

MOVING WITH CONTINUED ASSISTANCE LANDLORD CERTIFICATION FORM



Please complete and sign this landlord certification form.

Landlord Name: _____ Telephone No: _____

Tenant Name: _____

1. Family is current with tenant rent obligations (tenant portion) as per the Housing Assistance Payment Contract (HAP) and your tenant lease.

Yes _____ No _____

Comments _____

2. The Owner and/or agent has inspected the subsidized unit and determined that if any tenant caused damages exist the deposit amount is sufficient to cover actual expenses.

Yes _____ No _____

Comments _____

3. Please list the names of family residing in the subsidized unit

4. Are there any pending civil and/or criminal actions against the family and/or guests.

Yes _____ No _____

Comments _____

Landlord Signature Date

HA Office Use Only	
Date received	_____
Verified with Owner	_____
Eligible to move	_____
Non-Compliance Action	_____
Comments	_____
Initials	_____