



Housing Quality Standards

I _____
Owner/ Agent Name

certify that all deficiencies from the inspection on

_____ Date of Inspection

for: _____
Tenant Name

at _____
Address of Unit

have been corrected/repaired/replaced.

Owner/ Agent Signature

Date repairs completed

Head of Household Signature

FOR PHA USE ONLY!

The PHA verified with the participant that deficiencies have been corrected.

PHA Signature

Date