



**NEW TO THE HCV PROGRAM (SECTION 8)**  
**LORAIN METROPOLITAN HOUSING AUTHORITY**  
**VERIFICATION OF COMPLETION OF LANDLORD BRIEFING MATERIALS**

This Verification must be filled out in its entirety and returned to Carol Schaffer at either: [cschaff@lmha.org](mailto:cschaff@lmha.org) or by U.S. Mail at: LMHA, 1600 Kansas Avenue, Lorain, Ohio 44052.

This Verification of Completion states that you have completed the Power Point Presentation of the Landlord Briefing **ONLINE** and in the event you have questions concerning the material, you have contacted the LMHA OFFICE, Housing Choice Voucher Program Department, either by regular U.S. Mail, telephone, facsimile, or email. If we do not hear from you we will assume you do not have any questions. You will, however, be held responsible for learning the content of the material and thus, have more of a general knowledge of the Housing Choice Voucher (Section 8) Program.

Please sign below and furnish your **ENTIRE MAILING** address and submit to LMHA, Housing Choice Voucher Program Department. Upon receipt of this Verification, LMHA will prepare, and mail your Certification of Completion to you. **Your Certificate expires 5 years from the date of issuance.** A copy of your Certificate will be placed in your Owner file at our Offices, and entered to our computer records established for you as an Owner/Landlord.

**PLEASE NOTE: It is your responsibility to maintain your record of when your next Briefing will be due so that your HAP (Housing Assistance Payment) won't be compromised by failure to maintain your every 5 year requirement to complete another Briefing..**

By signing below, I hereby certify that I have read the Power Point Presentation of the Landlord Briefing materials in its entirety, and have been given the opportunity to ask any questions regarding my participation in the HCV Program, as well as any other general questions.

**If you are an Agent for a Company Owner, please include the Owner and Company name, as well as your name as Agent.**

Company Name \_\_\_\_\_ Print Owner Name \_\_\_\_\_

Agent or Owner Signature (please designate) \_\_\_\_\_

SS# OR FEDERAL TAX ID: \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone or fax \_\_\_\_\_ Email address \_\_\_\_\_

Dated Signed \_\_\_\_\_