

HOUSING AUTHORITY OF THE CITY OF VALLEJO
200 GEORGIA ST., P.O. BOX 1432, VALLEJO, CA 94590
Phone (707) 648-4507 * Fax (707) 648-5249

CHANGE OF LANDLORD/PROPERTY MANAGER ADDRESS

I am the landlord/property manager authorized under the Housing Assistance Payments contract (HAP contract) to receive payments from the Vallejo Housing Authority. My address has changed. Please send all correspondence to my new address effective _____, 2007.

Tenant Name: _____

Tenant Address: _____



Landlord Address Information Please print or type

Old address: _____

New Address: _____



Landlord Signature

Date

It is the policy of the Vallejo Housing Authority to provide reasonable accommodation to persons with disabilities, so that they may fully access and utilize the housing program and related services. Requests for reasonable accommodation must be made in writing. The Housing Authority must be allowed reasonable time to evaluate all requests. The hearing impaired may call the California Relay Service at (800) 735-2922 without TTY/TDD or (800) 735-2929 with TTY/TDD. Melinda Nestlerode is the Section 504 Coordinator. Please contact Ms. Nestlerode, Acting HCD Manager, at 707/648-4507 for further information.

HOUSING CHOICE VOUCHER LANDLORD CERTIFICATION

RE: _____
Tenant Name Address

Warning – Title 18 US Code Section 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.

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. (Please provide the Housing Authority proof of ownership or a copy of a Management Agreement if property is being managed by an agent.)

Lead Based Paint

I certify that I will comply with all federal, and State of California, requirements regarding lead based paint. I understand that these requirements may include an obligation for the Owner to provide information to the Tenant about lead based paint, and may also require the abatement of lead based paint.

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 determine the amount of security deposit, which must be in compliance with State and local law. The tenants' portion of the contract rent is determined by the Housing Authority. It is illegal to for the Owner to charge any additional amounts for rent, or any other item, not specified in the lease and which have not been specifically approved by the Housing Authority.

Reporting Vacancies to the Housing Authority

I understand should the assisted unit become vacant, I am responsible 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 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 law.

Tenant/Landlord Relationship Disclosure

CFR, Section 982.306(d) states "The Housing Authority must not approve a unit if the owner is the parent, child, grandparent, grandchild, sister, or brother of the Voucher holder." Exception: The Housing Authority determines that approving the unit would provide reasonable accommodation for a family member who is a person with disabilities. This exception does not apply to an elderly person unless he/she is disabled.

Smoke Detector Certification

The dwelling unit is protected by at least one battery-operated or hard-wired smoke detector, in proper working condition, on each level of the unit. Each bedroom occupied by a person known to me to be hearing-impaired has a visual alarm system connected to the smoke detector installed in the hallway; and a properly functioning smoke detector is located in the hallway near all bedrooms.

Financial Solvency

I certify that I am not in jeopardy of losing this property due to default or foreclosure. My property taxes and mortgage payments are current.

I certify that I am in compliance with all of the above and I am not related to the tenant.

Signature of Landlord/Agent Date _____ 20____