

Property Owner Certification

Please initial:

_____ I have been provided with the Property Owner Handbook and blank HAP contract to review. I have also been provided the HUD Tenancy Addendum HUD-52641-A which is to be attached to my lease. Any questions I have about the Section 8 program have been explained to me

_____ I understand that I am required to follow all Fair Housing laws and will not discriminate against any person because of race, color, religion, sex, disability, familial status, marital status, sex orientation, gender identity or national/ethnic origin.

_____ I understand that I am required to perform my own tenant screening, including prior landlord references. I understand that the SHA has determined this person/family eligible to receive the Section 8 voucher by verifying they are income qualified and screening criminal history only. If I request the last two landlords the participant has rented from, and the SHA has that information, the SHA is required to provide the previous landlord's name and contact information to me.

_____ I understand that I am responsible for providing a full copy of an execute lease to the SHA prior to execution of the HAP contract. This lease must include the HUD Tenancy Addendum HUD-52641-A and a Lead Paint Disclosure Form.

_____ I understand that the SHA will be performing rent calculations based on the person/family's provided information on income/assets/expenses/household compositions. As these items change and the SHA re-calculates the tenant rent and HAP amount, I will be sent a HAP Amendment letter and I should collect the appropriate amount from the tenant based on the calculations.

_____ I understand that I am responsible for any Section 8 tenant issues related to the lease, damages, non-payment of the rent, etc. as applies for market rent tenants.

_____ I understand that I must provide the tenant and the SHA a written 60-day notice of rent increase and that a rent increase cannot occur within the first year of the contract/lease. I understand that I can only charge the contract rent as listed on the HAP contract, there are to be no side arrangements or changes in the contract rent without informing the SHA.

_____ I understand that I am required to provide the SHA with a copy of any eviction notice served to the Section 8 tenant. HAP will be paid on behalf of the tenant while residing the unit.

_____ I understand that I am required to keep the SHA informed as to household composition changes, only persons on the HAP contract should be permitted to stay at the residence and be on the lease. If a Section 8 participant wishes to add an individual to their Section 8 voucher, the SHA will require they obtain a written consent from you prior to doing so. After consent the SHA will process an application and verify income/assets/expenses to determine eligibility and any changes to rental amount.

_____ I understand that if the person/family is determined to be in violation of the Section 8 program, the SHA will pursue a termination of their voucher which, if executed, will make the family responsible for full rent payment. Owner will receive notification if a termination is in process and the outcome of the termination when applicable.

_____ I understand that an annual inspection will be completed on the unit. If the unit fails an inspection for non health & safety items I have 30 days to complete the repairs and return the Certification form to SHA or HAP will be withheld until repairs have been completed and the person/family may be required to move to another unit.

_____ I understand that an annual inspection will be completed on the unit. If the unit fails an inspection for Health & Safety issues I will have 24-hours to repair the issue and send a certification to SHA or HAP will be withheld until repairs have been completed and the person/family may be required to move to another unit

_____ I understand that I (including a principal or other interested party) cannot be the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the SHA has determined (and has notified you and the family of such determination) that approving leasing of the unit, notwithstanding such relationships, would provide reasonable accommodation for a family member who is a person with disabilities.

_____ I understand that I must keep SHA up to date with my contact information- address, phone number and email address- to allow prompt notifications.

Signature

Date: _____

