

CHARLOTTESVILLE REDEVELOPMENT AND HOUSING AUTHORITY

RENTAL OFFICE
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CHARLOTTESVILLE, VIRGINIA 22902
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Charlottesville Supplemental Rental Assistance Program Landlord Certification of Responsibility

I understand and agree to the following:

1. I am the Owner or I represent the legally designated management entity for properties on the Charlottesville Supplemental Rental Assistance Program. If the units are single-family or duplex dwellings, or multi-family complexes with four units or less I will provide proof of ownership. Acceptable documentation is a copy of the property deed or a current tax record. If the property is managed by a third party, a copy of the fully executed management agreement and the social security or tax identification number of the management entity is required for single family, duplex dwellings or a multi-family complex with four units or less. I also certify that the tenants have no ownership interest in the units.

2. I will comply with equal opportunity requirements. I understand this compliance requires that I not discriminate against any person because of race, color, religion, sex, national origin, age, familial status, or disability in connection with the CSRAP- Housing Assistance Payment (HAP) contract. If a family with a disability requires an accommodation such as an accessible feature or modification to the property, I will provide such accommodation unless doing so would result in an undue financial burden. I further agree to allow participants to have assistance animals and support animals, even if I maintain a no pet policy. I understand that I am not entitled to a pet deposit or pet rent under these circumstances.

3. I should screen the family for suitability, including the family's background with respect to such factors as rent and utility payment history, caring for unit and premises, respecting the rights of others to the peaceful enjoyment of their housing, and drug-related and criminal activity that is a threat to the life, safety, or property of others.

4. I may collect a security deposit from the tenant that is not in excess of private market practice or of amounts that I charge unassisted tenants.

5. I must offer the same lease as any I use for unassisted tenants and I must ensure that it complies with state and local law. The Charlottesville Redevelopment & Housing Authority (CRHA) will only review my lease to ensure that the Department of Housing and Urban Development (HUD) required items are included.

6. The family members listed on the CSRAP-HAP contract are the only individuals permitted to reside in the unit. Except for the birth, adoption, or court-awarded custody of a child, CRHA and I must grant prior written approval for other persons to be added to the household. I am not permitted to live in the unit while receiving HAP Payments.

7. I agree to comply with all requirements contained in the lease, tenancy addendum, CSRAP-HAP contract (parts A and B), and fully understand the terms and conditions of these forms.

8. I must submit to the tenant for their consideration and to CRHA for review, any new lease or lease revision a minimum of sixty (60) days in advance of the effective date of the lease or lease revision.

9. I must provide CRHA and the tenant with a written request for any rent increase a minimum of sixty (60) days in advance of the increase and in accordance with the provisions of the lease and CSRAP-HAP Contract.



CRHA does not discriminate on the basis of race, color, sex, age, religion, national origin, disability, veteran status, or union affiliations in any of its federally assisted programs and activities.



10. The tenant's portion of the contract rent is determined by CRHA and it is illegal to charge any additional amounts for rent or any other item not specified in the lease which has not been approved by CRHA.
11. The owner (including a principal or other interested party) is not the parent, child, grandparent, sister or brother of any member of the assisted family. CRHA may grant prior written approval if the unit will provide a reasonable accommodation for a family member who is a person with disabilities.
12. I may not assign the HAP Contract to a new owner without completing the CSRAP- CRHA Transfer of Payments Form. The completed form is required to have the CSRAP- HAP transferred to the new owner, agent, or entity. CRHA will not mediate payment disputes between the owners.
13. I must advise CRHA and the tenant, in writing, within 15 days of being notified of pending foreclosure of this property.
14. Failure to perform necessary maintenance so the unit complies with Housing Quality Standards can result in abatement of my HAP. I may not terminate tenancy because of abatement and I may not collect any abated HAP amount from the tenant.
15. I will notify CRHA in writing immediately if the unit becomes vacant. I understand the CSRAP- HAP Contract terminates and the payment ceases when the family moves out.
16. I should attempt to work out disputes with the tenant and I will contact CRHA in writing only in serious matters which we are unable to resolve.
17. I must provide the tenant and CRHA with a written notice specifying the grounds for termination of tenancy at or before the commencement of the eviction action, as well as, a copy of the eviction notice. I must comply with all state and local eviction procedures.
18. I must notify CRHA immediately in writing of a change in contact information, such as address, phone number, e-mail, tax identification or banking information. Failure to do so may interrupt correspondence such as unit inspection repair letters and may delay delivery of electronic transfer of assistance payments.
19. I understand that failure to fulfill these obligations may result in withholding, abatement or termination of the HAP for a unit or other assisted units, and may be cause for debarment from participating in CRHA housing programs.

Signature of Owner/Management Entity

Date

Please Print Legibly: Owner/Management Entity Name Here: _____

(This should match the W-9 Information you are providing)

Address of Owner/Management Entity: _____

Contact phone number: _____

Email Address: _____

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