**Kandiyohi County Housing and Redevelopment Authority**

**McLeod County Housing and Redevelopment Authority**

**Housing Choice Voucher Program**

Pursuant to the authority provided under the Coronavirus Aid, Relief and Economic Security (CARES) Act, HUD is waiving and establishing alternative requirements for the Housing Choice Voucher Program Housing Quality Standards Inspections.

Per HUD Notice PIH 2020-05, the Kandiyohi/McLeod County Housing & Redevelopment Authority is implementing HQS-4: HQS Initial Inspection Requirement – Alternative Inspection Option allowing the HRA to receive owner certification that the owner has no reasonable basis to have knowledge that life threatening conditions exist in the unit or units subject to initial HQS inspection. The period of availability for the waiver to place a unit under HAP contract and commence payments is in effect until July 31, 2020. The HRA is required to conduct an HQS inspection on the unit as soon as reasonably possible but no later than October 31, 2020.

Once the initial inspection is completed, any repairs an owner needs to complete are subject to all previous HQS guidelines. Any non-life threatening decencies will be completed within 30 days, and any life threatening decencies will be made within 24-hours and verified.

A HAP Contract can be executed upon the HRA receiving this owner certification.

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**CERTIFICATION OF DECENT, SAFE, & SANTITARY CONDITIONS OF UNIT**

I, the undersigned owner/landlord/manager of the unit located at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_, MN, have no reasonable basis to have knowledge that life threatening conditions exist in the unit and verify that the unit is decent, safe, and sanitary. I understand that the HRA will be conducting the initial inspection once the restrictions concerning COVID-19 have been lifted and the waivers are no longer in place per HUD guidelines.

Owner / Manager’s Name (printed):

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

