

PROPERTY OWNER CERTIFICATION

My initials to the right of each item below certify that I have read and understand it or the item has been explained to me (if necessary).

NAME: _____ **Date:** _____

OWNERSHIP OF ASSISTED UNIT _____ **ADDRESS:** _____

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. I further certify that the property subject to this HAP Contract is not currently in foreclosure or receivership.

TENANT RENT COLLECTION REQUIREMENT _____

I understand that it is my responsibility to collect the tenant's portion of the rent and that failure to collect the tenant's portion of the rent on a timely basis will be construed as a program violation.

PROHIBITION ON SIDE PAYMENTS _____

I understand that the tenant's portion of the contract rent and any other agreements must be approved by CMHA and that I am not permitted to charge any additional amounts for rent or any other item not specified on the lease and not specifically approved by CMHA.

REQUIRED LISTING OF PRINCIPALS _____

I understand that prior to approval of the HAP Contract by CMHA, I must submit and/or update the HCV Program's *Property Owner Application*, listing the names and current addresses of all individuals having an ownership interest in the property, regardless of the legal entity that may hold title. I further understand that any additions to or deletions from the list of principals must be reported to CMHA in writing within 10 calendar days of the change.

PROHIBITION ON LEASING TO RELATIVES _____

I certify that no member of the tenant family is the parent, child, grandparent, grandchild, sister or brother of the owner, any principal, or the legally designated agent.

VAWA REQUIREMENTS _____

I understand that under HUD's mandated Violence Against Women Act, CMHA may terminate my HAP Contract and allow a family to transfer. CMHA would provide me with 30-days notice of contract termination.

HQS COMPLIANCE _____

I understand that it is my obligation under the HAP Contract to perform necessary maintenance and to provide those utilities as contracted in my lease with the tenant so that the unit continues to comply with Housing Quality Standards. Failure to make repairs by the "due date" will result of abatement of my HAP payments. Payments that are abated **are not able to be recouped by the owner once the unit passes**. If/when the unit passes inspection, the owner will be eligible to receive subsidy as of the date the unit passes inspection moving forward. **Again, retroactive abated payments are recoverable by the owner.**

FORECLOSURE _____

I certify that there are no foreclosure proceedings underway with this property.

CITY BUILDING CODE VIOLATIONS _____

I understand that outstanding City building code violations are a violation of HQS. All units will be pre-screened for any outstanding City building code violations and are subject to on-going cross referencing once the unit is on the program. Proof of closed orders is required.

LEAD VIOLATIONS _____

I understand that lead orders issued by the Cincinnati Health Department are a violation of HQS. Units with outstanding lead orders will not be listed, and units are subject to cross-referencing during the term of the assisted tenancy when new lead orders are issued. Proof of closed orders must be submitted.

UNIT PROPERTY TAXES _____

I understand the status of a unit's property taxes will be checked against public records. A unit found to be delinquent in the payment of property taxes will not be listed until the taxes have been paid in full, or a payment arrangement has been accepted by the Hamilton County Auditor's Office. Proof of payment will be required to list the unit.

AUDITOR'S SITE _____

I understand the unit must be properly registered as a rental unit with the Hamilton County Auditor's office prior to lease up.

ACC, TRANSFER, & ANNUAL INITIAL INSPECTION FAIL RATE _____

I understand that the goal of CMHA's Inspections Department is for units to pass their initial inspection. This can be greatly enhanced by an owner's pre-inspection walk and an owner accompanying the CMHA inspector on inspection day. An unacceptable compliance rate is subject to program suspension, non-listing of future Request for Tenancy Approvals (RTA) and /or termination.

DIRECT DEPOSIT _____

I understand that all owners will be required to utilize direct deposit of HAP payments.

RENT REASONABLE _____

Any tenant transfers, new tenant move-ins, or rental increases may not exceed the reasonable rent as most recently determined or redetermined by CMHA.

VACANCIES _____

I understand that should the assisted unit become vacant, I am responsible for notifying the Housing Authority immediately. I understand that relocating tenants to other units requires the Housing Authority's prior consent. Death of an assisted tenant terminates the HAP Contract.

UNAUTHORIZED PERSONS _____

I understand it is a program violation to allow anyone not approved by CMHA and listed on the HAP Contract Cover Letter/Annual Recertification Addendum to reside in the assisted unit or to be listed on the Residential Lease Agreement.

COMMUNICATION OF LOCAL PROPERTY ORDINANCES _____

I understand that it is my responsibility to inform my tenants of any local property ordinances, such as dates and times for trash set-out, lawn maintenance requirements, abandoned vehicles, and others.

OVERPAYMENTS _____

I understand that any overpayments made to me by CMHA in accordance with this HAP contract can be recouped from other monies due to me from other HAP Contracts.

Signature: _____

Date: _____

Reviewed by: _____

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



HOUSING CHOICE VOUCHER (HCV) PROGRAM

Property Manager Authorization

The Management Company/Agent for the unit listed below is either licensed by the State of Ohio, or is employed by me in accordance with Ohio Revised Code 4735.01. (If an Agent or Management Agreement is available, please provide a copy.)

Property address(es): _____

Tenant Name(s): _____

I, _____ (owner's name), hereby authorize
_____ (property manager's name) known hereafter as
my Agent, to conduct the business indicated in Section C below with CMHA on my behalf for the unit listed above.

As appropriate, fill in either Section A or Section B below.

Section A – Property Manager licensed by the State of Ohio:

Real Estate Broker: _____ Broker #: _____
(Signature of Broker)

- or -

Real Estate Agent: _____ Agent Sales #: _____
(Signature of Real Estate Agent)

- and -

Real Estate Broker: _____ Broker #: _____
(Signature and License # of Managing Broker)

Section B - Property Manager is an employee of the owner, as defined by the Ohio Division of Real Estate.

(Signature of Property Manager)

Section C – My Property Manager is authorized to conduct the following business on my behalf

Check all that apply:

- Contract with CMHA and tenant (i.e., negotiate rent, execute tenant lease and HAP contract)
- Receive Housing Assistance Payments (HAP) and tenant rental payments
- Grant access to the rental unit
- Access contract and payment information
- Other (attach additional sheets if necessary)

This authorization is for the above unit only.

(Signature of Legal Owner)

(Date)

Section D – Contact information for my Property Manager is as follows:

Company Name: _____

Phone Number: _____

Contact Name: _____

Fax Number: _____

Address: _____

E-Mail Address: _____

Please keep a copy of this authorization on file as it may be requested for verification purposes.



FOR OFFICE USE ONLY
 Housing Program HCVP
 Specialist _____
 Client No. _____

RENT REASONABLE ASSESSMENT SHEET

CMHA is required to assess whether the proposed rent for your unit is reasonable in comparison to rents for similar unassisted units within its local market. CMHA's Rent Reasonableness assessment is based on the information you provide on this sheet. Your signature below certifies that the statements made on this form are true and accurate. If the CMHA is unable to verify the information provided, CMHA will re-assess the proposed contract rent. This could result in a lower contract rent, which will delay the processing of the Request for Tenancy Approval (RTA). Based on the information below, a point value will be assigned to your property for the for the rent reasonable assessment.

I am providing the information below in order to expedite the Rent Reasonableness process.

The Unit:
 Current Contract Rent: _____ Square Footage: _____ Do you provide onsite maintenance? ____
 Number of Bedrooms: _____ Number of Full Bathrooms: _____ # of Half-Baths: ____
 Has the unit recently been updated? Y N Please list updates: _____

| Property Amenities: <i>(check only those that apply)</i> | | |
|--|---|---|
| <input type="checkbox"/> Basement/Attic | <input type="checkbox"/> Business Fitness Center | <input type="checkbox"/> Cable/Internet Ready |
| <input type="checkbox"/> Carpeting | <input type="checkbox"/> Ceiling Fans | <input type="checkbox"/> Central A/C Unit |
| <input type="checkbox"/> Clubhouse | <input type="checkbox"/> Covered/Off Street Parking | <input type="checkbox"/> Deck/Balcony/Patio |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Elevator | <input type="checkbox"/> Energy Efficient Cert Unit |
| <input type="checkbox"/> Fenced | <input type="checkbox"/> Garage | <input type="checkbox"/> Garbage Disposal |
| <input type="checkbox"/> Handicapped Accessible | <input type="checkbox"/> Hardwood Floors | <input type="checkbox"/> Laundry Facilities |
| <input type="checkbox"/> Modern Appliances | <input type="checkbox"/> Playground/Court | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Range | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Security System |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Washer/Dryer Hookup | <input type="checkbox"/> Window A/C Unit |
| <input type="checkbox"/> Working Fire Place | <input type="checkbox"/> Yard Sprinkler System | <input type="checkbox"/> Other Amenities: _____ |

My signature below certifies that the statements made on this form are true and correct. I understand that if the CMHA is unable to verify the information provided, CMHA will re-assess the proposed contract rent, which may delay the processing of contract approval.

 Property owner/manager's signature _____
Date

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