



HOUSING AUTHORITY OF THE CITY OF LAREDO
Housing Choice Voucher Program
 2000 San Francisco Ave. Laredo, TX 78040
 Phone: (956)722-0221 • Fax: (956)753-4113 • E-mail: hcv@larha.org

OWNER CERTIFICATION FORM

OWNER/MANAGER INFORMATION (PLEASE PRINT)	
Owner Name: _____	Date: _____
Management Company: _____	Email: _____
Unit Address, City, State, Zip: _____	Phone #: _____
OWNER'S INITIALS	OWNER OBLIGATIONS
	I understand that I am responsible for screening potential tenants.
	I understand that I cannot be related to a participant in the HCV program that is interested in renting my property. Rare exceptions can be made, in order to accommodate disabilities.
	I understand that if the unit is vacated, I am responsible for notifying LHA in writing, immediately.
	I understand that if I am awarded an eviction judgment against a participant, I must provide a copy of the certified court judgement to LHA.
	I understand that I am responsible for enforcing the provisions in the lease.
	I understand that I may report serious or repeated lease violations to LHA.
	I understand that LHA determines the participants' portion of the contract rent and that it is illegal to charge any additional amounts or side payments for the rent or any other item not specified in the lease that have not been specifically approved by LHA. Asking for or accepting a side payment is considered fraud and could make the landlord and/or tenant ineligible to participate with the HCV program.
	I understand that if a tenant falls behind on the rent or violates any of their lease obligations, or if I no longer want to rent to a tenant, I must give the tenant and the office a certified 30-day notice.
	I understand that the family members listed on the lease agreement as approved by LHA are the only individuals permitted to reside in the unit.
	I understand that I am not allowed to live in the unit while I am receiving Housing Assistance Payments (HAP) on behalf of the assisted family.
	I understand that for my unit to qualify as all bills partial bills paid, the utilities must be under my name and not under the tenant's name.
	I understand that a request for rent increase must be in writing and must be submitted to the office and the tenant 60-days prior to renewal.
	I understand that the HAP contract must be executed no later than 60 calendar days from the beginning of the lease term and that any HAP contract executed after the 60-day period is void.
	I understand that my obligations under the HAP contract are aimed to ensure that the unit meets HUD's Housing Quality Standards (HQS) at all times during the term of the contact.
	I understand that failure to comply with the terms and responsibilities of the HAP contract is grounds for termination of participation in the assisted housing program.
	I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State Law.

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document in writing containing false, fictitious or fraudulent statements or entries in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

By signing below, I certify that I have read and understand the provisions of the HAP Contract (HUD-52641) and the Owner Obligations listed above.

 Owner/Owner Representative Signature

 Date