



BOSTON HOUSING AUTHORITY

Leased Housing
52 Chauncy Street, Floor 5
Boston, Massachusetts 02111

Phone: 617-988-4000
Fax: 617-988-4102
TDD: 800-545-1833 x420
www.BostonHousing.org

OWNER/AGENT DATA FORM

The Legal Owner must complete this form in its entirety before the BHA will begin payments

RENTAL PROPERTY: _____
No. Street Apt # City, State, Zip

The following information is required of all property owners:

OWNER NAME: _____ TEL: (____) _____

OWNER HOME ADDRESS (No P.O. Boxes).

No. Street Apt # City, State, Zip

AGENT NAME: _____ TEL: (____) _____

AGENT ADDRESS: _____
No. Street Apt # City, State, Zip

OWNER IS A BHA EMPLOYEE? YES NO

CERTIFICATION OF OWNERSHIP

I, _____ hereby certify that I am the present owner of the property identified above.

Proof of Ownership Required:

1. Registered Deed with book and page number
2. If the deed has not yet been registered, please enclose a copy of the deed received at the closing and a letter from your attorney certifying that the property was transferred to you and the date and time of the recording.
3. If the property is not owned by an individual, include a copy of the organizational document establishing your relationship to the owning entity. The articles of incorporation, declaration of trust, or partnership agreement are sufficient for these purposes.

PAYEE INFORMATION

PAYEE NAME: _____

PAYEE ADDRESS: _____
No. Street Apt # City, State, Zip

PAYMENT CERTIFICATION

The Owner agrees that endorsement of a check or acceptance of a direct deposit from the Boston Housing Authority: (1) shall be conclusive evidence that the Payee has received full and correct payment under the terms of the Payee's Housing Assistance Payments Contract with the Boston Housing Authority, (2) shall certify that the contract unit is in compliance with the Massachusetts State Sanitary Code, (3) shall certify that the contract unit for which the payments are received is occupied by the contract tenant, (4) and that the owner will notify the Boston Housing Authority promptly of any vacancy during the lease term.

OWNER OBLIGATIONS

The owner is responsible for:

1. Performing all of the owner's obligations under the HAP contract and the lease.
2. The owner is responsible for performing all management and rental functions for the assisted unit, including selecting a voucher-holder to lease the unit, and deciding if the family is suitable for tenancy of the unit.
3. Maintaining the unit in accordance with HQS, including performance of ordinary and extraordinary maintenance.
4. Complying with equal opportunity requirements.
5. Preparing and furnishing to the PHA information required under the HAP contract.
6. Collecting from the family:
 - a. Any security deposit.
 - b. The tenant contribution (the part of rent to owner not covered by the housing assistance payment).
 - c. Any charges for unit damage by the family.
7. Enforcing tenant obligations under the lease.
8. Paying for utilities and services (unless paid by the family under the lease).

CERTIFICATION OF NON-FAMILIAL RELATION WITH TENANT FAMILY

I, _____, hereby certify that the legal owner is not the parent, child, grandparent, grandchild, brother, or sister, of any member of the proposed tenant family.

I/We certify that I/We have read this "Owner/Agent data Form" and certify that all of the above information is true to the best of my/our knowledge.

LEGAL OWNER(S) SIGNATURES

TITLE(S)

DATE

WARNING: It is a federal offense to submit false information in connection with receiving funds from any federal assistance program. (18 U.S.C., § 100)