



Changing Housing, Changing Minds, Changing Lives

530 E Pinner Street, Suffolk, Virginia 23434
P: 757-539-2100 F: 757-539-5184 TDD 757-538-2886

HOUSING CHOICE VOUCHER PROGRAM (SECTION 8)
LANDLORD CERTIFICATION

Re: 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.

Approved Residents of Assisted Unit: I understand that the family members listed on the dwelling lease agreement as approved by the housing agency 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 agency, 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 agency.

Reporting Vacancies to the Housing Agency: I understand that should the assisted unit become vacant, I am responsible for notifying the housing agency immediately in writing.

Computer Matching Consent: I understand the Housing Assistance Payment 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 Section 8 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 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 _____ 20 _____

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.

Return to: Suffolk Redevelopment & Housing Authority
530 E. Pinner Street, Suffolk, VA 23434
The Housing Operations Division/HCV Program