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SELF-CERTIFICATION OF HOUSING QUALITY STANDARDS (HQS) COMPLIANCE

If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Please complete and submit this form to hcvp inspections@thecha.org within 20 calendar days of the date of the inspection.

Note: Fail items cited during initial inspections or re-inspections are not eligible for self-certification. If you have questions, please contact the Inspections Department at 312-935-2600 or hcvp inspections@thecha.org.

I, \_\_\_\_\_, the [ ] Participant [ ] Property Owner/Manager
(Print Name) (check one)

hereby certify that all physical deficiencies listed below and cited during a HQS inspection that was conducted at

Property Address Unit #
City State ZIP Code

on \_\_\_\_\_ have been cured.
Inspection Date

- 1.
2.
3.
4.
5.
6.

Vendor #: \_\_\_\_\_ Voucher #: \_\_\_\_\_ Inspection ID: \_\_\_\_\_

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

Signature (Head of Household – Participant) Date