

**HARFORD COUNTY HOUSING AGENCY
15 SOUTH MAIN STREET
BEL AIR, MD 21014
410-638-3045**

LANDLORD CERTIFICATION

My initials to the right of each item below certify that I have read, understood, and am in compliance with the policy.

Prospective Tenant's Name

Street Address of Assisted Unit

City/Town

State

Zip Code

Ownership of Assisted Unit _____

I certify that I am the legal owner or the legally designated agent for the above referenced unit and that the prospective tenant has no ownership interest in this dwelling unit. I further certify that the property subject to this Housing Assistance Payment (HAP) Contract is not currently in foreclosure or receivership.

Dwelling Lease and Housing Assistance Payment (HAP) Contract _____

I understand that I am limited to use of my standard dwelling lease (plus the Department of Housing and Urban Development [HUD] required lease addendum) that is used by my non-Housing Choice Voucher (HCV) tenants. I also understand that the lease effective date, the lease end date, and the contract rent must match that listed on the HAP contract, and if different, will be superseded by those on the HAP Contract. I understand I must submit a signed copy of the lease and HAP Contract to Harford County Housing Agency (HCHA) before payment can be made.

Prohibition on Leasing to Relatives _____

I, the owner or the legally designated agent, certify that no individual having an ownership interest in the property is the parent, child, grandparent, grandchild, sister, or brother of any member of the tenant family.

Approved Residents of Assisted Unit _____

I understand that the family members listed on the HAP Contract are the only individuals permitted to reside in the unit. I understand that I am not permitted to live in the unit while I am receiving housing assistance payments. I understand HCHA does not check references, that they only verify program eligibility, and that I am responsible for rental, financial, and criminal reference checks.

Tenant Rent Collection Requirement _____

I understand that I am required to regularly collect the tenant's portion of the rent, and that failure to collect the tenant's portion of rent on a timely basis could result in termination of my HAP Contract with HCHA. I also understand that the tenant's portion of the contract rent, and any other agreements, must be approved by HCHA and that I am not permitted to charge any additional amounts for rent or any other item not specified in the lease which has not been approved in advance by HCHA.

Term of the HAP Contract _____

I understand that the initial term of this HAP Contract is 12 months and will renew month-to-month thereafter unless otherwise specified in the lease agreement and until terminated by either party with proper written notice.

Housing Quality Standards (HQS) Compliance _____

I understand that it is my obligation under the HAP Contract to perform necessary maintenance and to provide those utilities as contracted in my lease with the tenant so that the unit continues to comply with Housing Quality Standards.

Reporting Vacancies to the Housing Agency _____

I understand that should the assisted unit become vacant, or if the tenants notify me they will be absent from the unit for any period of time, it is my responsibility to notify the Housing Agency immediately in writing and, if appropriate, to promptly return any portion of rent due to the Housing Agency. The Housing Agency cannot pay on a unit after the tenant has vacated.

Administrative and Criminal Action for Intentional Violations _____

I understand that failure to comply with the terms and responsibilities of the Housing Assistance Payment Contract are grounds for termination of participation in the Housing Choice Voucher Program. I understand that knowingly supply false, incomplete, or inaccurate information or collecting “side payments” from the tenant is punishable under Federal or State criminal law.

Fair Housing Requirements _____

I understand that I must comply with all laws and regulations, including laws and regulations which provide for non-discrimination, as well as unit accessibility, for individuals with disabilities.

Violence Against Women Act 2005, Title VI – Housing _____

I understand that an incidence of abuse shall not be good cause for terminating a lease held by the victim and that the abuser’s criminal activity directly related to abuse beyond control of the victim shall not be grounds for eviction or termination. I understand that under this Act, HCHA may terminate my HAP contract and allow a family to transfer. HCHA would provide me with 30-days’ notice on contract termination.

Type or Print Name of Owner/Agent

Signature of Owner/Agent

Date

Reviewed by: _____ *Date:* _____