



CITY OF GARDEN GROVE

HOUSING AUTHORITY

OVER-INCOME/ZERO HAP STATEMENT

I, _____, understand that due to my income status, the Housing Assistance payment (HAP) will be zero effective _____. I will be responsible for the full contract rent.

I wish to remain on the program and understand that I must maintain an active contract with the Garden Grove Housing Authority (GGHA) and comply with all family obligations listed on the Housing Choice Voucher. This includes reporting all changes of income and family composition, re-examination, and inspection of my unit.

I will maintain my housing contract by residing in my current unit. If I wish to move to another unit, I will contact the GGHA for advice on moving procedures. **I understand that the GGHA may refuse to enter into a new contract if it results in a zero HAP. If I move into a unit without a housing contract, I will be terminated off the housing assistance program.**

Furthermore, I will be terminated off the program if I continue to be over-income, six months from the above effective date or _____. If I need housing assistance in the future, I will need to reapply and be placed on the waiting list.

I have read and understand the above.

Signature

Date

Witnessed By

Date