



### HOUSING QUALITY STANDARDS (HQS) OWNER SELF-CERTIFICATION OF REPAIRS

**Note:** This form will be used by landlords on first-visit failed inspections with 5 deficiencies or fewer and follow-up inspections with 2 deficiencies or fewer. This form cannot be used for Initial, Moving, Emergency, or Special 3 (serious, non-life threatening) inspections. This form will not be accepted for any infestations.

TENANT INFORMATION
Tenant Name (print): _____
Unit Address: _____
City: _____ State: _____ Zip: _____
LANDLORD INFORMATION
Landlord Name (print): _____
Address: _____
City: _____ State _____ Zip: _____

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

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_

**Please return this form through one of the following methods:**

Fax to: (210) 477-6147  
 Email to: selfcertifications@saha.org  
 Mail to: Attn: Inspections Department  
 Certification of HQS Repairs  
 818 S. Flores St.  
 San Antonio, TX 78204

**I understand that if this certification is not postmarked and/or received by San Antonio Housing Authority within the required timeframe, the unit will go into abatement if repairs are the owner's responsibility, and/or termination if repairs are the tenant's responsibility.**

I certify the above repairs are complete and the cited HQS deficiencies have been corrected. I understand that any falsification of information constitutes grounds for cancellation of the Housing Assistance Payment Contract and client program participation termination. I 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 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: **Michaelle Finch, 818 S. Flores, San Antonio, Texas 78204.**

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

