



945 Charles Street
North Providence, Rhode Island 02904

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Executive Director

SECTION 8 LANDLORD CERTIFICATION

Name of Tenant: _____

Street Address: _____

City/Town/State: _____

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 understand that the family members listed on the dwelling Lease Agreement as approved by the North Providence Housing Authority are the only individuals permitted to live in the unit while I am receiving housing assistance payments (HAP).

I understand my obligation in compliance with the Housing Assistance Payment Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards. (HQS)

I understand that I MAY NOT collect a security deposit in excess of private market practice, or in excess of amounts charged by the owner to unassisted tenants.

I understand that should the assisted unit become vacant; I will be responsible for notifying the North Providence Housing Authority immediately in writing.

I understand that failure to comply with the terms and responsibilities of the North Providence Housing Authority Assistance Payment Contract (HAP) is grounds for termination of participation in the Section 8 Housing Choice Voucher program.

I understand that knowingly falsifying material facts is a violation of State and Federal criminal law.

Signature of Landlord/Agent

Date

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