

Partners in Housing Partners in Community

HCV Landlord Briefing Certification

This certification must be completed and returned to <u>hcv@rupartners.org</u> or by U.S. Mail to: Raise Up, 1600 Kansas Avenue, Lorain, Ohio 44052.

This certification states that you, the undersigned, have completed the Power Point Presentation of the Landlord Briefing and, in the event that you may have questions concerning the material, you have contacted Raise Up either by regular U.S. Mail, telephone, facsimile, or email. As the participant of the HCV Program, you are aware that it is your responsibility to familiarize yourself with the content of the material in the Power Point Presentation as it pertains to the owner and family obligations and general knowledge of the Housing Choice Voucher Program. You are further aware that if you do not have access to a computer in which to review the online briefing, you may request that we mail you a printed copy or view the briefing at our facility.

You must sign and date below and furnish the **ENTIRE MAILING ADDRESS** that you or your company will be using to file taxes. This information must agree with the Tax Form 1099 that Raise Up will be issuing to the undersigned at the end of each calendar year.

PLEASE NOTE: It is your responsibility to maintain a record of when your next Landlord Briefing Certification will be due for renewal. To avoid an interruption in your Housing Assistance Payment (HAP), you must recertify no later than five years from the date of submission to Raise Up.

By signing below, I hereby certify that I have read the Power Point Presentation of the Landlord Briefing material in its entirety, and have been given the opportunity to ask questions regarding my participation in the HCV Program.

If you are an agent or owner representing a company, please include your name where indicated below.

Company Name or Individual Owner's Name: ______

Company's full Tax ID Number or last 4 digits of Individual Owner's SSN: ______

Complete Company/Owner's Tax Filing Address: _____

Email Address: _____

Phone Number: ______

Company's Agent or Individual Owner's Signature:

Date of Signature: _____