



**INDEPENDENCE**  
HOUSING AUTHORITY

**HOUSING QUALITY STANDARDS (HQS) OWNER CERTIFICATION THAT ALL NON LIFE-THREATENING CONDITIONS HAVE BEEN REPAIRED**

**DATE OF CERTIFICATION:** \_\_\_\_\_

**TENANT NAME:** \_\_\_\_\_

**ADDRESS FOR HQS UNIT BEING CERTIFIED TO:** \_\_\_\_\_  
\_\_\_\_\_

**OWNER / LANDLORD NAME:** \_\_\_\_\_

**I CERTIFY THAT THE ABOVE UNIT ALL NON LIFE-THREATENING CONDITIONS HAVE BEEN REPAIRED, TO THE BEST OF MY KNOWLEDGE. THIS CERTIFICATION STATEMENT WILL SUFFICE TO SHOW PROOF THAT THERE NO NON LIFE-THREATENING CONDITIONS IN THE UNIT AND ALL WORK HAS BEEN COMPLETED SO NO FURTHER INSPECTION WILL NEED TO TAKE PLACE. A QUALITY CONTROL INSPECTION MAY STILL BE CHOSEN ON THIS UNIT SO AS TO CHECK THE PRIOR INSPECTORS WORK.**

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**SIGNATURE OF OWNER / LANDLORD**