



Date:

Tenant Name:

Tenant Number:

Address:

City:

State: Zip: Date Tenant Took Occupancy of Unit: _____

Owner Certification of HQS Compliance During COVID-19 Biennial Inspections

A Request for Tenancy Approval (RFTA) was submitted on the unit at the above address.

In place of a physical inspection, the Housing Authority of St. Louis County (HASLC) is permitting owners to certify by signing this document that the above address has no life-threatening condition that exists in the unit or property. I understand that any falsification of information is grounds for HAP contract cancellation and client program termination. HASLC will conduct a special follow-up or quality control inspection to ensure all housing quality standards have been met.

Owner Printed Name

Owner Signature

Owner Telephone Number

Date of Inspection