



## Clermont Metropolitan Housing Authority

65 South Market Street | Batavia, Ohio 45103

513.732.6010 | Fax 513.732.6520

[www.clermontmha.org](http://www.clermontmha.org)

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Dear Landlord,

Due to Covid-19, in order to protect the safety of our staff, landlord and tenants, our office has not been conducting inspections on occupied units. This has been a burden on new applicants or transfers who have recently turned in new RTA packets. On April 10<sup>th</sup>, HUD just announced they are allowing waivers on initial (move-in) inspections.

### **Description of the Waiver:**

Section 8(o)(8)(A)(i) requires that the PHA must inspect the unit before any assistance payment is made to determine whether the unit meets HQS. Section 8(o)(8)(C). requires the PHA to conduct the initial inspection within certain time frames after receiving the RFTA. Section 982.305 provides that the PHA may not approve the assisted tenancy or execute a HAP contract until the unit has been inspected by the PHA and passes HQS. Additionally, Section 982.305 requires that the PHA must inspect the unit to determine that the unit satisfies the HQS before the beginning of the initial lease term, and that the PHA must perform this inspection within either 15 days or within a reasonable time depending on the size of the PHA.

HUD is waiving these requirements and providing an alternative requirement. In order to place the unit under HAP contract and commence making payments, the PHA may rely on the owner's certification that the owner has no reasonable basis to have knowledge that life threatening conditions exist in the unit or units in question instead of conducting an initial inspection. At minimum the PHA must require this owner certification. However, the PHA may add other requirements or conditions in addition to the owner's certification but is not required to do so. The PHA is required to conduct an HQS inspection on the unit no later than 1-year anniversary of date of owner's certification.

If you would like us to proceed with the initiation of the HAP contract and based on this waiver, we need written verification that the owner has no reasonable basis to have knowledge that life-threatening conditions exist in the unit or units in question (statement is attached). If this statement is received, we will not be conducting an initial inspection of the unit; however, a full HQS inspection will be scheduled when it is safe to do so. If you do not want to provide a statement, please understand that the packet will be held and an inspection will be scheduled when it is safe for us to do so, no HAP contract or payments will be initiated in this scenario.

Please see the attached statement and check which box applies to your unit and sign and date. You can return via email to [inspections@clermontmha.org](mailto:inspections@clermontmha.org) or fax to 513-732-0851.

If you have any questions, please contact our office at 513-732-6010. We are not open at this time; however, if you leave a message in our general mailbox someone will get back with you. You can also email questions to [inspections@clermontmha.org](mailto:inspections@clermontmha.org).

Thank you,  
CMHA Staff

**Statement regarding initial inspections.**

Please check which box applies to the packet we received on unit

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(Print Unit Address)



Our office would like CMHA to proceed with the initiation of the HAP contract based on this waiver. This is written verification that the owner has no reasonable basis to have knowledge that life-threatening conditions exist in the unit in question. We also understand that CMHA will not be conducting a physical initial inspection of the unit at this time; however, a full HQS inspection will be scheduled when it is safe to do so.



At this time, our office does not want to provide statement regarding life-threatening conditions. We understand that the packet will be held and an inspection will be scheduled when it is safe for CMHA to do so. We also understand that no HAP contract or payments will be initiated until the units passes inspection.

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Signature of Owner or their representative and date