

SELF-CERTIFICATION OF HOUSING QUALITY STANDARDS (HQS)

Today's Date: _____
 Family Name: _____
 Unit Address: _____
 Inspection Date: _____

DEFICIENCIES:

Please clearly describe the deficiencies that were corrected and the efforts taken to correct the deficiency:

EVIDENCE:

Evidence MUST be submitted to support this certification. Please indicate the evidence being submitted:

- Picture(s) – Please send via email to gsnyder@blha.net
- Receipt(s) – Receipts must be authentic, verifiable, and contain pre-printed company information
- 3rd Party Certification(s) – Certification/Inspection Report from a 3rd party source such as the EPA, Local Building Inspection, electrician, plumber, etc. Certifications must be authentic, verifiable, and contain pre-printed company or entity information
- Other: Indicate other evidence that is being submitted for consideration

If accepted, BHA will use this form's received date as the date the unit complies with HQS. BHA will not consider receipt date or other dates that may be available in the evidence. By submitting this certification, we hereby certify the above is true and correct.

X _____ X _____
Owner/Agent **Date** **Head of Household** **Date**

WARNING! SECTION 1001 OF TITLE 18 OF THE US CODE MAKES IT A CRIMINAL OFFENSE TO MAKE ANY WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION, PUNISHABLE BY FINE NOT TO EXCEED \$250,000 AND/OR IMPRISONMENT OF NOT MORE THAN 5 YEARS.

