



# Owner Certification Form

Street address of assisted unit \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

### 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.

Owner \_\_\_\_\_ Management agent \_\_\_\_\_ Apt. mgr. \_\_\_\_\_

### Proof of ownership

Proof of ownership must be provided:

1. Copy of the Bexar Appraisal District Property Information card or a copy of the deed
2. If you are the management agent/property manager, a copy of the management agreement/contract

### 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 assisted unit. I also understand that I am not permitted to live in the unit while I am receiving housing assistance payments on behalf of the assisted family.

### 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 during the term of this contract.

### Tenant rent payments

I understand that the Housing Authority determines the tenant's portion of the contract rent, and that it is illegal to charge any additional amounts for rent or any other item not specified in the lease that have not been specifically approved by the Housing Authority.

### Reporting vacancies or abandoned units

I understand that should the assisted unit become vacant, I am responsible for notifying the Housing Authority immediately in writing.

### Enforcement of the lease

I understand that I must enforce my lease for serious or repeated lease violations.

### Administrative and criminal actions 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 in the Section 8 Program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State Criminal law.

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

Date \_\_\_\_\_

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

Questions? Comments? Need copies of forms?

Email us at [landlords@saha.org](mailto:landlords@saha.org) or visit our new website at [www.saha.org](http://www.saha.org)

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L/Housing Assistance and Eligibility/Section 8/Secton 8/Forms 2/Briefing Packet/Landlords