DELAWARE HOUSING ACCESS ASSOCIATION

Together we are: ***DHAA***

LANDLORD SELF-CERTIFICATION FORM

Purpose: This form serves as the landlord's self-certification that the property listed below is insured in accordance with Housing Choice Voucher (HCV) Program requirements.

1. **Landlord / Owner Information**

Owner / Business Name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone Number: _____

Email: _____

2. **Property Information**

Property Address: _____

Unit Number (if applicable): Date: _____

City, State, ZIP: Date: _____

3. **Insurance Information**

Insurance Carrier: _____

Policy Number: _____

Policy Effective Dates: From _____ **To** _____

Type of Coverage (check all that apply):

☐ **Property / Hazard Insurance**
☐ **Liability Insurance**
☐ **Other (specify):**

4. **Certification**

I hereby certify that the above-referenced property is covered under a current and valid insurance policy that provides adequate property and/or liability protection as required by applicable laws and regulations. I agree to maintain this coverage while participating in the Housing Choice Voucher Program and to provide proof of insurance upon request by the Public Housing Agency (PHA).

I understand that falsifying information or failing to maintain adequate insurance coverage may result in termination of my participation in the HCV Program and/or other penalties as permitted by federal regulations.

Owner / Authorized Agent Signature: _____

Printed Name: _____

Date: _____