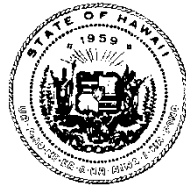


DAVID Y. IGE
GOVERNOR



HAKIM OUANSAFI
EXECUTIVE DIRECTOR

BARBARA E. ARASHIRO
EXECUTIVE ASSISTANT

STATE OF HAWAII
HAWAII PUBLIC HOUSING AUTHORITY
1002 NORTH SCHOOL STREET
POST OFFICE BOX 17907
HONOLULU, HAWAII 96817

IN REPLY PLEASE REFER TO:

Landlord Participation Certification Form

I certify that I am the property manager, owner, authorized agent of the Rental Unit Address:

I certify that (Section 8 applicant name) _____ is my tenant and is currently residing in the unit listed above under a valid rental agreement, and has been renting the above address since _____. There are currently (no.) _____ individuals residing in the unit listed above.

I certify that I will accept a Section 8 Housing Choice Voucher for my tenant listed above to apply to his/her current unit and adhere to the requirements of the Hawaii Public Housing Authority's (HPHA) Section 8 Housing Choice Voucher Program, including yearly inspections.

I certify that the information provided is true and accurate. I understand that providing fraudulent information could disqualify the applicant from acceptance into the Hawaii Public Housing Authority's (HPHA) Section 8 Housing Choice Voucher Program. I understand that providing this information does not guarantee that the applicant will be accepted into the HPHA's Section 8 Housing Choice Voucher Program.

Landlord/Agent Signature

Date

Landlord/Agent's Name (Please print)

Property Management Name (if applicable)

Telephone Number: _____ Taxpayer ID: _____

Email Address: _____

Tenant: I understand that, if accepted into the program through this preference, I will be required to remain in my current unit for one additional year, and I elect to do so.

Tenant's Signature

Date

Tenant's Name (Please print)

Telephone No. _____