



NEW CASTLE COUNTY HOUSING AUTHORITY
Housing Choice Voucher Program

77 READS WAY, NEW CASTLE, DE 19720 • NEWCASTLEDE.GOV
(302) 395-5600 • FAX (302) 395-5591

Landlord Certification: Repairs Completed

Property Address: _____

Tenant Name: _____ **Insp./Event ID:** _____

Original Citation Date: _____ **Re-Inspect Date:** _____

The above (failed) unit was to be Re-Inspected on the date given, but had to be rescheduled due to:

- Tenant or landlord reschedule (notice/reason given to NCCHA),
- No-Show on the Reinspection Date, or
- Other (_____).

Despite the missed date, NCCHA must ensure that cited repairs have been made within 30 days. Absent verification of repairs, units non-compliant for 30+ days must be placed in abatement or (if only tenant charges) referred for termination.

Please review the attached list of repairs, complete this form and return by standard mail (to HCV Inspections at the address above) or by email (to Matthew.Alexander@NewCastleDE.gov) as soon as possible in order to legally certify that repairs were made. Please also include any documentation related to the work done: work orders, extermination or other contracts, receipts, etc. If any repairs were not able to be completed, include a statement explaining why and attach relevant documentation.

Owner Name: _____ **Company:** _____

Email Address: _____ **Phone:** _____

Certification

I, the Owner or Owner's Agent (Landlord) for the above-referenced property, do hereby certify that any cited violations were corrected within 30 days, fully and in a professional manner. I further certify that, to the best of my knowledge, no Life-Threatening conditions currently exist in the unit or on the premises and that it meets HUD's Housing Quality Standards.

Owner or Agent Name

Signature

Date