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| **Owner’s Certification of Compliance**  **with HUD’s Tenant Eligibility**  **and Rent Procedures** | **U. S. Department of Housing  And Urban Development**  Office of Housing  Federal Housing Commissioner | NOT for submission to the Federal Government Landlord's Official Record of Certfication  OMB Approval No. 2504-0204  (Exp. xx/xx/xxxx) |

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| **A. Acknowledgements** | | | | | | | | |
| Read this before you complete and sign this form HUD-50059 A  **Public Reporting Burden.** The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (25020204), Washington, DC 20503. HUD may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a currently valid OMB control number. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide, including computer matching agreements with the Social Security Administration, the Department of Health and Human Services and other agencies. Pursuant to 42 U.S.C. 3543(a), you must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs of all household members, unless exempted by 24 CFR 5.216, is mandatory; not providing the SSNs will affect your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.  **Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). HUD will disclose this information to other Federal and state entities for computer matching purposes and for other purposes as described in the Systems of Records Notice for the Tenant Rental Assistance Certification System (TRACS) – HUD/HOU-11 available at hud.gov/privacy.  **Owner's Certification** - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.  **Warning to Owners and Tenants.** By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.  I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802). | | | | | | | | |
| **B. Partial Certification** | | | | | | | | |
| 1. Name of Project | | 2. Project Number | | 3. Subsidy Type | | 4. Contract Number | 5. Transaction Type | |
| 6. Head of Household (Last, First, Initial) | | 7. Unit Number | | 8. No. of Bedrooms | | 9. Building ID | 10. Effective Date | |
| 11. Head ID Code (SSN) | 12. Head Birth Date | 13. Correction Type | | 14. EIV Indicator | 15. Transaction Date Being Corrected | | 16. Anticipated Voucher Date | |
| **C. Move Outs** | | | | **E. Gross Rent Changes and Unit Transfers** | | | | |
| 17. Move Out Code | | | | 22. Prev. Unit No. (UT's only) | | | | |
| 23. Secondary Subsidy Type | | | | |
| 18. Date of Death of Sole Member | | | | 24. 236 Basic/BMIR Rent | | | | |
| 19. Description | | | |
| 25. Market Rent | | | | |
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| 26. Contract Rent | | | | |
|  | | | |
| 27. Utility Allowance | | | | |
| 28. Gross Rent | | | | |
| **D. Terminations** | | | |
| 29. TTP at RAD Conversion | | | | |
| 20. Termination Code | | | | 30. Total Tenant Payment | | | | |
| 31. TTP Before Override | | | | |
| 32. Tenant Rent | | | | |
| 21. Description | | | | 33. Utility Reimbursement | | | | |
|  | | | | 34. Assistance Payment | | | | |
|  | | | | 35. Rent Override | | | | |
| 36. Security Deposit | | | | |
|  | | | | |
| **F. Signatures** | | | | | | | | |
| Head of Household | | | Date | Owner/Agent | | | | Date |

Previous versions of this form are obsolete Page 1 of 1 form **HUD.50059.A** (xx/xxxx)

ref. HB 4350.3 Rev. 1