



CITY OF RICHMOND HOUSING AUTHORITY  
HOUSING CHOICE VOUCHER PROGRAM  
330 24<sup>th</sup> Street • Richmond, CA 94804  
(510) 621-1300 Voice • (510) 237-5230 Fax

**CITY OF RICHMOND HOUSING AUTHORITY  
HOUSING CHOICE VOUCHER LANDLORD CERTIFICATION**

**Owner Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**OWNERSHIP OF ASSISTED UNIT/LIABILITY INSURANCE** - I certify that I am the legal owner or the legally designated agent for the above referenced unit, and that I will not rent to any tenant who has any ownership interest whatsoever in the dwelling unit. I further certify that the above referenced unit is a named location on a current insurance policy for both liability and real property damage coverage.

**OWNER RENTING TO RELATIVES** - I certify that I am not related to the tenant or to any members of the family in any of the following ways, parent, child, grandparent, grandchild, sister or brother. If I am renting to a relative it is for the sole purpose of providing reasonable accommodations for a family member who is a person with disabilities. I understand that the Housing Authority must first approve this arrangement.

**APPROVED RESIDENTS OF ASSISTED UNIT** - I understand that the family members as reported to and 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. I also understand that the lease may not be reassigned nor is subletting permitted without prior approval of the Housing Authority.

**HOUSING QUALITY STANDARDS** - I understand my obligations in compliance with the Housing Assistance Contract to perform necessary repairs and maintenance so that unit continues to comply with Housing Quality Standards.

**TENANT RENT PAYMENT** - 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, which have not been specifically approved by the Housing Authority.

**HOUSING ASSISTANCE OVERPAYMENTS** - I understand that if Housing Assistants Payments (HAP) has been issued which covers Housing Authority rent responsibility beyond the actual HAP termination date, I must reimburse the Housing Authority within 10 working days from the date of the terminated contract. I also understand that the HAP checks are federal funds and are subject to civil and or criminal judicial process for the collection of overpayments.

**REPORTING VACANCIES AND FORECLOSURES TO THE HOUSING AUTHORITY** - I understand that should the assisted unit become vacant or foreclose, I am responsible to notify the Housing Authority immediately. I understand that relocating tenants to other units requires the Housing Authority's consent.

**ADMINISTRATIVE AND CRIMINAL ACTION 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 the in Housing Choice Voucher Program. I understand that knowingly falsifying material facts is a violation of State and Federal criminal and civil law.

**AUTHORIZATION FOR RELEASE OF INFORMATION** - I understand the Housing Authority is entitled to enforce the terms of the Housing Assistance Payments contract to ensure my compliance with all program rules and regulations. I hereby authorize the Housing Authority to obtain information and documentation from third party sources to verify and confirm my compliance. Such sources include, but are not limited to: mortgage and lien holders, title companies, banks and lending institutions and utility companies. I also understand that the Housing Authority or HUD may conduct computer- matching programs and examine public records to research and verify my compliance with the Housing Assistance Payments Contract.

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

\_\_\_\_\_  
Date