## **Owner Certification**

The Section 8 Rental Assistance Program, through the Department of Housing and Urban Development, (HUD) requires public housing agencies to verify several things in relation to Landlords/Owners participating in the program.

Please initial each item verifying that you have read and understand the requirement.

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		arent, child, grand	not a relative of any member dparent, grandchild, sister, or l			
		or subcontractors	terest, direct or indirect, with a sof the Housing Authority and			
	The landlord/owner is not required to register as a sexual or violent offender.					
	The landlord/owner has	The landlord/owner has not engaged in any drug-related or violent criminal activity.				
		The landlord/owner does not live, and will not live in, nor will the owner use the address as their legal/mailing address, while it is assisted.				
	The landlord/owner is the legal owner of the property or the authorized agent of the leg subleasing it.				is not	
	The landlord/owner wil	l not establish "si	de deals" with the tenant, such	as charging or accepting pay	ment rent	
	above and beyond what the Housing Assistance Payment contract provides as the contract rent; requiring the tenant pay utilities to the owner/landlord that should be paid directly to the utility supplier if the tenant is required to pay utilities; or the tenant working off portions of the rent.  The landlord/owner will require the tenant to pay their portion of the rent, monthly, according to the Housing Assistance Payment Contract.  The landlord/owner will notify the Housing Authority of Billings immediately if household composition changes (unauthorized persons), or if unit is vacated.					
	The landlord/owner wil		ng Authority of Billings of an	y lease violations by providing	ng a copy	
	The landlord/owner has any federal programs.	not been disbarre	d, suspended or is subject to a	limited denial of participation	on from	
	The landlord/owner doe	es not have any un	paid state or local real estate t	axes, fines, or assessments.		
This	form was completed by:	□ Owner	☐ Property Manager	□ Other		
Landlord/Owner (Please Print)		Signature				
Street Address		Mailing Address				
Phone Number		Date Completed & Signed				