



# Loudoun County, Virginia

www.loudoun.gov

Department of Family Services

102 Heritage Way, N.E., Suite 103, P.O. Box 7400, Leesburg, VA 20177-7400

(703) 777-0353 • Fax: (703) 737-8895

To Report Child Abuse and Neglect (703) 771-KIDS

## Housing Quality Standards (HQS) Repair Self-Certification

|                        |  |
|------------------------|--|
| HCV Participant Name   |  |
| Unit Address           |  |
| Owner/Landlord Name    |  |
| Owner/Landlord Address |  |
| Owner/Landlord Phone   |  |
| Owner/Landlord Email   |  |

Housing Choice Voucher (HCV) Program regulations at 24 CFR Part 982 set forth basic Housing Quality Standards (HQS) which all units must meet before assistance can be paid on behalf of a family and at least annually throughout the term of the assisted tenancy. HQS define "standard housing" and establish the minimum criteria for the health and safety of Program participants. To self-certify that all repairs have been completed, the Owner/Landlord may return this completed form via mail, e-mail, or fax by the deadline date above. Mail this completed HQS Repair Self-Certification to:

**Loudoun County Housing Choice Voucher Program  
P.O. Box 7400**

**Leesburg, VA 20176**

**ATTN: Jennifer Leach, HCV Housing Inspector**

Fax: (703) 737-8895

Email: [Jennifer.Leach@loudoun.gov](mailto:Jennifer.Leach@loudoun.gov)

Check one:

I certify that the deficiencies assigned as both Owner/Landlord and tenant responsibilities for repair have been completed, and the unit is now in compliance with HQS.

I certify that the deficiencies assigned as Owner's/Landlord's responsibility for repair are completed and the unit is now in compliance with HUD HQS.

I certify that the deficiencies assigned as tenant's responsibility for repair are completed and the unit is now in compliance with HUD HQS.

If Loudoun County determines the repairs have not been completed in compliance with HQS, the Housing Assistance Payment (HAP) will be abated, and any additional payments made while the unit was out of HQS compliance may be recaptured.

\_\_\_\_\_  
Signature of Owner/Landlord

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of HCV Participant

\_\_\_\_\_  
Date

I certify under penalty of perjury that all of the information contained in this certification and any and all attachments are true and correct. I understand and acknowledge that making false statements on this certification is a crime under federal and Commonwealth of Virginia Laws, which may result in termination from the program and criminal prosecution.



Loudoun County is committed to a policy of nondiscrimination in all County programs, services and activities and will provide reasonable accommodations upon request. Please call (703)777-0353/TTY 711.