

**HOUSING AUTHORITY OF HENDERSON
SECTION 8 LANDLORD CERTIFICATION**

Tenant Name _____

Contract # _____

New Address _____

OWNERSHIP OF ASSISTED UNIT/LIABILITY INSURANCE

I certify that I am the legal owner or the legally designated agent for the above referenced unit, and that I will not rent to any tenant who has any ownership interest whatsoever in this dwelling unit. I further certify that the above referenced unit is a named location on a current insurance policy for both liability and real property damage coverage.

OWNER RENTING TO RELATIVES

I certify that I am not related to the tenant or to any members of the family in any of the following ways: parent, child, grandparent, grandchild, sister or brother. If I am renting to a relative, it is for the sole purpose of providing reasonable accommodations for a family member who is a person with disabilities. I also understand that the Housing Authority must first approve this arrangement.

APPROVED RESIDENTS OF ASSISTED UNIT

I understand that the family members as reported to and approved by the Housing Authority are the only individuals permitted to reside in the unit. I also understand that I am not permitted to live in the unit while I am receiving housing assistance payments unless approved **for participation in** the Shared Housing Program. I also understand that the lease may not be assigned nor is subletting permitted without prior approval of the Housing Authority.

HOUSING QUALITY STANDARDS

I understand my obligations in compliance with the Housing Assistance Contract to perform necessary repairs and maintenance so the unit continues to comply with Housing Quality Standards.

TENANT RENT PAYMENT

I understand that the tenant's portion of the contract rent is determined by the Housing Authority, and that it is illegal to charge any additional amounts which have not been specifically approved by the Housing Authority.

REPORTING VACANCIES TO THE HOUSING AUTHORITY

I understand that should the assisted unit become vacant, I am responsible to notify the Housing Authority immediately. I understand that relocating tenants to other units requires the Housing Authority's consent.

ADMINISTRATIVE AND CRIMINAL ACTIONS FOR INTENTIONAL VIOLATIONS

I understand that failure to comply with the terms and responsibilities of the Housing Assistance Payments contract is grounds for termination of participation in the Section 8 Program. I understand that knowingly falsifying material facts is a violation of State and Federal Criminal and Civil Law.

AUTHORIZATION FOR RELEASE OF INFORMATION

I understand the Housing Authority is entitled to enforce the terms of the Housing Assistance Payments Contract to ensure my compliance with all program rules and regulations. I hereby authorize the Housing Authority to obtain information and documentation from 3rd party sources to verify and confirm my compliance. Such sources include, and are not limited to: mortgage and lien holders, title companies, banks and lending institutions and utility companies. I also understand that the Housing Authority or HUD may conduct computer matching programs and examine public records to research and verify my compliance with the Housing Assistance Payments contract.

Signature of Landlord/Agent

Date _____

WARNING – Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any Department or Agency of the United States. State law may also provide penalties for false or fraudulent statements.