



INDEPENDENCE
HOUSING AUTHORITY

**HOUSING QUALITY STANDARDS (HQS) OWNER CERTIFICATION THAT LIFE-
THREATENING CONDITIONS DO NOT EXIST**

DATE OF CERTIFICATION: _____

TENANT NAME: _____

ADDRESS FOR CERTIFIED STATEMENT: _____

OWNER / LANDLORD NAME: _____

I CERTIFY THAT THE ABOVE UNIT DOES NOT HAVE LIFE-THREATENING CONDITIONS THAT EXIST, TO THE BEST OF MY KNOWLEDGE. THIS CERTIFICATION STATEMENT WILL SUFFICE TO SHOW PROOF THAT THERE ARE NO LIFE-THREATENING CONDITIONS IN THE UNIT AND NO FURTHER INSPECTION WILL NEED TO BE COMPLETED. A QC INSPECTION MAY STILL OCCUR TO CHECK THE PRIOR INSPECTORS WORK.

SIGNATURE OF OWNER / LANDLORD