

Hold Harmless Inspection Agreement

Resident I.D. _____

As the Proxy Inspector (PI), I authorize the _____
Housing Authority (HA) to conduct the Housing Quality Standards (HQS) inspection through the Remote Video Inspection (RVI) process. This certifies that I have legal possession of the unit at [full address]: _____

As the [check one]:

- Legal Owner.
- Property Manager or landlord representative.
- Head of Household (tenant) or household member over the age of 18 years.

For an Initial inspection on a vacant unit, the signatory is the landlord/landlord representative.

In the case of an occupied unit, the signatory may be the landlord/landlord representative, the tenant, or other adult household member.

Additionally, I certify that:

- The RVI process and my role in the process has been explained to me.
- I have fully disclosed all the deficiencies to the HQS Inspector.
- There is no smell of natural gas, methane, or noxious gas.
- I will not record or share the RVI stream due to personally identifiable information (PII).
- I will follow the instructions of the HQS Inspector to the best of my ability.

REQUIRED: Completion of the free online Lead Based Visual Assessment Training Course, for properties built before 1978 where a child under 6 resides or will reside or a poisoned child resides or will reside. The training is available at this site: www.hud.gov/program_office/healthy_homes/enforcement/regulations.

- I have completed the Lead Based Paint Visual Assessment Training Course and have included my Certificate of Completion.

Video Application

Please select Platform: Zoom Microsoft Teams Other _____

WARNING: It is unlawful to make “knowingly and willfully” any “materially false, fictitious, or fraudulent statements or representations” to a federal agency. Violations can be punished under Section 2 of the False Statements Act by a fine and/or imprisonment of not more than 5 years [18 U.S.C. 1001].

- I certify, under penalty of perjury the laws of the United States of America and the State of _____ that the above information is true and correct.

Signature Print Name Date

Email Address Mobile Telephone Number

Once completed, please email this form to: _____