

The Housing Authority of the County of Jackson

75 Whispering Way

Ripley, WV25271

304-372-2343 PHONE 304-372-3971 FAX

Landlord Certification

RE: _____

(Street Address of Assisted Unit)

(City)

(State)

(Zip)

Ownership of Assisted Unit

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

Approved Residents of The 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. In addition, I will report unauthorized persons to the Housing Authority. 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 and 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 should the assisted unit become vacant, it is my responsibility to notify the Housing Authority immediately in writing.

Computer Matching Consent

I understand the Housing Assistance Payment contract permits the Housing Authority or HUD to verify my compliance with the Contract. I consent for 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 Voucher Program with other Federal and State Agencies.

Administrative/Criminal Actions for Intentional Violation

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.

Signed: _____ Date: _____ Phone#: _____