



1400 North Reagan Street  
P.O. Box 1900  
San Benito, TX 78586  
Office: (956) 399-7501  
Fax: (956) 399-5413  
[www.sanbenitohousing.com](http://www.sanbenitohousing.com)

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## New Landlord Participation Packet

### 1. LANDLORD, OWNER, CONTRACT UNIT INFORMATION

To be completed by the Landlord for proper mailing of Housing Assistance Payment Checks and Housing Authority contracts.

### 2. IRS FORM W-9-For Owner/ and or Payee

Must be completed by the Landlord. The name and SSN/TIN must match IRS records exactly. The name, address, and SSN/TIN on the W-9 will be used on the IRS form 1099 sent to the Landlord and IRS to report income as required by law. Will be sent via Email.

### 3. DIRECT DEPOSIT FORM

Owners are paid by direct deposit only. You will only be notified by Email.

### 4. LEAD WARNING STATEMENT

To be completed only if property was built prior to 1978.

### 5. LEASE ADDENDUM BASIC VERSION

This addendum must be attached to the Landlord's lease.

### 6. Owner Certification Form

To be signed by Owner or Owner Agent certifying you will comply with Program requirements.

Please note: The San Benito Housing Authority has not screened this family's behavior for suitability for tenancy. Such screening is the landlord/owner's responsibility.



**LANDLORD, OWNER, CONTRACT**  
**UNIT INFORMATION**

The information on this form should pertain to the Rental Unit that the Landlord and the Resident want to be under contact for Housing Assistance Payments from the San Benito Housing Authority.

Was the Resident living in this Rental Unit under a written or verbal lease these papers were presented to the Landlord?      YES      NO           

If YES, what is the current rent charged to the Resident? \$ \_\_\_\_\_ per month.

The Owner of the rental unit is: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

The Rental Agent for the owner is: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Rental Agent's Email Address: \_\_\_\_\_

**The Housing Assistance Checks should be made payable to:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City, State, and Zip Code

Emailed to: \_\_\_\_\_

**Contracts, leases, and inspection reports should be mailed to:**

SAME AS ABOVE or:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City, State, and Zip Code

Emailed to: \_\_\_\_\_

If this rental unit has a Route Number instead of a Street Address, give accurate directions to the unit:

\_\_\_\_\_  
\_\_\_\_\_



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## OWNER CERTIFICATION FORM

| Owner/Manager Information (Please Print)                               |  |
|--|--|
| <b>Owner Name:</b> _____   | <b>Date:</b> _____   |
| <b>Managing Company:</b> _____   | <b>Manager Name:</b> _____   |
| <b>Unit Address, City, State, Zip:</b> _____                           |  |
| <b>Email Address for Person Authorized to Sign HAP Contract:</b> _____ |  |
| Owner Initials   | Owner Obligations  |
|  | <b>1. Ownership of Assisted Unit</b><br>a. I certify that I am the legal or the legally-designated agent for the above referenced unit, and that the prospective Tenant has not ownership interest in this dwelling unit whatsoever.<br>b. Unless SBHA had previously approved a Reasonable Accommodation for a family member who is a person with disabilities, I certify I am not related to the Tenant. |
|  | <b>2. Proof of Ownership</b><br>a. I understand that I must provide SBHA with a copy of the <del>Cameron County</del> Appraisal District Property Information or a copy of the recorded deed.<br>b. I understand that if I am the managing agent/property manager, I must provide SBHA with a management agreement form. SBHA accepts forms from the Texas Association of Realtors (TAR/TEC)               |
|  | <b>3. Approved Residents of the Assisted Unit</b><br>a. I understand that the family members listed on the lease agreement as approved by SBHA are the only individuals permitted to reside in the assisted unit.<br>b. I understand that I am not permitted to live in the unit while I am receiving Housing Assistance Payments (HAP) on behalf of the assisted family.                                  |
|  | <b>4. Housing Quality Standards</b><br>I understand that my obligations under the HAP Contract are aimed to ensure that the unit meets HUD's Housing Quality Standards (HQS) at all times during the term of the Contract.   |
|  | <b>5. Participant Rent Payments</b><br>I understand that SBHA determines the Participant's portion of the contract rent, and that it is illegal to charge any additional amounts for rent or any other item not specified in the lease that have not been specifically approved by SBHA.   |
|  | <b>6. Reporting Vacancies and Evictions to SBHA</b><br>a. I understand that if the unit is vacated, I am responsible for notifying SBHA in writing immediately.<br>b. I understand that if I am awarded an eviction judgment against a Participant, I must provide a copy of the certified court judgment to SBHA within 10 business days.   |
|  | <b>7. Enforcement of the Lease</b><br>a. I understand that I am responsible for enforcing the provisions in the lease.<br>b. I understand that I may report serious or repeated lease violations to SBHA at any time.  |
|  | <b>8. Administrative and Criminal Actions for Intentional Violations</b><br>I understand that failure to comply with the terms and responsibilities of the HAP contract is grounds for termination of participation in the assisted housing program. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State Criminal law.                 |
|  | <b>9. Utilities</b><br>I understand that for my unit to qualify as all-bills-paid, the utilities must be under my name and not under the tenant's name.  |

**Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document in writing containing false, fictitious or fraudulent statements or entries in any matter within the jurisdiction of a department or an agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.**

By signing below, I certify that I have read and understand the provisions of the HAP Contract (HUD-52641) and the Owner obligations listed above.

|                                      |      |
|--------------------------------------|------|
| Owner/Owner Representative Signature | Date |
| Co-Owner Signature (if applicable)   | Date |



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**Lead Warning Statement**

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, owners/landlords must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Applicant/ Resident must also receive federally approved pamphlet on lead poisoning prevention.

**Owner/Landlord/PHA Disclosure (initial)**

\_\_\_\_\_ (a) Presence of lead-based paint or lead-based paint hazards  
(check one below)

Known lead-based paint and/or lead-based paint hazards in the \_\_\_\_\_ unit (explain).

\_\_\_\_\_  No knowledge of lead-based paint and/or lead-based paint hazards in the unit.

\_\_\_\_\_ (b) Records and reports available to the Applicant/ Resident  
(check one below).

Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based hazards in the unit:  
(check all that apply).

Protect Your Family From Lead In Your Home

Other information available: \_\_\_\_\_

Owner/Landlord/PHA has no reports or records pertaining to lead-based paint hazards.

**Lessee's Acknowledgement (initial)**

\_\_\_\_\_ (c) Applicant/Resident has received copies of all information listed above.

\_\_\_\_\_ (d) Applicant/Resident has received the pamphlet "Protect Your Family From Lead In Your Home."

**PHA Staff Acknowledgement (initial)**

\_\_\_\_\_ (e) Staff has informed the Landlord/Owner of their obligations under  
*42U.S.C.4852d* and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best their knowledge, that the information provided by the signatory is true and accurate.

\_\_\_\_\_  
Applicant/Resident Signature      Date      Applicant/Resident Signature      Date

\_\_\_\_\_  
PHA's Representative Signature      Date      Owner/Landlord's Signature      Date



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