## **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 Certification

OMB Approval Number 2502-0204

## Section A. Acknowledgements

Read this before you complete and sign this form HUD-50059

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 (2502-0204), Washington, DC 20503. 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 size, and the amount the terraint(s) must pay toward rent and utilities. Hot uses this information to assist in managing certain 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. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. 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).

Tenant(s)\* Certification - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

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.

False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

	Certification S	ummary from Page 2		
Name of Project	Presbyterian Oaks	Effective Date 04/04/2023	Certification Type MI	Anticipated Voucher Date 06/01/2023
Head of Household Healy, Michael, J		Total Tenant Payment 478	Assistance Payment 627	Tenant Rent
Unit Number 2-B		Extenuating Circumstance		478
	Tenant	Signatures		
lead of Household	Date	Other Adult	Date	
oouse / Co-Head	Date	Other Adult	Date	
her Adult	Date	Other Adult	Date	
ner Adult	Date	Other Adult	Date	
er Adult	Date	Other Adult Other Adult		Date
er Adult	Date			
ner Adult	Date	Other Adult		Date
r/Agent	Owner/Age	ent Signature		
				Date
versions of this form are obsolete. also replaces HUD-50059-D, -E, -F,	Page	1 of 2		

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form HUD-50059 (06/2014) HB 4350.3 Rev 1