



BOSTON HOUSING AUTHORITY

Leased Housing Inspection
52 Chauncy Street
Boston, Massachusetts 02111

Phone: 617-522-0048
Fax: 617-524-9134
TDD: 800-545-1833 x420
www.BostonHousing.org

(This information is available in alternative format upon request.)

CORRECTION OF HQS DEFICIENCIES – SELF-CERTIFICATION

Address/unit: _____

Attn: INSPECTIONS

BOSTON HOUSING AUTHORITY

52 CHAUNCY STREET,

BOSTON, MASSACHUSETTS 02111

This form must be signed by both the owner (s) and the client head-of-household, and returned by (). No one besides the client head-of-household can sign the self-certification. Failure of the client head-of-household to cooperate with the timely return of this self-certification will be grounds to initiate termination of the Housing Assistance Payments (HAP) Contract.

Please return the completed, signed and dated self-certification along with the LIST OF HQS DEFICIENCIES. You may return the documents by mail. You can also scan the documents and email them to the assigned inspector. You can find your inspector's email address at: www.bostonhousing.org/inspectors . You may also fax the documents to: (617)-524-9134

If the self-certification is not fully completed and received by BHA within the required timeframe, the result of the HQS Inspection for the housing unit will be Final Fail. BHA will start cancellation and/or abatement of the HAP Contract. BHA will not make payments, nor will BHA make retro-active payments for the time the unit's rent is abated. **The owner(s) are not permitted to recover any of BHA'S Housing Assistance Payments from the client.**

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statements or entry, in any matter within the jurisdiction of any development or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five (5) years, or both.

Address and unit # : _____

I(We) certify that HQS inspection's deficiencies have been corrected and that the repairs are complete. I (We) understand that any falsification of information is grounds for the termination of the HAP Contract and/or client program participation. I(We) also understand that any falsification of information may be grounds for referral to the Department of Housing and Urban Development (HUD) Office of Inspection General and/or local authorities for criminal prosecution.

Owner(s) Printed Name

Client Head of Household Printed Name

Owner(s) Signature

Client Head of Household Signature

Owner(s) Phone Number Date Signed

Client Phone Number Date signed

I, DO NOT AGREE and Request a re-inspection by BHA