



1954 E. Houston Street, Suite 104 • San Antonio, Texas 78202  
Phone: (210) 225-0071 Fax: (210) 225-6976

**Housing Choice Voucher Program**  
**OWNER CERTIFICATION & RESPONSIBILITIES**

May be submitted to our office by Fax or email: Attention Accounting Department

\_\_\_\_\_  
Street 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.

Owner \_\_\_\_\_  
Management Agent \_\_\_\_\_  
Apartment Manager \_\_\_\_\_

**Payment will not be generated without the following documents:**

1. W-9 with a copy of the Bexar Appraisal District Property Information card or a copy of the deed.
2. Copy of Management Agreement, if applicable.
3. Direct Deposit form.

**Approved Residents of Assisted Unit**

I understand that the family members listed on the lease agreement as approved by the Housing Authority are the only individuals permitted to reside in the assisted 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 to be in compliance with the Housing Assistance Payment Contract is to perform necessary maintenance so the unit continues to comply with the Housing Quality Standards during the term of this contract.

**Tenant Rent Payments**

I understand that the Housing Authority determines the tenant's portion of the contract rent, and that it is illegal to charge any additional amounts for rent or any other item not specified in the lease that have been specifically approved by the Housing Authority.

**Reporting Vacancies or Abandoned Units**

I understand that should the assisted unit become vacant, I am responsible for notifying the Housing Authority immediately in writing.

**Duration and Enforcement of the Lease**

I understand that the initial contract is for 12 months. Should the unit noted on this certification be sold, these terms will transfer to the new owner. I further understand that I must enforce my lease for serious or repeated violations.

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

\_\_\_\_\_  
**Signature of Landlord/Agent**

\_\_\_\_\_  
**Date**

Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department of Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.

Head of HH Last 4SSN: \_\_\_\_\_