



25 High Street
 Caribou, ME 04736
 Telephone: (207) 493-4234
 Fax (207) 376-0178
www.caribouhousing.org



SELF-CERTIFICATION OF HOUSING QUALITY STANDARDS (HQS) COMPLIANCE

This form is used to certify HQS deficiencies listed on the HQS Notice have been corrected by the Property Owner/Manager and/or Participant/Tenant, prior to the deadline indicated on the Caribou Housing Authority's HQS Notice.

Examples of supporting documents include, but are not limited to, photos of the repair copies of receipts/bill from licensed professionals (plumbing, heating, electrical), must be attached. Copies of bills from licensed professionals, must contain their State of Maine License Number, and the work completed.

Both the Property Owner/Manager and the Participant **MUST** complete and sign the certification on the back of this form. Failure to do so, may result the Housing Assistance Payment being abated.

I, _____, the Participant Property Owner/Manager
(Print Name) (Check One)

hereby certifies that all physical deficiencies listed below and cited during an inspection that was conducted on _____ have been corrected at _____.
(Inspection Date) (Unit Address)

Deficiency	How It Was Corrected	Date Corrected	Supporting Document(s) Attached
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please return this form by one of the following means:

- Fax to: (207) 376-0178
- E-mail to: lplourde@cariboumaine.org
- Mail to: Caribou Housing Authority, 25 High Street, Caribou ME 04736

Certification:

I certify the above repairs are complete and the cited HQS deficiencies have been corrected. I understand that any falsification of information constitutes grounds for cancellation of the Housing Assistance Payment Contract and client program participation termination. I further understand that making false statements or misrepresentations, committing fraud and providing false information are punishable acts under state and federal law.

I understand that Caribou Housing Authority reserves the right to conduct a re-inspection, special follow-up, or Quality Control Inspection at any time to ensure all HQS deficiencies have been corrected.

I understand that if this certification is not received by Caribou Housing Authority within the required timeframe, the unit will go into abatement if repairs are the owner's responsibility; and/or termination if repairs are the tenant's responsibility.

PARTICIPANT INFORMATION

Head of Household Name (Print)	Head of Household Signature	Date
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Unit Address	City
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Telephone Number

PROPERTY OWNER/MANAGER

Property Owner/Manager Name (Print)	Property Owner/Manager Signature	Date
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Address	City
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Telephone Number