

## SECTION 8 LANDLORD CERTIFICATION

This form must be completed and submitted with the packet. Please print all information clearly so that it can be read. Landlord information is NOT updated in the RHA system from this form.

Company/Owner Name: \_\_\_\_\_ OR RHA LL ID#: \_\_\_\_\_

(Owner / Property Name)

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

Are you a current RHA Section 8 Landlord?  Yes  No

(If you chose "NO", go to our website at [www.rhanc.gov](http://www.rhanc.gov), Property Owners, Resources and Section 8 Owner Forms to complete the following: Owner's Application, Direct Deposit with required documentation and Proof of Ownership. Owner's documents should be submitted in person or by fax to increase the safety of your personal information.)

Was the previous tenant in this unit on the Section 8 program with RHA?  Yes  No

If "Yes", what date did they move from the unit? \_\_\_\_\_

If "No", what date did/will the previous tenant vacate the unit? \_\_\_\_\_

Rental Unit Address: \_\_\_\_\_

(Unit Address cannot be the same as the owner's physical address.)

Date unit ready for inspection: \_\_\_\_\_

**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 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.

**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 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 in writing.

**Computer Matching Consent** - I understand the Housing Assistance Payment Contract permits the Housing Authority or HUD to verify my compliance with the 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 program with other Federal or State Criminal law.

Printed Name of Landlord/Agent

Signature of Landlord/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.

**Privacy Act Notice:** The collection, maintenance, use and dissemination of SSNs, Employer Identification Numbers (EIN) any information derived from SSNs and EINs, and income information under this subpart shall be conducted, to the extent applicable, in compliance with the Privacy Act (5 U.S.C. 552a) and all other provision of Federal, State and Local Law.

**Violence against Women Act (VAWA) Notification:** VAWA provides protections for victims of domestic violence, dating violence, stalking, or sexual assaults to prevent them from being denied admissions to or from losing housing solely as a result of being a victim. This protection extends to all household members listed on a housing assistance application or lease agreement. At any time it is made known to RHA that an applicant, resident or voucher recipient is a victim of domestic violence, RHA will pause its negative subsidy action to allow the victim the time needed to provide documentation/verification of the abuse.

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Raleigh Housing Authority



AMENITIES:

SERVICES, MAINTENANCE AND EQUIPMENT TO BE PROVIDED BY THE OWNER WITHOUT CHARGES IN ADDITION TO RENT TO OWNER

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

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

Apt. #: \_\_\_\_\_

City: \_\_\_\_\_

State: NC

Zip Code: \_\_\_\_\_

Property Type: [ ] House [ ] Apartment (Low-rise) [ ] High-Rise [ ] Duplex [ ] Triplex [ ] 4 Plex

Other: \_\_\_\_\_

# Full Baths: \_\_\_\_ #Half Baths: \_\_\_\_ SQFT: \_\_\_\_\_

Amenities:

Indoor

Cable Included [ Yes ] [ No ]

Dryer [ Yes ] [ No ]

W/D Hookups [ Yes ] [ No ]

Kitchen

Dishwasher [ Yes ] [ No ]

Microwave [ Yes ] [ No ]

Stove [ Yes ] [ No ]

Maintenance

Lawn [ Yes ] [ No ]

Trash [ Yes ] [ No ]

Outdoor

Balcony [ Yes ] [ No ]

Gated Community [ Yes ] [ No ]

Ceiling Fans [ Yes ] [ No ]

Washer [ Yes ] [ No ]

Onsite Laundry [ Yes ] [ No ]

Garbage Disposal [ Yes ] [ No ]

Refrigerator [ Yes ] [ No ]

Pest Control [ Yes ] [ No ]

Pool [ Yes ] [ No ]

Table with 2 columns: Parking\*, Select One. Rows include Street, Unassigned, Unknown, None, Garage, Covered Space, Driveway, Open.

Owner/Landlord Signature: \_\_\_\_\_

Date: \_\_\_\_\_