

**HARFORD COUNTY HOUSING AGENCY  
15 SOUTH MAIN STREET, SUITE 106  
BEL AIR, MARYLAND 21014  
410-638-3045**

**LANDLORD CERTIFICATION**

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Prospective Tenant's Name

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Street Address of Assisted Unit

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City/Town

State

Zip Code

**Ownership of Assisted Unit**

I certify that I am the legal owner or the legally designated agent for the above referenced unit and that the prospective tenant has no ownership interest in this dwelling unit.

**Approved Residents of Assisted Unit**

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 I am not permitted to live in the unit while I am receiving housing assistance payments. I understand that the Harford County Housing Agency does not check references, that they only verify program eligibility, and that I am responsible for rental, financial, and criminal reference checks.

**Housing Quality Standards**

I understand my obligations in compliance with the Housing Assistance Payments Contract to perform necessary maintenance to ensure 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 Agency 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 the Housing Agency.

**Dwelling Lease and Housing Assistance Payments (HAP) Contract**

I understand that I have a choice of using the Housing Choice Voucher Program model lease or my standard dwelling lease (plus the HUD required lease addendum), but I am limited to use of my standard dwelling lease if used by my non-Housing Choice Voucher Program tenants. I also understand that the lease effective date, the lease end date, and the contract rent must match that listed on the HAP Contract, and if different, will be superseded by those on the HAP Contract. I understand I must submit a signed copy of the lease and HAP Contract to the Housing Agency before payment can be made.

### **Reporting Vacancies to the Housing Agency**

I understand that should the assisted unit become vacant, or if the tenants notify me they will be absent from the unit for any period of time, it is my responsibility to notify the Housing Agency immediately in writing, and if appropriate, to return any portion of rent due the Housing Agency promptly. The Housing Agency cannot pay on a unit after the tenant has vacated.

### **Administrative and Criminal Action for Intentional Violations**

I understand that failure to comply with the terms and responsibilities of the Housing Assistance Payments Contract are grounds for termination of participation in the Housing Choice Voucher Program. I understand that knowingly supplying false, incomplete, or inaccurate information or collecting "side payments" from the tenant is punishable under Federal or State criminal law.

### **Fair Housing Requirements**

I understand that I must comply with all laws and regulations, including laws and regulations which provide for non-discrimination, as well as unit accessibility, for individuals with disabilities.

### **Violence Against Women Act 2005, Title VI – Housing**

I understand that an incidence of abuse shall not be good cause for terminating a lease held by the victim and that the abuser's criminal activity directly related to abuse beyond control of the victim shall not be grounds for eviction or termination.

### **Computer Matching Consent**

I understand the Housing Assistance Payments Contract permits the Housing Agency or HUD to verify my compliance with the Contract. I consent for the Housing Agency or HUD to conduct computer matches to verify my compliance as they deem necessary. The Housing Agency and HUD may release and exchange information regarding my participation in the Housing Choice Voucher Program with other Federal and State agencies.

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Type or Print Name of Owner/Agent

Signature of Owner/Agent

Date