



Inspections Department

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HOUSING QUALITY STANDARDS (HQS) SELF-CERTIFICATION OF REPAIR

Tenant name Tenant Phone Number

Unit Address City, State, Zip

Owner/Agent Name Owner Phone Number

I, _____, (Print owner Name) certify that I am the owner/agent of the above listed property, and I have completed the following repairs:

- Utilities have been turned on
- Light bulbs have been replaced
- Smoke detectors/carbon monoxide detectors installed/repared
- Socket/switch plates have been replaced
- Closet doors have been repaired
- Excess debris has been removed from the yard
- Outlets within six feet of a water source have been replaced with GFCI outlets
- Water heater has two earthquake straps

____ (Initial) I have attached supporting documentation such as work orders, photographs and receipts as proof of completion.

Owner Signature Date

I, _____, (Print Tenant Name) certify that I am the tenant at the above property and the repairs have been completed.

Tenant Signature Date

The signatures above certify that the required repair(s) have been completed and the unit is now in compliance with HQS requirements.

It is further understood that if at any time it is found that the repairs were not completed in a satisfactory manner, all Housing Assistance Payments made since the acceptance of this form may be abated or recouped by HACSB.

HACSB may verify the completeness of all repairs at any time. Making false statements may be grounds for termination of participation, and is punishable under state and federal law.