

## FWHS Self-Certification Form

Unit Address:  
Zip:  
Inspection Date:



This form must be signed by both the owner/agent and the tenant head of household and returned within 28 days of the inspection. No other member of the tenant's household may sign on behalf of the head of household. Failure of the tenant to cooperate with the timely return of this document will be grounds to initiate termination of housing assistance.

**Please return the signed and dated form, FWHS list of failed items, and any required documentation to one of the following:**

FWHS Inspections                      Fax: 817.877.3576  
PO Box 430  
Fort Worth, TX 76101

If this certification is not fully completed and received by FWHS within the required time frame, the unit will be in Final Fail Status. Failed HQS status will result in cancellation and/or abatement of the HAP Contract. No retroactive payments will be made for the time the rent was abated.

**WARNING:** 18 U.S.C 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statements or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

**I certify that the FWHS-required repairs are complete and the cited HQS deficiencies have been corrected. I understand that any falsification of information is grounds for HAP contract cancellation and tenant program termination. I also understand that any falsification of information may be grounds for referral to the Department of Housing and Urban Development (HUD) Office of Inspector General and/or local authorities for criminal prosecution.**

\_\_\_\_\_  
Owner/Agent Printed Name

\_\_\_\_\_  
Head of Household Printed Name

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Owner/Agent Telephone Number

\_\_\_\_\_  
Head of Household Telephone Number

\_\_\_\_\_  
Date Signed by Owner/Agent

\_\_\_\_\_  
Date Signed by Head of Household



I do not agree with this certification and request an inspection by FWHS



Revised March 7, 2018