WASHINGTON COUNTY HOUSING AUTHORITY

Housing Choice Voucher Program

Owner/Tenant Certification

Participant Name: _____

Tenant Address: _____

Owner Name: _____

Date: _____

Tenant Certification

- ☐ I occupy the assisted unit as my principal residence.
- ☐ I only pay WCHA-approved tenant rent.
- ☐ I pay no unapproved fees or side payments.
- ☐ No verbal or written side agreements exist.
- ☐ All income, assets, and family changes are reported.
- ☐ I understand false statements may result in penalties.

Owner Certification

- ☐ Unit is leased under the approved lease.
- ☐ Only approved rent is charged.
- ☐ No unapproved fees or charges are collected.
- ☐ No side agreements exist.
- ☐ Ownership, payee, vacancy, or move-out changes will be reported.
- ☐ Unauthorized payments may require repayment.

Signatures

Tenant Signature: _____ Date: _____

Owner Signature: _____ Date: _____

WCHA Representative: _____ Date: _____