

FALL RIVER HOUSING AUTHORITY
LEASED HOUSING DEPARTMENT
P.O. BOX 989
FALL RIVER, MASSACHUSETTS 02722
Telephone 508-675-3595
Fax 508-675-3435

HOUSING CHOICE VOUCHER LANDLORD CERTIFICATION

ADDRESS OF ASSISTED UNIT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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 or Assisted Unit: I understand that the family members listed on the dwelling lease agreement as approved by the FRHA 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 obligation in compliance with the Housing Assistance Payment Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards (HQS).

Tenant Rent Payments: I understand that the tenant's portion of the contract rent is determined by the FRHA, 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 FRHA.

RESTRICTIONS ON LEASING TO FAMILY: I understand as the owner of the unit that I am not the parent, child, grandparent, grandchild, sister or brother of any of the family unless the FRHA has determined that approving the tenancy would provide reasonable accommodation for a family member who is a person with a disability.

Reporting Vacancies to the Fall River Housing Authority: I understand that should the assisted unit become vacant, I am responsible for notifying the FRHA immediately in writing.

Administrative and Criminal Actions for Intentional Violations: I understand that failure to comply with the terms and responsibilities of the Housing Assistance Payment Contract is grounds for termination of participation in the HCV Program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State Criminal Law.

Signature of Landlord/Agent

Date

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.