



Carlos A. Gimenez, Mayor
www.miamidade.gov

**Public Housing and Community Development
 Miami-Dade Housing Choice Voucher Program**

P.O. Box 521750
 Miami, FL 33152-1750
 TTD/TTY Florida Relay Service
 1-800-955-8771 or Dial 771

Customer Service Number: 305-403-3222/ Fax: 786-358-5893

**Si necesita ayuda con este formulario, llame al 305-403-3222
 Si w bezwen asistans ak fòm sa a, tanpri rele 305-403-3222**

LATE PAYMENT PENALTY CLAIM FORM

LANDLORD AND TENANT INFORMATION - ALL SECTIONS MUST BE COMPLETED			
Landlord's Name			Vendor Number
First	M.I.	Last	
Landlord's Address <input type="checkbox"/> check if new address. Any payments made will be mailed to this address)			
Street	City	State	Zip
Landlord's Contact Information			
Telephone 1	Telephone 2	Email Address	
Tenant's Name			Client ID Number
First	M.I.	Last	
CLAIM INFORMATION - ALL SECTIONS MUST BE COMPLETED			
Unit Address:			
Date payment was due:			
Date the payment was made:			
Number of days payment is claimed to be late:			
ATTACHMENTS			
Please list any documents you are including with this form to substantiate your claim:			
CERTIFICATION			
<p>By submitting this claim Form you hereby certify to the following:</p> <p>a. You are or were an owner of property located within Miami-Dade County and you executed a Section 8 Housing Assistance Payment Contract ("HAP") with the County related to that property.</p> <p>b. You charge and collect a late penalty from your Section 8 assisted tenants and your unassisted tenants, if any when they are late with their portion of the rent.</p> <p>c. You certify that the reason you were not timely paid was not due to your actions or negligence or the actions or negligence of your tenant. For example, you are not entitled to a Late Payment Penalty if the initial payment was delayed due to a violation of the Section 8 program laws, regulations, Section 8 Administrative Plan HAP and/or lease by either the tenant or you, or any action or inaction by the owner or tenant and/or Miami-Dade Public Housing Agency that would result in the County being required by law to recover an overpayment, to suspend the housing assistance payment or terminate the HAP.</p> <p>d. You certify that you have not already received a late payment penalty from the County when the HAP payment was issued.</p> <p>I further understand the following:</p> <p>a. No late payment penalty shall exceed \$50 per occurrence.</p> <p>b. Late payment penalty claims must be submitted within thirty (30) days after receipt of the late housing assistance payment from MDPHA or its contractor. Failure of the owner to make a claim within thirty (30) days waives his/her right to make a claim for late payment penalties.</p> <p>By signing this claim form, I declare under penalty of perjury that the information provided here is correct to the best of my knowledge. If not submitting this for myself, I declare that I am authorized to submit this form on behalf of the Class Member identified above. Further, in accepting any late payments from Miami-Dade County, I relinquish, waive, and release any remaining claims, demands, causes of action, or damages relating to any penalty fee for the alleged failure to timely make an rental payment that is allegedly owed to me by Miami-Dade County for the property and the lease identified above.</p>			
Name		Signature	Date

