

## SECTION 8 LANDLORD CERTIFICATION

Tenant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### **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 interest in this dwelling unit whatsoever.

### **Approved Residents of the Assisted Unit:**

I understand that the family members listed on the dwelling lease agreement, as approved by the Housing Authority of Lackawanna County, 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 Payment Contract, related to performing the necessary maintenance to ensure the unit continues to comply with the Housing Quality Standards.

### **Security Deposit and Tenant Rent Payments:**

I understand that the amount of security deposit and the tenant's portion of the contract rent are determined by the Housing Authority of Lackawanna County, and that it is illegal to charge any additional amounts for any other item not specified in the lease which have not been specifically approved by the Housing Authority of Lackawanna County.

### **Reporting Vacancies to the Housing Authority of Lackawanna County:**

I understand that should the assisted unit become vacant, I am responsible to notify the Housing Authority of Lackawanna County immediately in writing.

### **Computer Matching Consent:**

I understand the Housing Assistance Payment Contract permits the Housing Authority of Lackawanna County or HUD to conduct computer matches to verify my compliance, as they deem necessary. The Housing Authority of Lackawanna County and HUD may release and exchange information regarding my participation in the 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 Payment Contract is grounds for termination of participation in the Housing Choice Voucher Program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State Criminal law.

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

\_\_\_\_\_  
Date

**WARNING – Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any Department or Agency of the United States. State law may also provide penalties for false or fraudulent statements.**