



**NEW CASTLE COUNTY HOUSING AUTHORITY**  
**Housing Choice Voucher Program**

77 READS WAY, NEW CASTLE, DE 19720 • NEWCASTLEDE.GOV  
(302) 395-5600 • FAX (302) 395-5591

**HCV Landlord Self-Certification of HQS Compliance**

*To be completed by NCCHA Staff:*

**Property Address:** \_\_\_\_\_

**Date of Citation by NCCHA:** \_\_\_\_\_ **Emergency Repairs Required? Y / N**

**Tenant Name:** \_\_\_\_\_ **Housing Program Assistant:** \_\_\_\_\_

**Original Inspection ID:** \_\_\_\_\_ **Re-Inspection ID:** \_\_\_\_\_

<b>Violation Cited</b> (not required for Initial Inspection Self-Certification)	<b>Completed?</b>
1. _____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>
4. _____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>
6. _____	<input type="checkbox"/>
7. _____	<input type="checkbox"/>
8. _____	<input type="checkbox"/>
9. _____	<input type="checkbox"/>
10. _____	<input type="checkbox"/>

If any required repairs were not able to be completed, please describe why and attach any related receipts or work orders for items on order or third-party repairs scheduled but not finished.

\_\_\_\_\_  
\_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Certification**

I, the Owner or Owner’s Agent (Landlord) for the above-referenced property, do hereby certify that any listed violations have been corrected in a professional manner to the best of my knowledge. I further certify that, to the best of my knowledge, no Life-Threatening conditions currently exist in the unit or on the premises and that it meets HUD’s Housing Quality Standards.

\_\_\_\_\_  
**Owner or Agent Name**                      **Signature**                      **Date**