# Bed Bug Management Plan Landlord / Tenant Certification Statement

It is the responsibility of the owner to maintain the unit in accordance with Housing Quality Standards (HQS) and to ensure that “the dwelling unit and its equipment…be in sanitary condition” and “free of vermin and rodent infestation” (24 CFR 982.401-982.404). It is the responsibility of the tenant to work cooperatively with the owner/landlord and/or extermination professional to ensure the successful elimination of bed bugs.

To assist Santa Monica Housing Authority (SMHA) in its goal of providing decent, safe, and sanitary housing, SMHA requests the following information be completed by the owner/landlord and tenant **upon completion of treatment (within 72 hours of follow-up/final treatment)**.

# Owner/Landlord Checklist

1. Date(s) unit was treated:
2. Type of treatment:
	1. Professional exterminator (company name, address, and phone number)

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* 1. Other Method (describe)

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1. Date(s) of follow-up treatment:

# Tenant Checklist

1. Were the following pre-treatment activities completed? (Please Circle)
	1. Vacuum mattress, box spring, baseboards, curtains, furniture, carpet, and other areas where bed bugs may be present? **Yes No N/A**
	2. Clean furniture that cannot be vacuumed with disinfectant? **Yes No N/A**
	3. Wash all bedding, linen, and clothing in hot water (+120 degrees); dry on the hottest setting for about 45 minutes; and store in tightly sealed plastic bag? **Yes No N/A**
	4. Place mattress and box spring in bed bug encasements? **Yes No N/A**
	5. Furniture moved to the center of the room being treated? **Yes No N/A**
	6. Dispose of infested items that cannot be cleaned? **Yes No N/A**
2. Was a follow up treatment(s) conducted to ensure the successful elimination of bed bugs? **Yes No N/A**

# OWNER/LANDLORD STATEMENT OF CERTIFICATION

I, \_, certify that the unit located at \_

was treated (either by a licensed extermination professional or by other methods) and have ensured the successful elimination of the presence of bed bugs.

# Owner/Landlord Signature Date

**TENANT STATEMENT OF CERTIFICATION**

I, , certify that my unit located at was treated (either by a licensed extermination professional or by other methods) and have ensured the successful elimination of the presence of bed bugs.

# Tenant Signature Date