



**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**