



Jeffersonville Housing Authority

206 Eastern Boulevard • Jeffersonville, Indiana 47130-2802

Phone (812) 283-3553 • Fax (812) 282-1214

www.jeffhousing.com

Housing Quality Standards Owner/Certification of Repairs/HQS Compliance

Today's Date:

Family Name:

Unit Address:

Inspection Date:

An Initial Housing Quality Standards (HQS) inspection was conducted on the unit at the above address by the Head of Household (HOH) and owner

In place of a physical inspection, Jeffersonville Housing Authority (JHS) is permitting owners and family HOHs to self-certify that the dwelling meets or exceeds the HQS set forth by HUD. By signing this agreement, the HOH agrees that they have walked the unit and agree that the unit meets or exceeds the HQS set forth by HUD and they wish to continue the occupancy process.

This form must be signed by both the owner and HOH and returned to JHS for processing. For initial inspections, it is the tenant's responsibility to complete this form, obtain all signatures, and submit the form along with the RTA packet to JHS.

I certify that the above address meets or exceeds the HQS set forth by HUD. I understand that any falsification of information is grounds for HAP contract cancellation and client program termination. I also further understand that making false statements, committing fraud, misrepresentation or providing false information is punishable under state and federal law.

JHS will conduct a special follow-up inspection to ensure all HQS have been met. If needed repairs are identified and are not completed to JHS's satisfaction, the unit will be subject to abatement.

Owner Printed Name	Head of Household/Tenant Printed Name
Owner Signature	Head of Household/Tenant Signature
Owner Telephone Number	Head of Household/Tenant Telephone No

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.

FOR OFFICE USE ONLY: Received Date: _____ **Approved:** _____ **RI Required:** _____

Decision by: _____



"Providing Safe, Decent and Affordable Housing"

