Housing Choice Voucher Program

1. Maintain the unit in accordance with housing quality standards and provide normal maintenance.
2. Provide information required by our office.
3. Collect any security deposit and your tenant’s share of rent.
4. Collect any charges for damage caused by your tenant, a member of your tenant’s family, or their guests.
5. Enforce family obligations under the lease.
6. Pay for utilities and services under the lease.
7. Owner may not violate:
   a. Fair Housing Act
   b. Federal Equal Opportunity requirements
   c. Obligations under a housing assistance payments contract
8. The Owner may not:
   a. Commit fraud, bribery or any other corrupt or criminal act in connection with a Federal Housing program
   b. Engage in drug trafficking
9. Owners are permitted and encouraged to screen families on the basis of their rental history. An owner may consider family’s background with respect to such factors as:
   a. Payment of rent and utility bills
   b. Caring for a unit and premises
   c. Respecting the rights of others to the peaceful enjoyment of their housing
   d. Drug related criminal activity or other criminal activity that is a threat to life, safety or property of others
   e. Compliance with other essential conditions of tenancy

Re: Address of assisted unit: ________________________________________________

City: ____________________________________ State/Zip: ______________________

- I certify that I am the legal or the legally-designated agent for the above reference unit, and that the perspective tenant has no ownership interest in this dwelling unit whatsoever.
- I understand that the family members listed on the lease and approved by the housing agency are the only individuals permitted to reside in the unit.
- I understand that I am not permitted to live in the unit while I am receiving housing assistance payments.
- I understand that the tenant’s portion of the contract rent is determined by the housing agency, and that it is illegal to charge any additional amounts of rent or any other item not specified in the lease which has not been specifically approved by the housing agency.
- I understand that should the assisted unit become vacant, I am responsible for notifying the housing agency immediately.

Signature of Owner ___________________________ Date ____________________________