

**THE HOUSING AUTHORITY OF THE CITY OF FORT PAYNE, ALABAMA**  
**Section 8 Housing Choice Voucher Program**  
**Landlord Certification**



**RE:** \_\_\_\_\_  
Street Address of Assisted Unit

\_\_\_\_\_  
Name of HCV Participant

**Ownership of Assisted Unit**

I certify that I am the legal or the legally-designated agent for the above referenced unit, and that the prospective tenant has no ownership or interest in this dwelling unit whatsoever.

**Approved Residents of Assisted Unit**

I understand that the family members listed on the dwelling lease agreement as 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.

**Conflict of Interest**

I certify that I am not a person who is a member of any of the following classes: Any present or former member of office of the PHA except a PHA commissioner who is a participant in the program; any employee of the PHA, or any contractor, sub-contractor or agent of the PHA, who formulates policy or who influences decisions with respect to the program; any public official, member of a governing body, or State or local legislator, who exercises functions or responsibilities with respect to the program; or any member of the Congress of the United States of America.

I further certify that a covered individual may not have any direct or indirect interest in the HAP contract or in any benefits or payments under the contract (including the interest of an immediate family member of such covered individual) while such person is a covered individual or during one year thereafter. "Immediate family member" means the spouse, parent (including stepparent), grandchild, sister or brother (including stepsister or stepbrother) of any covered individual. The PHA has the right to disapprove other agent tenant relationships if a conflict of interest occurs or is apparent. The owner certifies and is responsible for assuring that no person or entity has or will have a prohibited interest at execution of the HAP contract or at any time during the HAP contract term. If prohibited interest occurs, the owner shall promptly and fully disclose such interest to the PHA and HUD.

**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.

**Tenant Rent Payments**

I understand that the contract rent is approved by the PHA and 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 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 for notifying the Housing Authority immediately by phone and in writing.

**Computer Matching Consent**

I understand the Housing Assistance Payment Contract permits the Housing Authority or HUD to verify my compliance with Contract. I consent for the Housing Authority or HUD to conduct computer matches to verify my compliance as they deem necessary. The Housing Authority and HUD may release and exchange information regarding my participation in the Section 8 Housing Choice Voucher Program with other Federal and State agencies.

**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 Housing Choice Voucher Program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State Criminal law.

**WARNING!!!: Title 18, US Code Section 1001, state that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.**

\_\_\_\_\_  
Signature of Owner/Landlord/Agent

\_\_\_\_\_  
Date