

1400 North Reagan Street P.O. Box 1900 San Benito, TX 78586

Office: (956) 399-7501 Fax: (956) 399-5413 www.sanbenitohousing.com

HOUSING QUALITY STANDARDS (HQS) OWNER/TENANT SELF-CERTIFICATION OF REPAIRS

Note: This form will be used for first-visit failed inspections with 5 deficiencies or fewer and follow-up inspections with 2 deficiencies or fewer. This form cannot be used for Initial, Moving or Emergency Inspections.

		TENANT INFORMATION	
Tenant N	lame (print):		_
Unit Add	ress:		
City: _		State:	Zip:
		LANDLORD INFORMATION	
Landlord	Name (print):		_
Address:			
City: _		State	Zip:
L	ist completed repairs to iter	ns noted on the Failed Item Inspection Repor	t:
('	1)		
(:	o)		
	this form by one of the fo	-	
x to: (956) 399-5413 Attn: Chris			
nail to:	cespinosa@sanbenitoho	ousing.com	
atement if re ertify the abo nstitutes grou derstand tha	pairs are the owner's responsibil ove repairs are complete and the unds for cancellation of the Hou t making false statements or mi al law. SBHA reserves the right to	ceived by San Benito Housing Authority within the ity, and/or termination if repairs are the tenant's respective distribution of the tenant's respective distribution of the client providing Assistance Payment Contract and the client providing factoristics of the conduct as pecial follow up or Quality Control Inspections.	oonsibility. rstand that any falsification of informatio ogram participation termination. I furth llse information are punishable acts und
vner Printed I	Name	Owner Signature	-
d of Household Printed Name		Head of Household Signature	
ner Telenhone Number		Head of Household Telephone Number	 Date

The San Benito Housing Authority is committed to compliance with Equal Housing Opportunity, the Fair Housing Act and the American with Disabilities Act. Reasonable accommodations and equal access to communications will be provided upon request.

