

ATTACHMENT A

**Owner's Report of Completion of Repairs and Exigent Health & Safety Items
 Owner's Plan for Completion of Repairs
 (Itemized List of Corrective Actions Taken & Plan for Corrective Actions to be Taken)**

Development Name: _____ Inspection Date: _____
 MSHDA #: _____ LIHTC #: _____ Submission #: _____
 Address: _____

Item	Specific Location of Deficiency (Unit/Common Area/ Building Address/ Grounds/System)	Level (EHS, H/S, L3, L2, L1, or "M" for MSHDA)	Description of Deficiency	Planned Corrective Actions To be Taken/Date	Completed Corrective Actions Taken/Date	✓ CHECK IF HOME UNIT	Meets UPCS/ MSHDA Standard (Yes or No)
1						<input type="checkbox"/>	
2						<input type="checkbox"/>	
3						<input type="checkbox"/>	
4						<input type="checkbox"/>	
5						<input type="checkbox"/>	
6						<input type="checkbox"/>	
7						<input type="checkbox"/>	
8						<input type="checkbox"/>	
9						<input type="checkbox"/>	
10						<input type="checkbox"/>	

Under penalties of perjury, the undersigned certifies that the information presented in this Certification is true and accurate to the best of their knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in noncompliance.

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

Owner or Owner's Authorized Representative

Signature: _____
 Print Name: _____
 Title: _____
 Company Name: _____