

OWNER CERTIFICATION OF REPAIRS FOR EXIGENT HEALTH FIRE SAFETY HAZARDS

SEND OR FAX SIGNED COPY TO LOCAL MF OFFICE. DO NOT SEND OR FAX TO THE REAC.

Property ID #: _____	Inspection ID#: _____	Inspection Date: _____
Property Name: _____		
Property Address: _____		
City: _____	State: _____	ZIP: _____
Property Phone: _____	Owner Phone: _____	

Observed and Noted Exigent Health Safety Hazards (If additional space is needed, continue on a separate page)

Air Quality A – Propane/Natural Gas/Methane Gas Detected Electrical Hazards B – Exposed Wires/Open Panels C – Water Leaks On or Near Electrical Equipment	Emergency Equipment/Fire Exits/Fire Escapes D – Emergency/Fire Exits/Blocked/Unusable Fire Escapes E – Blocked Egress/Ladders Gas/Oil Hot Water Heater/Gas/Oil HVAC F – Carbon Monoxide Hazard – Gas/Oil Fired Unit - Missing/Misaligned Chimney
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Item No	Site or Building location	DU or CA Location	Defect Type						Corrective Action Taken	Date	Work order no
			A	B	C	D	E	F			
1											
2											
3											
4											
5											
6											

Observed and Noted Fire Safety Hazards (If additional space is needed, continue on a separate page)

Emergency Equipment/Fire Exits/Fire Escapes G – Window Security Bars Prevent Egress H – Fire Extinguishers Expired	Smoke Detectors I – Missing/Inoperative
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Item No	Site or Building location	DU or CA Location	Defect Type(s)			Corrective Action Taken	Date	Work order no
			G	H	I			
1								
2								
3								

I certify that to the best of my knowledge and belief, the exigent fire safety hazards noted and reported during the physical inspection described above, have been mitigated. I further acknowledge that any false, fictitious or fraudulent statement or report, or any alteration or forgery of a document, or any willful misrepresentation made to the U.S. Department of Housing and Urban Development may result in a fine or imprisonment or both pursuant to 18 U.S.C. Sec. 1001, 1010, or 1012v.

_____ Date _____
 Name of Owner/Agent’s Representative Signature of Owner/Agent’s Representative
 (Please print legibly)

SEND OR FAX SIGNED COPY TO LOCAL MF OFFICE Call 1-888-245-4860 (toll free) if you need assistance.
 Retain a copy for your records.

**PROJECT OWNER'S CERTIFICATION THAT ALL EXIGENT
HEALTH SAFETY ITEMS HAVE BEEN CORRECTED**

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[Name of Project Owner:] _____ (the "Project Owner"), the owner of [Project Name:] _____, [City:] _____, [State:] _____ [Project Number:] _____ (the "Project"), by and through its duly authorized representative identified below, hereby certifies that:

1. All Exigent Health Safety ("EHS") items at the Project have been corrected. Such EHS items include those identified in the Notification of Exigent Fire Safety Hazards Observed, dated _____.
2. The attached Report accurately identifies the repairs that have been made to correct the EHS items, the location of those repairs, and the date or dates the repairs were made. If repairs were not made, the dangerous condition was eliminated.

This certification is made by the Project Owner and is signed by a duly authorized representative of the Project Owner, who is so authorized by reason of his/her position as the [State Fully Relationship Between Signer of Certification and Project Owner:] _____

All of the foregoing statements, as well as the date, signature and identifying information of the signer and the Project Owner that follows, are HEREBY CERTIFIED as true and accurate this _____ day of _____, 20____.

Project Owner: _____

By: Signature: _____

Print Name: _____

Title: _____