

HOUSING CHOICE VOUCHER PROGRAM
Landlord's Certification of Good Standing

_____ has received a **Notice of Intent to Vacate** from your tenant
Local Housing Agency (LHA)

_____ with an effective date of _____, 20____.
Name of Head of Household

CFR24 982.5519(e) Violation of the lease. The family may not commit any serious or repeated violations of the lease. **(f). Family Notice to move or lease termination.** The family must notify the Local Housing Agency (LHA) Authority and the owner before the family moves out of the unit, or terminates the lease by written notice to the owner:

Has your tenant furnished proper notice to vacate/non-renew the lease as prescribed in your lease?

Yes___ No___ Date_____ Effective Date: _____ *Please do not sign if more than 60/90 days from effective date.*

Will you allow for early release from lease? Yes_____ No_____

Does the tenant owe any balances for any rent? Yes_____ amount_____ No _____

Does the tenant owe any balances for any damages to the property? Yes ___ amount _____ No _____

Is the tenant currently in good standing? Yes _____ No _____

Has the tenant violated the lease or any policies or provision therein? Yes ___ No _____

In accordance with Notice to Vacate, VHDA will issue the final Housing Assistance Payment (HAP) on the tenant's behalf for the period ending _____, 20_____.

LANDLORD'S STATEMENT: I certify that the information provided in this statement is true and complete to the best of my knowledge. I understand that VHDA will act upon this information quickly and any rescinding of this notice will require extensive evidence to overturn the issuance of a tenant's voucher and legal action may be my only course of action pursuant to my claims.

Landlord: (PLEASE INITIAL ONE)

_____ I agree to allow the tenant to extend their intent to vacate date if needed. I am aware I will continue to receive Housing Assistant Payments (HAP) as long as there aren't any violations. This extension will not exceed 30 days.

_____ I will not grant any extensions beyond the tenant's intent to vacate date. I understand I will no longer receive HAP after this date. _____, 20_____

Signature of Landlord/Agent _____, Date _____, 20_____

Please complete the bottom section of *this form* and return *it to VHDA* within (10) business days after the postmark date of this notice. If the tenant currently has unresolved lease violations, submit any evidence of your claim for unresolved lease violation(s) or your written description of the lease violations.
Additional Note Regarding Extensions of Move-Out Dates:
If the tenant does not vacate the unit by the above indicated date, VHDA will make the HAP payments for each month that the tenant resides in the unit. In order for VHDA to continue payments on behalf of this tenant (past the move-out date), both parties (tenant and landlord) must submit a written agreement. This notice must be received by the staff named below no later than (3) business days prior to the last day of the month. If the notice is received after that day, your Housing Assistance Payment will be delayed.