

CITY OF LAKEWOOD

OWNER CERTIFICATION – EMERGENCY HOME TENANT-BASED RENTAL ASSISTANCE (TBRA)

I. Owner/Landlord Contact Information		
Legal Name of Property Owner:	Operating Name/DBA of Property Owner (if different):	
Contact Person Name:	Telephone:	
	Email:	
Address:	City:	
	State:	Zip Code:

II. Tenant, Lease, & Payment Information <i>(Attach a copy of the lease/proposed lease)</i>			
Tenant Name(s):		Address (Street/Apt./Unit#):	Unit Size: No. of bedrooms: No. of bathrooms:
Lease Start Date (mm/dd/yyyy):	Lease Expiration Date (mm/dd/yyyy):	Monthly Rent: \$	Back Rent Due and Period Covered: (March 13, 2020 – December 31, 2020, only. Do not include late fees, penalties or interest as these fees are to be waived in accordance with the Emergency Tenant-Based Rental Assistance Contract.) \$ due from:
Payee Name:	Due Date & Grace Period:	Bank Routing #:	Bank Account #:
<p>Does the owner currently receive other rental assistance (e.g. programs funded with federal/state/local funds or private philanthropic funds) on behalf of the tenant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe:</p>			

III. Utility Services			
<p><i>Indicate which utility services are used in the unit. If the utility service is included in the rent under the lease, check "owner paid." If the utility service is paid directly by the tenant, check "tenant paid."</i></p>			
	Owner Paid	Tenant Paid	Utility Service Provider
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	
Fuel (e.g. gas)	<input type="checkbox"/>	<input type="checkbox"/>	
Water/Sewer	<input type="checkbox"/>	<input type="checkbox"/>	

IV. Conflict of Interest
<p><i>This HOME TBRA program is funded by the City of Lakewood through the City of Tacoma TCRA and administered by the City of Lakewood. The program is subject to conflict of interest rules intended to ensure all participants are treated fairly and no one, by virtue of their position, unduly influences the selection or assistance approval process. Property owners must declare whether or not they, or any member of their household, has a potential conflict of interest by checking one of the statements below:</i></p> <p><input type="checkbox"/> – I am not an employee, agent, consultant, officer, or elected official or appointed official of the City of Lakewood, City of Tacoma, or the Tacoma Community Redevelopment Authority (TCRA), nor am I the immediate family member of nor do I have business ties with any such person.</p> <p><input type="checkbox"/> – I cannot check the box above and do have a potential conflict of interest as described in the space below. <i>(Note, having a potential conflict does not automatically disqualify an owner but triggers additional reviews which may determine that no conflict</i></p>

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exists, that a conflict exists and that an exception will be sought from HUD, or that the property owner is conflicted and may not participate.

Describe potential conflict of interest (if applicable):

V. Unit Condition Checklist

HOME funded emergency rental assistance requires assisted units to initially meet and be maintained to certain basic housing quality standards. Due to social distancing, in lieu of inspections by the Program Administrator, owners/representative should complete the following checklist for each assisted unit. Any deficiencies identified below **MUST** be corrected prior to the award of assistance, and subsequent deficiencies identified during the term of assistance must be corrected to continue participation in the program. Units built prior to 1978 that are occupied by any child 5 or under must pass a lead-based paint visual inspection.

Was the housing unit originally built: ☐ Prior to 1978 ☐ 1978 or After

Is the housing unit free of the following health and life safety conditions?	Yes	No	Unknown
Exposed bare wires or openings in electrical panels, outlets, or junction boxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaking water, puddling, or ponding on or near any electrical apparatus or outlet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of mold or mildew, especially in bathrooms and/or air outlets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong propane, natural gas, or methane gas odors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong sewer odors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any physical/structural defect(s) that pose a tripping risk in the unit or in common stairways or hallways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of rodent and/or insect infestation, especially in areas of food storage/prep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any sharp edge or physical/structural defect(s) that could cause bodily harm (e.g., cuts, skin puncture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are common areas accessible to the tenant free of the following health and life safety conditions?

Emergency exit(s) that cannot be used/accessed for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing exit signs or exits signs that are not clearly illuminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An elevator(s) misaligned with the floor by more than ¾ inch? (e.g. the elevator(s) does not level as it should)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flammable materials that are improperly stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Free of any other general defect(s) or hazards that pose a health and/or safety risk. If no, explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the housing unit contain the following basic livability features?	Yes	No	Unknown
Working/operable lock(s) on all windows and doors that can be reached from the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least one working smoke detector on each level of the unit, including the basement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights that work in all common hallways and interior stairwells?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings, walls, and floors in good condition? (no large cracks, holes, bulging, chipped/peeling plaster/paint, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A living room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> At least two electrical outlets, or one outlet and a permanent overhead light fixture? At least one window? (all windows must be in good condition) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A kitchen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Storage, preparation, and serving space for food? At least one electrical outlet and one permanent light fixture? A working stove (or range) and oven? (tenant owned/supplied is acceptable) A refrigerator that keeps temperatures low enough that food does not spoil? A sink with hot and cold water? (a bathroom sink will not satisfy this requirement) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> A window that opens and/or a working exhaust fan? A flush toilet that works? A sink and tub/shower with hot and cold water? (a kitchen sink will not satisfy this requirement) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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■ At least one permanent overhead or wall light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ At least one operable window in every room used for sleeping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use space below to clarify, elaborate, or add information about the condition of the unit:			

VI. Intent to Participate

As the owner or authorized owner representative, I intend to participate in the Emergency HOME Tenant-Based Rental Assistance program. I understand that:

- ☐ – I/we may be required to provide access to the unit for purposes of a physical inspection, including a lead-based paint visual inspection, and that any deficiencies identified in Section V or an inspection must be corrected prior to approval;
- ☐ – I will be required to execute a three-party Rental Assistance Contract with the tenant and the Tacoma Community Redevelopment Authority (TCRA) on behalf of the City of Lakewood (“Program Administrator”);
- ☐ – The tenant’s current lease will be modified to include certain protections under the Violence Against Women Act (VAWA); and
- ☐ – In no case will the term of assistance under the program extend beyond December 31, 2020.

VII. Owner/Landlord Certification

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willfully making a false or fraudulent statement to a department of the United States Government. I understand that additional state or local civil and/or criminal penalties may also apply to the submission of materially false or incomplete information, and I may be required to repay any funds received. I agree to provide any additional documentation required by the program administrator to document participation in the program.

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Owner/Landlord Representative Signature	Print Name	Date (mm/dd/yyyy)
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Remember to submit:

- **Copy of the tenant’s lease**