



Moderate Rehabilitation and Project-Based Initial Inspection Self-Certification

Buil	Building Name:		
New	New Resident Name: SSN: _	SSN:	
Unit	Unit Number:		
I,	I,	, building manager, certify that unit	
num	number has been inspected by the Seattle Housing	g Authority within the last twelve months.	
I fur	I further certify that the following HUD Housing Quality Sta	andards at 24 CFR 982.401 were met on the	
date	date that the new resident/participant first occupied the unit:		
 ♦ ♦	The dwelling unit provides adequate space and security for the family The lock(s) to the unit are working properly The heating system is safe for heating the dwelling unit (and a safe cooling system, where present) The electrical fixtures and wiring ensure safety from fire The electrical outlets are in proper operating condition The dwelling unit is structurally sound The ceilings, walls, and floors do not have any serious defects Elevators (if any) are working and safe The dwelling unit and its equipment are in sanitary condition The dwelling unit and its equipment are free of vermin and rodent infestation The unit contains a working smoke detector		
Nam	Name and Title		
 Sign	Signature	Date	