

St. Joseph County Housing Authority

107 W. Center St., P.O. Box 425, North Liberty, IN 46554

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Ingrid Reese, Executive Director

SECTION 8 LANDLORD CERTIFICATION

RE: Property located at: _____

In order for the St. Joseph County Housing Authority to provide Rental Assistance to as many eligible families as possible, all participants in this HUD sponsored program must properly utilize Government funds and follow the program requirements. Incidences of fraud, willful misrepresentation, or intent to deceive with regard to the Rental Assistance Program are criminal acts. If you are suspected of committing any fraudulent actions, we are required to refer the matter to the proper authorities for appropriate action. This could lead to being terminated from participation in the program and an investigation of the allegation could result in your being accused of a Federal crime.

Ownership of assisted unit: I certify that I am the legal owner of the legally designated agent for the above referenced unit, and that the prospective tenant has no ownership interest in this dwelling unit. I certify that I am not a parent, child, grandparent, grandchild, sister, or brother of any member of the assisted family.

Approved residents of assisted unit: I understand that the family members listed on the dwelling lease agreement approved by St. Joseph County 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.

Housing Quality Standards: I understand my obligations in compliance with the Housing Assistance Payments Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards. I understand that I am to provide utility services according to the conditions of the lease.

Tenant rent payments: 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 for rent or any other item not specified in the lease which has not been approved by the Housing Authority. I understand that rent may not be increased during the first year and future rent increases must be approved by SJCHA. I understand that notification of rent increase must be provided to SJCHA in writing 60 days prior to proposed rent increase.

Reporting Vacancies to the Housing Authority: I understand that should the assisted unit become vacant, I must notify the Housing Authority immediately, in writing.

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 Rental Assistance Program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State law.

You must report any violations of the Rental Assistance Program immediately. If you know of any violations or fraud committed by other persons, including SJCHA employees, tenants, or other owners, please contact the SJCHA office.

I hereby certify that I have been informed by the SJCHA office of my responsibilities as an owner/agent concerning Rent Assistance fraud and abuse.

Owner/Agent signature

Date