

**Tarrant County Housing Assistance Office
LANDLORD AGREEMENT**

Re: Name of Owner/Agent: _____
Address _____ City _____ State _____ Zip _____
Telephone: (_____) _____ eMail Address: _____
Unit(s) Located at: _____

Place an X beside each statement and sign below to indicate that above named Owner/Agent understands and agrees that it is his/her responsibility to:

- _____ 1. Accept only electronic communication with Tarrant County Housing Assistance Office (TCHAO).
- _____ 2. Attend or view on-line a Landlord Briefing conducted by TCHAO at or before the time I sign the first Housing Assistance Payment (HAP) Contract.
- _____ 3. Ensure that all rules, regulations, policies and information from the TCHAO is immediately disseminated to all current and future agents or others authorized to act on behalf of the owner.
- _____ 4. Timely execute and provide all documents required by TCHAO, (e.g., Warranty Deed, W-9, Lease, HAP Contract, RTA, etc.).
- _____ 5. Ensure that all move-ins and move-outs are timely and in accordance with the lease.
- _____ 6. Treat all tenants receiving House Choice Voucher (HCV) Section 8 assistance the same as all other tenants, as it relates to non-payment of rent, evictions, debts owed, and other lease violations, etc.
- _____ 7. Hold TCHAO harmless for the behavior and conduct of HCV tenants.
- _____ 8. Notify TCHAO in writing of any monies owed to you from the tenant in a timely manner (within 10 days). This includes unpaid rent, unpaid utilities and/or damages at any time during the lease.
- _____ 9. Not enter into any "side deals" with the tenant for additional rent or payment of utilities. Amount of rent and responsibility for utilities MUST match the information provided to TCHAO when the unit was approved.
- _____ 10. Return the Affidavit of Damages within the specified time period upon receiving the tenant's notice to move out. The Affidavit of Damages will NOT be honored by TCHAO if it is not returned within the specified time period.
- _____ 11. Immediately notify TCHAO when any tenant has vacated the unit or is deceased.
- _____ 12. Return to TCHAO, when requested, any over-payment of rent (HAP).
- _____ 13. Hold TCAHO harmless from any responsibility, liability or collection of any damages to the unit caused by the tenant or any unpaid sums whatsoever, due to the landlord from the tenant.
- _____ 14. Keep the unit in a safe, decent and sanitary condition that passes the Housing Quality Standards (HQS) at all times. I understand that if the unit is placed on abatement due to HQS violations, I will not receive or be reimbursed after the repairs are made any rent (HAP) for the days the unit is on abatement.
- _____ 15. Immediately notify TCHAO in writing of any changes to my address, phone number, E-mail address or management company/agent.
- _____ 16. Submit my utility bill(s) to TCHAO if the unit is "All Bills Paid."

I have read and understand each of the above items and agree that it is my responsibility to adhere to the above obligations, and any violations of these or other obligations under the HAP Contract may be cause for termination of the HAP.

Owner _____ Date _____ Agent _____ Date _____