

**Landlord Application  
For  
Participation in the City of Janesville Rent Assistance Program**

Date of Application: \_\_\_\_\_

*Please Print*

**Property OWNER Information:**

Name: \_\_\_\_\_  
                    First Name                      Middle Initial                      Last Name

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Property MANAGEMENT Information:**

Do you currently use a management company? \_\_\_\_\_

If yes, please provide name and address:

\_\_\_\_\_  
\_\_\_\_\_

(if using a management company, please attach a copy of the signed contract, authorizing them to sign documents and receive rent subsidy payment on your behalf)

**Please answer the following questions:**

- 1. Have you been arrested for any drug related activity in the past 5 years? Yes \_\_\_\_ No \_\_\_\_
- 2. Have you been arrested for any violent criminal activity in the past 5 years? Yes \_\_\_\_ No \_\_\_\_
- 3. Are you subject to a lifetime sex offender registration in any state? Yes \_\_\_\_ No \_\_\_\_
- 4. Are you now, or have you ever been, the subject of a Fair Housing Lawsuit? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Regulations governing the Housing Choice Voucher Program do not allow non-resident or undocumented aliens to receive Housing Assistance Payments, pursuant to 42 USCA 1436a. I attest, under penalty of perjury, that I am (check one of the following):

- 1. A citizen or National of the United States.
- 2. A lawful Temporary or Permanent Resident or his/her spouse or child  
Alien or Admission # \_\_\_\_\_
- 3. A non-resident or undocumented Alien

I do hereby swear and attest that all of the information that I have provided on this application is true and correct. I understand that I am responsible for notifying the City of Janesville, Neighborhood & Community Services Department immediately if my mailing information or phone number changes.

\_\_\_\_\_  
Property Owner Signature Date

**A landlord who is participating in the City of Janesville Rent Assistance Program and receiving subsidy payments under said program must not:**

- Be the parent, child, grandparent, grandchild, sister, or brother of any member of the assisted family unless the City of Janesville determines that approving the unit would provide reasonable accommodation for a family member who is a person with disabilities (Re-certification may be required on an annual basis);
- Be debarred, suspended, or subject to a limited denial of participation under 2 CFR part 24;
- Be the subject of administrative or judicial action for violation of the Fair Housing Act or other federal equal opportunity requirements, and such action is pending; or been found by a court or administrative agency to have violated the Fair Housing Act or other federal equal opportunity;
- Violate their obligations under a Housing Assistance Payment contract;
- Commit fraud, bribery or any other corrupt or criminal act in connection with any federal housing program;
- Engage in any drug-related criminal activity or any violent criminal activity;
- Have a history or practice non-compliance with Housing Quality Standards for units leased under the tenant-based programs;
- Engage in activity that threatens the right to peaceful enjoyment of the premises by other residents; threatens the health or safety of other residents, of City of Janesville employees, or of other persons engaged in management of the housing; or threatens the health or safety of, or the right to peaceful enjoyment of their residences, by persons residing in the immediate vicinity of the premises; or the owner has a history or practice of failing to terminate tenancy of tenants of units assisted under any federally assisted housing program for activity engaged in by the tenant, any member of the household, a guest or another person under the control of any member of the household for any of these reasons;
- Have a history or practice of renting units that fail to meet State or local housing codes; and
- Fail to pay State or local real estate taxes, fines or assessments.

**City of Janesville**  
**Authorization for the Release of**  
**Criminal History Records**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I, the undersigned, do hereby authorize the release of any and all local, state and federal criminal history records pertaining to me to the City of Janesville, Neighborhood & Community Services Department.

This criminal investigation is for the purposes of determining initial or continuing eligibility to participate in the Rent Assistance Program as a property owner/landlord.

I understand that the Neighborhood & Community Services Administrative Plan, governing participation in the City of Janesville Rent Assistance Program provides that participating landlords must not engage in the following illegal activities:

- Drug related activity
- Violent criminal activity
- Pattern of illegal use of a controlled substance, or alcohol abuse
- Subject to lifetime registration on the Sex Offender Registry

I understand that if I have engaged in any of these behaviors/violations, I may be ineligible for continued participation as a landlord in the City of Janesville Rent Assistance Program, and the following actions:

- Termination of existing HAP Contract(s)
- Termination of HAP payment
- Removal from landlord eligibility listing
- Ineligibility to participate in the City of Janesville Rent Assistance Program for up to 3 years.

I understand that the above statements will remain in effect for the duration of my participation with the Rent Assistance Program.

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date