



LANDLORD BRIEFING CERTIFICATION
Housing Choice Voucher Program (SECTION 8)
LORAIN METROPOLITAN HOUSING AUTHORITY

This certification must be completed and returned to **Carol Langham, HCVP Assistant Manager** either by email: clangha@lmha.org, fax: 440-288-7367 or by U.S. Mail to: LMHA, 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 the LMHA 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 the LMHA will be issuing to the undersigned at the end of each calendar year. Upon receipt of this certification, LMHA will prepare and mail you a Certificate of Completion. **Your Certificate Of Completion will expire 5 years from the date of issuance.** A copy of your Certificate Of Completion will be placed in your Owner's file.

PLEASE NOTE: It is your responsibility to maintain a record of when your next Landlord Briefing Certification will be due for renewal. In order to avoid an interruption in your Housing Assistance Payment (HAP), you must recertify no later than the expiration date as it will appear on your Certificate Of Completion.

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 Agent or Individual Owner's Signature _____

Company's FEDERAL TAX ID (full number) or Owner's SSN# (last 4 digits only): _____

Complete Company/Owner Tax Filing Address _____

Email address _____

Phone or fax _____ Date Signed _____