



THE HOUSING AUTHORITY

of the City of Columbia, South Carolina
1917 HARDEN STREET * COLUMBIA, S.C. 29204-1015
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ABATEMENT NOTICE SELF-CERTIFICATION

Please note: This form can only be used to certify that HQS deficiencies listed on the HQS Abatement Notice have been corrected. The landlord must use this form to certify in writing that the repairs have been completed indicated on the HQS Abatement Letter.

Inspector's Name: _____ Inspector's Phone Number: _____

Abatement Date _____ Abatement Re-inspection Date: _____

Type of Inspection: Abatement Re-inspection

Print Name of Family _____ Unit Address _____

Print Name of Owner: _____ Owners Telephone Number _____

The above referenced unit failed its HQS inspection and is not in compliance with HUD Housing Choice Voucher Program (HCVP) requirements. After the repairs have been completed in a satisfactory manner, the landlord must sign this form to certify the satisfactory completion of repairs. The form may be faxed or e-mail directly to the Inspector or mailed to CHA's HCVP Inspections Department. The HAP payment have be abated on the deadline date for non completion of repairs as indicated on the Abatement Letter.

Please check the option below which applies to your inspection:

We certify that the deficiencies assigned as both landlord and tenant responsibilities for repair have been completed and that the unit is now in compliance with HUD HQS.

I certify that the deficiencies assigned as landlord's responsibility for repair are completed and the unit is now in compliance with HUD HQS.

The signatures below certify that the required repair(s) for both the landlord and tenant responsibility as listed on the HQS Notice referenced above have been completed and the unit is now in compliance with HUD HQS. It is further understood that if at any time after the execution of the certification it is determined that the repairs were not completed in a satisfactory manner, all Housing Assistance Payments (HAP) made since the due date for repairs will be abated and payments already made to the landlord will be recouped by CHA. . CHA will verify the completeness of all repairs by a "Abatement Re-Inspection" within 5 to 7 days of contact of receiving this form.

Your signatures below certify that you have read, and understood agree to the terms of this form, and that all repairs have been made for the inspection listed on the top of this form and that the unit listed above does comply with the HQS requirements of CHA

Signature of Owner/Manager _____ Date _____