

**NORTHBRIDGE HOUSING SOLUTIONS
P.O. BOX 516
2501 WILLOW STREET
NORTH LITTLE ROCK, AR 72115-0516**

CERTIFICATION OF RESPONSIBILITY
--

1. I certify that I am the owner or legally designated agent for the above referenced unit, and that the tenant and any future tenant have no ownership interest in the dwelling unit.
2. I understand that I must comply with equal opportunity requirements.
3. I understand that I should carefully screen the family for suitability for tenancy, including the family's background with respect to such factors as rent and utility payment history, caring for the 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 understand that I may collect a security deposit from the tenant that is not in excess of private market practice, or in excess of amounts that I charge to unassisted tenants.
5. I understand my obligation to offer a lease to the tenant and that the lease may not differ in form or content from any other lease that I am currently using for any unassisted tenants. I understand that it is my responsibility to ensure that my lease complies with state and local law. NBHS Housing Choice Voucher Program will only review my lease to ensure that the United States Dept. of Housing and Urban Development ("HUD") required items are addressed.
6. I understand that the family members listed on the Housing Assistance Payment Contract are the only individuals permitted to reside in the unit. I understand that NBHS and I must grant prior written approval for other persons to be added to the household (except for the birth, adoption, or court-awarded custody of a child). I understand that I am not permitted to live in the unit while I am receiving housing assistance payments (HAP).
7. I agree to comply with all requirements contained in the lease, tenancy addendum, Housing Assistance Payment Contract (HAP), parts A, B, and the Lease Special Stipulations. I understand that it is imperative that I fully understand the terms and conditions of the lease, tenancy addendum, Lease Special Stipulations, and the HAP Contract.
8. I certify that I (including a principal or other interested party) am not the parent, child, grandparent, grandchild, sister, or brother of any member of the family. If I am related, I have received written notification from NBHS that it will approve rental of the unit, notwithstanding such relationship, to provide reasonable accommodation for a family member who is a person with disabilities.
9. I understand that I will not receive HAP payments until the HAP contract and/or other required documents are received. If I fail to execute the HAP contract and/or other required documents within 60 days of the lease's start date, the approval of the tenant's authorization to move-in may be violated. Should the transaction be voided by NBHS, I understand that I will not receive HAPs, or late payments.
10. I understand that NBHS is not responsible for tenant damages and unpaid tenant-portion rent.
11. I understand that documents received by NBHS after the 15th may not be processed until after the first of the following month.
12. I acknowledge that HAPs are considered paid on the date the check is issued or electronic payments are transmitted.

**NORTHBRIDGE HOUSING SOLUTIONS
P.O. BOX 516
2501 WILLOW STREET
NORTH LITTLE ROCK, AR 72115-0516**

13. I understand that NBHS has the right to recoup HAPs paid erroneously by withholding payment owed to me, including HAPs for other tenants or through other assisted housing programs administered by NBHS. Should there be no other valid Section 8 contracts; I must repay NBHS upon receipt of an overpayment notice.
14. I understand that I must submit to the tenant for their consideration and to NBHS for their review of any new leases or lease revision a minimum of sixty (60) days in advance of the effective date of the lease revision.
15. I understand that I must provide NBHS 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 HAP contract.
16. I understand that the tenant's portion of the contract rent is determined by NBHS and that it is illegal to charge any additional amounts for rent or any other items not specified in the lease which has not been specifically approved by NBHS.
17. I understand that NBHS may deny or terminate participation, if I have a history of being abusive towards NBHS staff or program participants.
18. I understand my obligations in the compliance with the Housing Assistance Payment Contract to perform necessary maintenance, so the unit continues to comply with Housing Qualify Standards. (HQS)
19. I understand that should the assisted unit become vacant, I am responsible for notifying NBHS immediately in writing. I also understand that the HAP Contract and payment will terminate immediately.
20. I understand that I should attempt to resolve disputes between the tenant and myself and contact NBHS, in writing, only in serious disputes that I cannot resolve.
21. I understand that I must notify NBHS immediately in writing of a change in my mailing address. Failure to do so may interrupt correspondence such as deficiency repair letters and may delay mail delivery or electronic transfer of rental assistant payments.
22. I understand that if one or any of the previous certifications is found to be false, NBHS will pursue repayment of any funds made for each month the authorized payment was made by taking all necessary and legal steps to collect these funds, including but not limited to filing a legal action against the owner.

I understand that my failure to fulfill the above program rules may result in the withholding, abatement, or termination of housing assistance payments for the contract unit or another unit; and/or being barred from participating in NBHS housing programs.

Name (print): _____

Signature: _____

Date: _____