

Landlord Obligations Per the Housing Assistance Payments Contract

The following highlight a few of the obligations contained in the Housing Assistance Payments (HAP) Contract. As the landlord, I agree to the following obligations:

- 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 unit whatsoever.
- I understand that the family members listed on the lease agreement and approved by the Arvada Housing Authority (AHA) are the only individuals permitted to reside in the unit. I will report to AHA any unauthorized people living in the unit.
- I must ensure that the rent charged is reasonable and does not exceed rent charged to unassisted units in the premises.
- It is my responsibility to screen the tenant for suitability.
- I understand that the tenant's portion of the rent is determined by the AHA and I will not charge or accept any additional rent from the tenant.
- I must immediately notify the AHA when the tenant vacates the premises.
- I must provide the Arvada Housing Authority and tenant with a 60 day notice of any rent increase.
- I understand that I must give the Arvada Housing Authority a copy of any lease renewal or addendum as soon as document is executed.
- I understand that I am responsible for enforcing the lease and for all property management issues that may arise with the unit.
- I understand that if the HAP Contract is terminates for any reason, the lease terminates automatically.
- I understand that the initial Housing Assistance Payments will be delayed and, thereafter, I will be paid at the beginning of each month.

- I must maintain the unit in accordance with Housing Quality Standards.
- I must promptly provide the AHA with a copy of any eviction notice given to the tenant.
- I am not the parent, child, grandparent, grandchild, sister, or brother of any member of the family authorized by the AHA to live in the unit.
- I may not evict the family for nonpayment of the Housing Assistance Payment.
- I understand that the AHA is not liable for any damages that might occur at or in the leased unit.
- I understand that all of the aforementioned obligations are contained in the complete HAP Contract. I have read the HAP Contract and agree to all of the terms and conditions therein.

I understand that it is my responsibility to enforce the lease and to abide by all of the obligations of the HAP Contract. I also understand that this list does not contain all of my obligations and it is my responsibility to read the HAP Contract in its entirety.

Signature of Landlord/Agent

Date

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