



OWNER SELF-CERTIFICATION OF HQS REPAIRS - 10

Note: This form will be used for failed Housing Quality Standards (HQS) inspections with 10 deficiencies or fewer.

HEAD OF HOUSEHOLD INFORMATION		
Head of Household: _____		
Unit Address: _____		
City: _____	State: _____	Zip: _____
LANDLORD/OWNER INFORMATION		
Landlord/Owner Name (print): _____		
Address: _____		
City: _____	State _____	Zip: _____

List completed repairs to items noted on the Failed Item Inspection Report:

(1) _____	(6) _____
(2) _____	(7) _____
(3) _____	(8) _____
(4) _____	(9) _____
(5) _____	(10) _____

Please return this form by one of the following means:

Fax: (210) 477-6147
Email: Inspections@saha.org

I understand that if this certification is not postmarked and/or received by San Antonio Housing Authority within the required timeframe, tenancy may not be approved.

As the Head of Household, I understand that by signing, I acknowledge and accept the Owner's certified completion of repairs. The Head of Household has the right to move if they do not agree with the owner-certified repairs. As the Owner, I certify the above repairs are complete and the cited HQS deficiencies have been corrected. By signing below, the owner certifies they have no reasonable basis to have knowledge that life threatening conditions exist in the unit or units in question. All signing parties understand that any falsification of information constitutes grounds for cancellation of the Housing Assistance Payment Contract and client program participation termination. All signing parties further understand that making false statements or misrepresentations, committing fraud and providing false information are punishable acts under state and federal law. SAHA reserves the right to conduct a special follow up or Quality Control Inspection at any time to ensure all HQS deficiencies have been corrected.

_____	_____	
Owner Printed Name	Owner Signature	
_____	_____	
Head of Household Printed Name	Head of Household Signature	
_____	_____	_____
Owner Telephone Number	Head of Household Telephone Number	Date



The following person has been designated to coordinate compliance with the nondiscrimination requirement contained in HUD's regulations implementing Section 504: **Michelle Finch, 818 S. Flores, San Antonio, Texas 78204.**

SAHA
818 S. Flores St.
San Antonio, TX 78204
210.477.6000 | saha.org

