



HCV Inspections Department
400 East Boulevard
Charlotte, NC 28203
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HOUSING QUALITY STANDARDS (HQS) REPAIR SELF-CERTIFICATION

Please note: This form can only be used to certify that HQS deficiencies listed on the HQS Notice have been corrected. Both the Owner/Property Manager and the Participant/tenant must use this form to certify in writing that the repairs have been completed prior to the deadline date indicated on the HQS Notice.

Inspection Date:___ Inspection #: ___ Print Name of Owner: ___ Print Name of Family: ___ Owner Address: ___ Unit Address:

Telephone Number: _____ Telephone Number: _____

The above referenced unit failed its HQS inspection and is not in compliance with INLIVIAN Housing Choice Voucher Program (HCVP) requirements. After the repairs have been completed in a satisfactory manner, the landlord and the tenant must sign this form to certify the satisfactory completion of repairs. This form must be received prior to the deadline date indicated on the attached HQS Notice to avoid further action. The form may be mailed, hand delivered, faxed, or scanned to the address above or emailed directly to the INLIVIAN HCVP Inspections Department at inspectorname@inlivian.com

If repairs have not been completed by the deadline date and a signed HQS Repair Self-Certification is not returned to the inspector, then the unit will be considered failed and the Housing Assistance Payments (HAP) will be abated on the day after the deadline date.

Please check the option below which applies to your inspection:

- The deficiencies assigned as both Owner/Property Manager and Participant/tenant responsibilities have been completed.
The deficiencies assigned as Owner/Property Manager responsibility are completed.
The deficiencies assigned as Participant/tenant responsibility are completed.

The signatures below certify that the required repair(s) have been completed and the unit is now in compliance with INLIVIAN's HQS. It is further understood that if at any time after the execution of the certification it is determined that the repairs were not completed in a satisfactory manner, all Housing Assistance Payments (HAP) made since the due date for repairs will be abated and payments already made to the landlord will be recouped by INLIVIAN.

Landlords must have a history of HQS compliance through INLIVIAN to qualify for use of this Repair Self-Certification. INLIVIAN may verify the completeness of all repairs by a "Special Inspection" within 30 days of the due date for the repairs.

Our signatures below certify that we have read, understood, and agree to the terms of this form, that all repairs have been made for the inspection number listed on the top of this form and that the unit listed above does comply with the HQS requirements of INLIVIAN.

We understand that making false statements, committing fraud, misrepresentation or providing false information of any kind may be grounds for termination of participation for both the Participant/tenant and Owner/Property Manager. We further understand that making false statements, committing fraud, misrepresentation or providing false information is punishable under state and federal law.

Signature of Owner/Property Manager: _____ Date: _____
Signature of Participant/Tenant: _____ Date: _____