

Housing Choice Voucher Landlord Certification of Responsibility

Akron Metropolitan Housing Authority

RE: _____

Street Address of Assisted Unit

City State Zip Code

1. I certify that I am the legal or the legally designated agent for the above referenced unit, and that the tenant has no ownership in this dwelling unit.
2. I understand that I must comply with the equal opportunity requirements.
3. I understand that I should carefully screen the family for suitability for tenancy, including the family's background with respect to such factors as rent and utility payment history, caring for unit and premises, respecting the rights of others to the peaceful enjoyment of their housing, and drug-related and criminal activity that is a threat to the life, safety or property of others.
4. I understand that I may collect a security deposit from the tenant that is not in excess of private market practice, or in excess amounts that I charge to unassisted tenants. Security deposit will not exceed one month's rent per AMHA's Administrative Plan.
5. **I understand that the tenant's portion of the contract rent is determined by AMHA 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 specifically approved by AMHA.**
6. I understand my obligation to offer a lease to the tenant and that the lease may not differ in form or content from any other lease that I am currently using for any unassisted tenants.
7. I understand that the family members listed on the Housing Assistance Payments Contract are the only individuals permitted to reside in the unit. I understand that AMHA and I must grant prior written approval for other persons to be added to the household. I understand that I am not permitted to live in the unit while I am receiving housing assistance payments.
8. I agree to comply with all requirements contained in the lease, tenancy addendum, Housing Assistance Payments Contract, parts A, B and C. I understand that it is imperative that I fully understand the terms and conditions of the lease, tenancy addendum and the HAP Contract.
9. I understand that I must submit to the tenant for their consideration and to AMHA for their review, and new lease or lease revision a minimum of sixty (60) days in advance of the effective date of the lease or lease revision.

10. I understand that I must provide AMHA with a written request for any rent increase a minimum of sixty (60) days in advance of the increase and in accordance with the provisions of the lease and HAP contract.
11. I understand that I may not lease a unit to my family members, including all occupants, who are related to me in any of the following ways: parent, child, grandparent, grandchild, sister or brother. I understand that AMHA may grant prior written approval if the rental unit will provide reasonable accommodations for a family member who is a person with disabilities.
12. I understand that I may not assign the HAP contract to a new owner without the prior written consent of AMHA.
13. 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,
14. I understand that it is my responsibility to advise AMHA promptly if I become aware at any time that the family no longer resides in the unit or if the unit is not the family's only residence.
15. I understand the AMHA has no liability or responsibility to the owner or other persons for the family's behavior or the family's conduct in tenancy.
16. I understand that I must promptly give AMHA a copy of any owner-eviction notice to the tenant and to comply with all State and local eviction procedures.
17. I acknowledge that I have been briefed on the Housing Choice Voucher Program I understand that my failure to fulfill the above may result in the withholding, abatement, or termination of housing assistance payments for the contract unit or another unit; and/or being barred from participating in AMHA housing programs.
18. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State Criminal law.

Signature of Owner/Agent

Date

Warning: Title 18, us code section 1001, states 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.