



**GARFIELD COUNTY HOUSING AUTHORITY**  
**1430 RAILROAD AVENUE, UNIT F**  
**RIFLE, CO 81650**  
**(970) 625-3589 or (888) 627-3589**  
**Fax (970) 625-0859 \* TTY (800) 659-2656**

**LANDLORD OBLIGATIONS**  
**PER HOUSING ASSISTANCE CONTRACT**

The following highlights **some** of the obligations contained in the Housing Assistance Payment (HAP) Contract. As the owner/property manager/landlord, I will comply with all the provisions within the HAP Contract.

- The Tenancy Addendum (Part C of the HAP Contract) must be attached to the Tenant Lease.
- I understand I am responsible for enforcing the terms of the lease and for all property management issues which arise with the unit.
- I will maintain the unit in accordance with Housing Quality Standards.
- The contract unit may only be used by the PHA-approved household members.
- I must notify the Housing Authority (PHA) immediately when a family vacates the unit.
- Housing Assistance Payments can only be paid while the family is residing in the contracted unit. The PHA cannot pay assistance payments for any month after the month the family moves.
- I certify to the best of my knowledge the members of the family reside in the contract unit, and the unit is the family's only residence.
- I certify the rent is reasonable and comparable to amount charged for similar unassisted units in the area and within the premises.
- **The initial rent may not exceed the amount approved by the PHA and I WILL NOT CHARGE OR ACCEPT ANY ADDITIONAL RENT OR OTHER CONSIDERATION (side deals/lease) from the family.**
- I certify I am not the parent, child, grandparent, grandchild, sister or brother of any member of the family (unless pre-approved by PHA/HUD).
- I understand the initial HAP payment could be delayed up to 60 days, but thereafter payments will be received on the first business day of the month. Direct deposit is recommended.
- **I may not** evict the tenant for nonpayment of the Housing Assistance Payment.
- **I cannot** charge my tenant late fees for any monies owed by the PHA. **I can** charge late fees to the tenant for late payment of family rent to owner as outlined in the lease.
- I must provide the PHA copies of any notices or evictions served to the family.
- I must provide a 60-day written notice of a rent increase to the tenant **and** PHA.
- If the PHA terminates program participation for any reason, the lease terminates automatically; you may choose to offer the family a separate, unassisted lease.
- I understand the PHA is not liable for any damages which may occur at or in the leased unit.
- I certify the family does not own or have any interest in the contracted unit.
- Applicant screening of this family must be conducted in the same manner as unassisted applicant families.
- I understand all the aforementioned landlord obligations are contained in the complete HAP Contract Parts A, B and C. I have received a copy, have read the HAP Contract and agree to all the terms and conditions therein.
- The Housing Assistance Payment is issued from the State of Colorado.

I understand I do not have the right to receive housing assistance payments unless I comply with all the provisions of the Housing Assistance Payment contract. I understand I am responsible for enforcement of my lease.

Owner/Agent Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE SIGN AND RETURN TO THE GARFIELD COUNTY HOUSING AUTHORITY**

Family Name: \_\_\_\_\_



**Warning: Section 1001 of Title 18 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.**

