



# CHATTANOOGA HOUSING AUTHORITY

## Housing Choice Voucher Program

801 N Holtzclaw Avenue, Chattanooga, TN 37404

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### HQS REPAIR SELF CERTIFICATION

Date: \_\_\_\_\_

Head of Household (Voucher holder): \_\_\_\_\_

Address to be inspected/certified: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Head of Household (Voucher holder) Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Dear HCVP Property Owner/Property Manager and Head of Household (Voucher holder),**

**Please mark all that apply and then print, sign and date below or the form is invalid:**

- I, the Property Owner/Property Manager, do hereby certify that the deficiencies identified in the failed inspection have been repaired and that the unit meets the minimum housing quality standards (HQS) as defined in the HAP contract and HUD regulations.
- I, the Head of Household (Voucher holder), do hereby certify that the deficiencies identified in the failed inspection have been repaired and that the unit meets the minimum housing quality standards (HQS) as defined in the HAP contract and HUD regulations.
- BOTH the Property Owner/Property Manager do hereby certify that the deficiencies identified in the failed inspection have been repaired and that the unit meets the minimum housing quality standards (HQS) as defined in the HAP contract and HUD regulations.

Head of Household Name: \_\_\_\_\_ (Printed)

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner/Property Manager Name: \_\_\_\_\_ (Printed)

Property Owner/Property Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner/Property Manager Email Address: \_\_\_\_\_