termination. <input type="checkbox"/> Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Fired		Effective date of action (month, day, year)

Does the employee receive any of the following?

a. Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$	Frequency
b. Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$	Frequency

Gross Wages

Month of:		Month of:		Month of:	
Date Paid	Gross Amount	Date Paid	Gross Amount	Date Paid	Gross Amount

Signature of individual completing this form	Date (month, day, year)
Title of the individual completing this form	Telephone number

Thank you for completing this employment inquiry.
Please fax this form to 812-339-7177, attention _____.



Equal Opportunity Employer



RELEASE OF INFORMATION

*APPLICANT'S NAME: _____

Additional names used during employment: _____

*SOCIAL SECURITY or INDIVIDUAL TAX IDENTIFICATION NUMBER: _____ - _____ - _____

***Applicant contact information*

Email Address: _____ Phone Number: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip: _____

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the organization below.

*SIGNATURE OF APPLICANT

*TODAY'S DATE:

NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.

Check this box if a Power of Attorney is attached.

NOTE: This section must be completed by the organization requesting employment history.

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

*SIGNATURE OF REQUESTOR: _____

*Printed Name of the Requestor: _____

* Requesting Organization: _____

*Email Address: _____

*Phone Number: _____ - _____ - _____ Fax Number: _____ - _____ - _____

***REQUIRED FIELDS**

****Applicant's phone number, email address, or mailing address is required.**

Email employverification@dwd.in.gov to reach a DWD employment history or LKE website specialist.

Section 8 Program Participant’s Agreement/Obligations

Name of Participant: _____

Current Address: _____

I agree to perform all obligations under the Section 8 Program and to be bound by all obligations found in the Bloomington Housing Authority’s Administrative Policy. I understand that the Bloomington Housing Authority may terminate assistance for violation of any of the stated family obligations.

1. I agree to supply documentation as HUD or the Bloomington Housing Authority determines necessary in the administration of this program.
2. I agree to comply with the requirements of the BHA in conducting annual renewals or interim changes of household income or household members.
3. I agree to report, in writing, any changes in my household income and/or household members within 14 days of the occurrence. I understand that household members include all minors and adults in the household. Failure to report these changes in a timely manner may result in a payment agreement with the BHA. The BHA will define “occurrence” as the first day of employment or the first day any other household income such as child support, etc., begins.
4. I agree to allow the BHA to inspect my leased unit after reasonable notice (24 hours).
5. Prior to vacating my assisted dwelling unit, I agree to notify BHA and my landlord in writing and in accordance with the terms of my lease agreement. I understand that I may not move more than one time each twelve months. I understand that BHA will not certify me to move until I have provided BHA with written permission from my landlord releasing me from my lease agreement. Further, I understand that I must notify BHA of any notice of eviction within 14 calendar days and if evicted from my assisted unit, BHA will file termination of my assistance. I agree to notify BHA in writing of any family absence from the assisted unit lasting longer than 30 days.
6. I agree to use the leased dwelling unit as my sole residence and shall not assign, transfer or sub lease my unit.
7. I understand that I cannot permit any person or persons who are not on my Section 8 lease agreement to reside in my dwelling unit without the written consent of the landlord and the BHA. Guests cannot stay longer than 14 days per calendar year.
8. I agree that I cannot have a financial interest in the dwelling unit leased under Section 8.
9. I agree not to commit any fraud in connection with the Section 8 Voucher Program. I understand I cannot pay any additional rent to the landlord or pay any utilities that are the responsibility of the landlord. I agree to report any requests to do so to the BHA.
10. I understand that I cannot have Housing Assistance with any other HUD assisted housing program while receiving assistance from the BHA Voucher Program.
11. I understand if I am responsible for utilities they must be on in my own name. If I have outstanding debt(s), I must pay it in full or enter into a payment agreement with the utility vendor(s).
12. I agree to repay the BHA/landlord for any charges against me including but not limited to damages and/or unpaid rent. The maximum amount the BHA will enter into a payment agreement with a family is \$5000.00 and will not exceed a period of more than three (3) years. Any amounts exceeding \$5000.00, must be paid prior to the execution of a repayment agreement.
13. I agree to keep my leased dwelling unit in a clean and sanitary condition and shall comply with state and local laws requiring tenant to maintain rented premises.
14. I agree and shall be responsible for any damages (other than normal wear and tear) caused by acts of neglect by myself or my guests.
15. I agree and understand that BHA may deny or terminate assistance for the household due to action or failure to act by household members.
16. I agree and understand that BHA is required to deny admission or terminate assistance for illegal drug use, other criminal activity, and alcohol abuse that would threaten other residents.

Signature of Head of Household

Date

Signature of Other Household Adults

Signature of Occupancy Specialist

Date

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Requirement to Report Income

I understand that I **MUST** report **ALL** income regardless of my situation. Even if I qualify for the Earned Income Disallowance (EID) I **MUST** report any change in income within fourteen (14) days.

Per the Section 8 Participant's Agreement item number 3:

I agree to report, in writing, any changes in my household income and/or household members within 14 days of the occurrence. I understand that household members include all minors and adults in the household. Failure to report these changes in a timely manner may result in a payment agreement with the BHA. The BHA will define "occurrence" as the first day of employment or the first day any other household income such as child support, etc., begins.

Client

Date

BHA Staff

Date

We want to help you keep your rental assistance. Each month, people are terminated from BHA Programs. They are terminated, not because they have increased their income or improved their situation to the point they no longer need the program, but because they have failed to meet their responsibilities as residents/participants.