



**Prince William County
Office of Housing and
Community Development**

15941 Donald Curtis Drive, Suite 112
Woodbridge, VA 22191
PHONE: 703-792-7530
FAX: 703-792-4978
www.pwccgov.org/housing

OWNER CERTIFICATION FORM

Lease-Up and Recertification

OWNER/MANAGER INFORMATION (PLEASE PRINT)	
Owner Name: _____ Date: _____	
Managing Company: _____ Manager Name: _____	
Unit Address, City, State, Zip: _____	
E-mail address for person authorized to sign HAP Contract: _____	
OWNER OBLIGATIONS	
Owner's Initials	1. Ownership of Assisted Unit a. I certify that I am the legal or the legally-designated agent for the above referenced unit, and that the prospective Tenant ("Participant") has no Ownership interest in this dwelling unit whatsoever. b. Unless OHCD had previously approved a Reasonable Accommodation for a family member who is a person with disabilities, I certify I am not related to Participant.
Owner's Initials	2. Proof of Ownership a. I understand that I must provide OHCD with a copy of proof of ownership or a copy of the recorded deed. b. I understand that if I am the managing agent/property manager, I must provide OHCD with a management agreement form. OHCD accepts forms from the BOR of Realtors. Otherwise, I must provide a notarized management agreement form signed by the Owner
Owner's Initials	4. Approved Residents of the Assisted Unit a. I understand that the family members listed on the lease agreement as approved by OHCD are the only individuals permitted to reside in the assisted unit. b. I understand that I am not permitted to live in the unit while I am receiving Housing Assistance Payments (HAP) on behalf of the assisted family.
Owner's Initials	5. Housing Quality Standards I understand that my obligations under the HAP Contract are aimed to ensure that the unit meets HUD's Housing Quality Standards (HQS) at all times during the term of the Contract.
Owner's Initials	6. Participant Rent Payments I understand that OHCD determines the Participant'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 not been specifically approved by OHCD.
Owner's Initials	7. Reporting Vacancies and Evictions to OHCD a. I understand that if the unit is vacated, I am responsible for notifying OHCD in writing, immediately. b. I understand that if I am awarded an eviction judgment against a Participant, I must provide a copy of the certified court judgment to OHCD within 10 business days.
Owner's Initials	8. Enforcement of the Lease a. I understand that I am responsible for enforcing the provisions in the lease. b. I understand that I may report serious or repeated lease violations to OHCD at any time.
Owner's Initials	9. Administrative and Criminal Actions for Intentional Violations I understand that failure to comply with the terms and responsibilities of the HAP contract is grounds for termination of participation in the assisted housing program. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State Criminal law.

3.

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document in writing containing false, fictitious or fraudulent statements or entries in any matter within the jurisdiction of a department or an agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

By signing below, I certify that I have read and understand the provisions of the HAP Contract (HUD-52641) and the Owner obligations listed above.

Owner/Owner Representative Signature

Date