



# Saint Joseph County Housing Authority

107 W Center St PO Box 425 North Liberty, IN 46554

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Ingrid Reese, Executive Director

## HOUSING PROVIDER'S CERTIFICATION OF GOOD STANDING

HOUSING PROVIDER: \_\_\_\_\_

HOUSING PROVIDER ADDRESS: \_\_\_\_\_

HOUSING PROVIDER PHONE NUMBER: \_\_\_\_\_

Tenant:

TENANT FULL NAME: \_\_\_\_\_

TENANT ADDRESS: \_\_\_\_\_

***The above tenant has expressed an interest in moving from your unit.***

Please answer the following questions as SJCHA requires verification to properly and effectively move the tenant. Once this certification is returned, our office will determine if the tenant is eligible to receive a voucher to move to a new assisted unit.

**CFR24 982.551 Violation of the lease.** *The family may not commit any serious or repeated violations of the lease.*

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Is the tenant currently in good standing?                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is the tenant current on rent payments?                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is the tenant current on utility payments?                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is the unit free of damages (beyond normal wear and tear)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If you have answered "No" to any of the questions above, please explain the violation such as rent owed (ledger), damages (detailed list with repair costs), unauthorized persons (lease violation notice), etc. Please attach documentation to support the violation.

### Housing Provider Certification:

I certify that the information provided in this statement is true and complete to the best of my knowledge. I understand that the Saint Joseph County Housing Authority will act upon this information quickly. Legal action may be my only course of action pursuant to any claims not identified here.

\_\_\_\_\_  
Signature of Housing Provider

\_\_\_\_\_  
Date