

Rockville Housing Enterprises (RHE) is as a Moving to Work (MTW) agency. As part of this designation, RHE is allowed to implement HUD approved activities, that are applicable to certain family types. Below is a current list of activities, and the family types to whom they apply. This list will be updated, as needed, to include new and updated MTW activities.

1. Minimum Rent Requirements

- **Able-Bodied Families:** There is a \$130 minimum rent. This is the least amount of money a family will pay for rent.
- **Elderly and Disabled Families:** There is no change. The minimum rent is \$50.
- Other special program rent minimums may apply as designated by RHE.

2. Triennial Recertifications

- **All Families:** Recertifications will happen every three years instead of yearly.
- **Non-Wage Earning Able-Bodied Families & Families Claiming Zero-Income:** Annual recertifications will remain.

3. Interim Reporting for Income Decreases

- **Non-Wage Earning Able-Bodied Families & Families Claiming Zero-Income:** These are the only families that are required to notify RHE of income changes.
- **All Families:** May request only one interim recertification for an income decrease of 10% or more every 12 months.
- **All Families:** No interim for income decreases will be processed within the first six (6) months from any initial unit move-in date.

4. Self-Certification of Assets

All Families: You may self-certify assets up to \$50,000 at recertification.

5. Initial Rent Burden

All Families: The maximum family rent share has been increased up to 50% of the family's adjusted monthly income.

6. Lump Sum & Sporadic Income

Able-Bodied Families: Lump sum and sporadic income for all household members will now be included in the rent calculation.

7. Term-Limited Assistance

Able-Bodied Families: Beginning spring 2026, these families will be subject to a housing term of nine (9) years beginning at the resident or participant's next triennial recertification. Households requiring additional time to exit the programs may apply for a one-year extension, which will be granted or denied by RHE, at its sole discretion.

8. Full-Time Students

- **Able-Bodied Families:** Income of full-time students is counted in the total household's annual income.
- **Able-Bodied Families:** Documented out-of-pocket school expenses of full-time students will be deducted from household's projected annual income (proof of expenses must be provided).

9. Family Self-Sufficiency (FSS)

All Families: Instead of escrowing monies from rent increases based on income increases, FSS participants will now earn escrow credits based on the completion of predetermined goals.

10. Work Requirement

Able-Bodied Families: Beginning spring 2026, a minimum work requirement of 15 hours weekly will apply to all adult household members aged 18 up to 62. The following individuals will be exempt from this activity: individuals that are exempt from the Community Service Requirement, elderly and/or disabled individuals, individuals aged younger than



MTW CERTIFICATION OF UNDERSTANDING

18 years, live-in aides, individuals that are the primary caretaker for a child under 6 years of age, and women who are pregnant.

11. Portability Participants

- **All Families:** Any participant using portability to transfer into RHE is subject to all MTW waivers and requirements.
- **All Families:** A transfer to RHE cannot be completed until this certification is acknowledged, understood, and signed.

12. Noncompliance

All Families: Failure to comply with MTW requirements may result in termination of housing assistance in accordance with HUD and RHE policies.

As a head of household, I hereby acknowledge and certify that I have received, read, and understand the MTW program activities outlined above. I understand these activities apply to my household and will remain in effect as approved by HUD.

FOR FAMILIES PORTING TO RHE: If I am transferring into RHE's jurisdiction under portability, I further acknowledge that my transfer will not be completed until I sign this certification. I also understand that noncompliance with these activities may result in the termination of my housing assistance.

Head of Household Print Name	Signature	Social Security #	Date
Spouse Print Name	Signature	Social Security #	Date
Adult Member Print Name	Signature	Social Security #	Date
Adult Member Print Name	Signature	Social Security #	Date
Adult Member Print Name	Signature	Social Security #	Date