

**Spokane Housing Authority
Owner/Landlord Certification**

Participant Name:

RE: Property 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 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 Spokane 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 has not been specifically approved by the Housing Authority.

Requesting Rent Increases: I understand I can request a rent increase no less than 60 days prior to the effective date of the increase. I understand I must request the increase in writing and that there has been no requested rent increases for at least 365 days previous to the effective date of the requested increase.

Reporting vacancies to the Housing Authority: I understand that should the assisted unit become vacant, I must notify the Housing Authority immediately in writing. I further understand that failure to notify SHA could result in my owing HAP back to SHA.

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 program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State Criminal Law.

Relative Rule: I understand that the Housing Assistance Contract does not allow for renting to any family members unless approved by SHA as a reasonable accommodation for a disabled family. Fraud occurring will require full repayment of all HAP monies issued to the owner/landlord.

Complete Owner information even if a property is managed by a 3rd party.

Owner Name _____ Owner SS# or Tax ID # _____

Owner Address _____
Street City State Zip

Phone Number _____ Cell _____

Complete this section if management and collection of the assistance payment is to be conducted by an individual or management agent other than the owner.

Landlord Name _____ Landlord SS# or Tax ID # _____

Landlord Address _____
Street City State Zip

Phone Number _____ Cell _____

Signature of Owner or Property Management Company:

Date:

Warning: 18 U.S.C. 1001 provides that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States shall be fined not more than \$10,000 or imprisoned not more than (5) years or both.