# Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures

**U.S. Department of Housing and Urban Development**
Office of Housing

NOT for submission to the Federal Government
Landlord's Official Record of Certification

OMB Approval Number 2502–0204
(exp. 00/00/0000)

## A. Acknowledgements (Read this before you complete and sign this form HUD–50059–A.)

**Public Reporting Burden.** The public reporting burden for this collection of information is estimated to average 10 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. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, 451 7th St SW, Room 8210, Washington, DC 20410–5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. HUD collects this information 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 through a computer matching agreement 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) for you and all other household members, unless exempted by 24 C.F.R. § 5.216. Providing the SSNs of all household members, unless exempted by 24 C.F.R. § 5.216, is mandatory; failure to provide any information may result in a delay or rejection of your eligibility.

**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, correct, and accurate. 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. Project Name | 2. Project Number | 3. Assistance Type | 4. Assistance Sub-Type | 5. Contract Number | 6. Transaction Type |
|---|---|---|---|---|---|
| | | | | | |

| 7. Head of Household (Last, First, Middle Initial) | 8. Unit Number | 9. Unit Group | 10.No. BRs | 11. Building ID | 12. Effective Date |
|---|---|---|---|---|---|
| | | | | | |

| 13. Head ID Code | 14. HoH DOB | 15. Correction Type | 16. EIV Ind. | 17. Transaction Date Being Corrected | 18. Anticipated Voucher Date |
|---|---|---|---|---|---|
| | | | | | |

## C. Move Outs

19. Move Out Code: _____

20.Date of Death of Sole Member: _____

21.Description: _____

## D. Terminations and Suspensions

22. Termination/Suspension Code: _____

23. Date of Death of Sole Member: _____

24.Description: _____

## E. Gross Rent Change and Unit Transfers

| | | | | | |
|---|---|---|---|---|---|
| 25. Prev. Unit No. (UTs only) | | 32. Gross Rent | | 39. Tenant Rent | |
| 26. Secondary Assistance Type | | 33. TTP at RAD Conversion | | 40. Utility Reimbursement | |
| 27. 236 Basic/BMIR Rent | | 34. RAD FMR | | 41. Assistance Payment | |
| 28. 236 BMIR/Market Rent | | 35. RAD Other Program Rent | | | |
| 29. Security Deposit | | 36. Rent Override | | | |
| 30. Contract Rent | | 37. TTP Before Override | | | |
| 31. Utility Allowance | | 38. Total Tenant Payment | | | |

## F. Signatures

| Head of Household | Date | Owner/Agent | Date |
|---|---|---|---|
| | | | |

FINAL PENDING OMB APPROVAL