818 South Flores Street | San Antonio, Texas 78204 | 210-477-6262 | www.saha.org

HOUSING QUALITY STANDARDS (HQS) OWNER/TENANT SELF-CERTIFICATION OF REPAIRS

Note: This form will be used for first-visit failed inspections with 5 deficiencies or fewer and follow-up inspections with 2 deficiencies or fewer. This form cannot be used for Initial, Moving or Emergency Inspections.

		TENANT INFORMATION		
Tenant Nam	e (print):			
Unit Address	3:			
City:		State:	Zip:	
	L	ANDLORD INFORMATION		
Landlord Na	me (print):			
Address:				
City:		State	Zip:	
List complet	ed repairs to items noted on the I	Failed Item Inspection Report:		
(1)				
(0)				
(4)				
(-)				
	rn this form by one of the follo			
Fax to: Email to: Mail to:	(210) 477-6147 Inspections@saha.org Inspections Department Certification of HQS Repairs 818 S. Flores St. San Antonio, TX 78204			
	unit will go into abatement is repair	arked and/or received by San Antonio rs are the owner's responsibility, and/or		
constitutes gro understand tha state and feder	unds for cancellation of the Housing A t making false statements or misreprese	QS deficiencies have been corrected. I undensistance Payment Contract and client prentations, committing fraud and providing faduct a special follow up or Quality Control	ogram participation termination. I further lse information are punishable acts under	
Owner Printed Name		O	Owner Signature	
Head of Household Printed Name		Head of	Head of Household Signature	
Owner Telephone Number Head of		Head of Household Telephone Nur	mber Date	

