

**EVERETT HOUSING AUTHORITY**  
**SECTION 8 LANDLORD CERTIFICATION**

Assisted Unit Address:

\_\_\_\_\_  
\_\_\_\_\_



**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 tenant has no ownership interest in this dwelling whatsoever.

I certify that the owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family residing in this unit, unless the Everett Housing Authority has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

**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.

**Security Deposit and Tenant Rent Payments**

I understand that I can collect a maximum security deposit equal to one months rent. Security deposits are the participant's responsibility; the Housing Authority does not pay any portion of security deposits. I also 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 if the tenant vacates the assisted unit without proper notice, I am responsible for notifying the Housing Authority immediately in writing and, if appropriate, to return any portion of rent due to the Housing Authority promptly.

**Computer Matching Consent**

I understand that the housing assistance payment contract permits 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 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.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature of Owner/Manager

\_\_\_\_\_  
Date

**Warning:** Title 18 U.S. Code 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. State law may also provide penalties for false or fraudulent statements.