

Owner's Self Certification Re-inspection Form

URGENT: We Must Receive Form Within 30 Days After Your Inspection, or We Will ABATE Your HAP Payment! (Email address at top of form.)

LANDLORD/OWNER CERTIFICATION

The MHA HCV Inspector conducted a RVI inspection of _____
occupied by the participant family _____. I, _____
certify the required repairs were completed on _____ / _____.
(Month, Date, Year)

(Owner/Representative Signature) (Email Address) (Date)

ATTENTION LANDLORD/REPRESENTATIVE: Fraudulent certifications are subject to recoupment of any/all monies paid out based on this certification. It will also deny your ability to submit future self-certifications for HCV-subsidized properties.

PARTICIPANT/TENANT CERTIFICATION

I, _____ (PRINT) participant
herby certify the requested repairs were completed as required.

Signature (Head of Household) (Current Email Address) (Date)

(Current Phone Number)

ATTENTION TENANT: DO NOT SIGN FORM IF YOUR REPAIRS HAVE NOT BEEN COMPLETED!

NOTE: Fraudulent certifications are subject to recoupment of any/all utility assistance paid based on this certification.

*****HCV OFFICE USE ONLY*****

Date Form Returned _____

Quality Control Check-Repairs Completed: Yes ___ No ___

Participant Contacted _____

Date/Time of Contact _____

Is re-inspection by staff required? Yes ___ No ___

If yes, list re-inspection date _____.

If no, date forward for processing _____.