

HOUSING CHOICE VOUCHER PROGRAM

Housing Quality Standards Owner Self-Certification

This form is for owners to certify that Housing Quality Standards (“HQS”) deficiencies listed on an HQS Inspection Summary for a property assisted under the Housing Authority of Baltimore City (“HABC”) Housing Choice Voucher Program (“HCVP”) have been corrected. Units are eligible for owner self-certification when there are five (5) or less non-health or safety violations, or at HABC’s discretion. HABC reserves the right to modify the process of self-certification on a case-by-case basis. Both the property owner/manager and the Head of Household of the subject property must sign this form to certify in writing that the repairs have been completed to meet HQS. Owners that have a record of HQS noncompliance as determined by HABC based on the nature of the noncompliance, will not be eligible for self-certification.

CERTIFICATION

I, _____, the Property Owner/Manager of the unit located at

Print Name (Property Owner/Manager)

_____, _____, _____, _____,

Property Address

City

State

Zip

hereby certify that all deficiencies listed below and cited on the HQS Inspection Summary based on

an inspection of the property conducted on _____ have been remedied to meet HQS.

Inspection Date

The Property Owner/Manager understands and agrees that if at any time after the execution of this certification, HABC determines that repairs were not completed in a satisfactory manner, all Housing Assistance Payments (“HAP”) will be abated, and payments made to the Property Owner since the scheduled re-inspection date will be recaptured. Following is a list all corrected deficiencies:

1. _____
2. _____
3. _____
4. _____
5. _____

The Property Owner/Manager understands and agrees that failure to correctly make repairs may result in the Property Owner/Manager’s exclusion from participation in the self-certification program.

In consideration of the opportunity to participate in the owner self-certification program, the Property Owner/Manager agrees to indemnify and hold harmless, and does hereby indemnify and holds harmless, HABC and its departments and employees, for and against any and all claims, demands, awards, suits, judgments, liabilities, losses, damages and, sums, including attorney’s fees and costs,

arising out of or in any way related to this self-certification and/or the Property Owner/Manager's failure to properly repair the deficiencies.

Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a Property Owner may be subject to penalties that include fines and/or imprisonment.

Signature (Property Owner/Manager)

Date

Printed Name

Signature (HCVP Participant/Head of Household)

Date

Printed Name

NOTICE

Please complete and submit this form along with the subject HQS Inspection Summary and supporting documentation (if applicable) by email to S8landlord@habc.org or by hand delivery to the HABC HCVP Office located at 1225 W. Pratt Street, Baltimore, Maryland 21223, **a minimum of five (5) business days prior to the scheduled re-inspection date.** If you have any questions, please contact the HCVP Inspections Unit at (443) 984-2219, or by emailing S8landlord@habc.org.

If this form is not received by HABC at least five (5) business days prior to the next scheduled re-inspection date, and approved, the re-inspection will take place as scheduled. Submission of this form with required signatures certifies that all deficiencies that are the responsibility of the owner listed on the HQS Inspection Summary have been repaired and the unit is now in compliance with HQS.

HABC reserves the right to require a re-inspection on any and all units with deficiencies. As a condition of approval, HABC may request receipts or photographs on a case-by-case basis. HABC will not accept self-certification of repairs for emergency violations or health and safety items. Quality Control Inspections will be conducted randomly on any approved self-certified inspection.

Office Use Only:

Date Received: _____

Approved

Denied

Reason for Denial: _____

Reviewer (Print Name and Title)

Reviewer Signature