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HOUSING QUALITY STANDARDS (HQS) BIENNIAL/NEW LEASE 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/Agent and the Tenant must** use this form to certify in writing that the repairs have been completed prior to the deadline date indicated on the HQS fail notice.

Participant's Name: _____ Inspection ID: _____

Unit address: _____ Re-inspection date: _____

Participant's phone number & e-mail: _____

Please check the option below which applies to your inspection:

- The deficiencies assigned as both owner and tenant responsibility have been completed
- The deficiencies assigned as owner responsibility have been completed
- The deficiencies assigned as tenant responsibility have been completed
- Owner ___ and/or Tenant ___ have attached supporting documents such as work orders, photographs, and receipts as proof of completion.

The signatures below certify that the required repair(s) have been completed and the unit is now in compliance with HQS. It is further understood that if at any time after the execution of this certification it is determined that the repairs that were the responsibility of the owner 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. It is further understood that if at any time after the execution of this certification it is determined that the repairs that were the responsibility of the participant/tenant were not completed in a satisfactory manner, the family's rental assistance may be terminated.

Our signatures below certify that we have read, understood, and agree to the terms of this form, that repairs have been made for the inspection listed on the top of this form and that the unit listed above does comply with HQS requirements. 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, misrepresenting or providing false information is punishable under state and federal law.**

Signature of Owner/Property Manager: _____ Date: _____

Owner/Property manager's phone number and e-mail: _____

Signature of Participant/Tenant: _____ Date: _____

Please e-mail form to: LBHAInspections@longbeach.gov

For Office Use Only

Date Received: _____

Inspector's Initials: _____

Passed: _____

Fail: _____

Selected for physical Inspection

Yes: _____ No: _____