<date></date>
<owner:< td=""></owner:<>

<Address>

Dear < Owner>,

In an effort to ensure the safety and well-being of our staff as well as for program participants during the COVID-19 situation, all Housing Quality Standards (HQS) Inspections have been suspended.

As an alternative to conducting these inspections, owners are required to provide certification that units normally required to be inspected meet the HQS health and safety standards. Self certification is temporary and the unit will still be physically inspected at a future date within 120 days following the end of the waiver period, December 31, 2020.

Please complete the attached form certifying the unit(s) meets program requirements.

We appreciate your understanding and apologize for any inconvenience this cancellation may cause.

Thank You,

<Recipient>

Owner Self-Certification of HQS Compliance

Owner Name:			_
Unit(s) Address:			_
Tenant Name:			_
property manager, or ag have knowledge that life understanding that the u	gent on the lease of the use-threatening conditions	unit(s) identified above exist in the unit(s) in one S Inspection complete	oresentative), or contracted e, I have no reasonable basis to question. I also certify my d no later than 120 days following
Signature		Date	