

RAPID RE-HOUSING

[written standards]

Pasadena Partnership to End Homelessness

Revised August 2016

[contents]

[4] **Introduction**

- [4] Program Overview
- [4] CoC Coordination with ESG

[5] **Target Population & Eligibility Criteria**

- [5] Target Population
- [5] Eligibility Criteria

[8] **Program Overview**

- [9] Rental Assistance
- [10] Administration of Funds
- [10] Case Management Requirements
- [10] Supportive Services

[12] **Recordkeeping Requirements**

- [12] Evidence of Homeless Status
- [13] Annual Income
- [13] Record of Imminent Threat of Harm (CoC)

[15] **Program Requirements**

- [15] Rent Requirements
- [16] Housing Standards
- [17] Lease Agreement (ESG & CoC)
- [17] Rental Assistance Agreements (ESG)
- [18] Termination Policies
- [18] Grievance Policy
- [19] Environmental Review (CoC)

[appendices]

[20] Appendix A: Summary of Eligible Rapid Re-Housing Supportive Services

[23] Appendix B: Intake & Assessment Forms

- [24]** RRH Household Eligibility Evaluation
- [25]** Written Third Party Verification of Homeless Status
- [26]** Observation of Homeless Status by Outreach Worker
- [27]** Oral Third-Party Verification of Homeless Status
- [28]** Self-Declaration of Homeless Status
- [29]** ESG Income Eligibility Worksheet
- [31]** ESG Written Third Party Verification of Income
- [32]** ESG Oral Third Party Verification of Income
- [33]** ESG Self Declaration of Income

[34] Appendix C: Property Related Forms

- [35]** ESG Rental Assistance Agreement
- [36]** ESG Habitability Standards Checklist
- [37]** Understanding the Lead-Based Paint Requirements: Guidance for ESG Grantees
- [43]** ESG Lead-Based Paint Document Checklist
- [44]** ESG Lead Screening Worksheet
- [47]** ESG Lead-Based Paint Visual Assessment Certification Template
- [48]** ESG Lead-Based Paint Property Owner Certification Form
- [49]** CoC Housing Quality Standards Inspection Guidelines
- [50]** LA County Fair Market Rent Guidelines
- [51]** Rent Reasonableness Checklist & Certification

[52] Appendix D: HQS Long Form

[72] Appendix E: HQS Short Form

[79] Appendix F: Environmental Review Chart

[Introduction]

In accordance with Title 24 of the Code of Federal Regulations (24 CFR) 91.220(l)(4)(i), 576, and 578, the City of Pasadena (City) and the Pasadena Partnership to End Homelessness (Pasadena CoC) have developed the following written standards. These standards will apply to all projects that receive Pasadena Continuum of Care (CoC) and Emergency Solutions Grants (ESG) rapid re-housing (RRH) funding and are intended as basic minimum standards to which ESG and CoC grantees can add additions and more stringent standards applicable to their own projects. In addition, all RRH projects must comply with the applicable Notice of Funding Availability (NOFA) under which the project was originally awarded.

The goal of these standards is to synthesize key elements of the HUD regulations with the processes and priorities of the Pasadena CoC and ensure that the RRH program is administered fairly and methodically. The City and the Pasadena CoC will continue to build upon and refine this document.

PROGRAM OVERVIEW

Rapid re-housing is designed to help homeless families quickly transition into permanent housing. Enrollment in Pasadena CoC-RRH should rely heavily on a case management approach to ensure long-term stability for program participants. Providers are expected to implement a case management plan that, through community resources, agency partners, and mainstream benefits, will increase household income and housing stability.

Under the Pasadena CoC the two types of rental assistance available are: (1) short-term rental assistance for up to three months; and (2) medium-term rental assistance for up to 24 months. Families who receive short-term rental assistance should have fewer barriers to maintaining permanent housing as compared to families who receive medium-term rental assistance.

COC COORDINATION WITH ESG

To ensure coordination of resources among grantees, Pasadena CoC utilizes the following approaches and procedures:

Participation in HMIS. All grantees are required to participate in the Homeless Management Information System (HMIS) per the ESG and CoC Interim Rule (24 CFR 576 and 578). This helps avoid duplication of services and client data, and provides an opportunity to document homelessness.

Universal Assessment. All families will be assessed using a comprehensive, universal assessment tool called the Family Vulnerability Index Service Prioritization Decision Assistance Tool (F-VI-SPDAT) in order to make an informed and objective decision on the level of need of each family and streamline eligibility determinations.

Participation in CES. All grantees will be required to receive referrals through Pasadena's Coordinated Entry System (CES).

[Target Population & Eligibility Criteria]

TARGET POPULATION

Rapid re-housing programs administered through the Pasadena CoC target and prioritize homeless families who are most in need of this temporary assistance and are most likely to achieve and maintain stable housing, whether subsidized or unsubsidized, after the program concludes. Depending on need, families are connected to either short-term or medium-term rental assistance.

Short-Term Rental Assistance

Short-term rental assistance (up to 3 months) programs target families with low to moderate barriers to securing and retaining permanent housing. These families require minimal service intervention and limited financial assistance to secure and stabilize in permanent housing.

Medium-Term Rental Assistance

Medium-term rental assistance (4-24 months) is targeted towards families who experience moderate to high barriers to securing and retaining housing. These families have multiple barriers to housing that require longer periods of time to resolve and may require more intensive service interventions.

ELIGIBILITY CRITERIA

As detailed in Exhibit 1, eligibility criteria at entry and continued eligibility depend on funding source. In addition to verifying homeless status, all grantees must administer a Family Vulnerability Index Service Prioritization Decision Assistance Tool (F-VI-SPDAT) in order to evaluate eligibility and make an informed and objective decision according to the need of each family.

Exhibit 1: Eligibility Criteria Summary for ESG and CoC Rapid Re-Housing (RRH)

| Criterion | ESG | | CoC | |
|--|-------|---------|-------|---------|
| | Entry | Re-Eval | Entry | Re-Eval |
| Families who are literally homeless | ✓ | | | |
| Families coming from the streets or an emergency shelter | | | ✓ | |
| Need (amount and type of assistance) | ✓ | ✓ | ✓ | ✓ |
| Income | | ✓ | | |
| Lacking Resources and Support Networks | | ✓ | | ✓ |

According to the F-VI-SPDAT, families that score between a 4 and 7 are recommended for the Rapid Re-Housing initial assessment. Families that score below 4 are not recommended for the program, although they are recommended to be referred to diversion or homeless prevention assistance. Families that score above an 7 are recommended for a permanent supportive housing assessment.

Initial Eligibility for ESG-RRH Assistance

ESG rapid re-housing (ESG-RRH) assistance is available for families who are literally homeless under Category 1 of the Homeless Definition Final Rule at entry (see Exhibit 2 for a complete definition). ESG-RRH assistance is also available to people fleeing or attempting to flee domestic violence if they are also literally homeless. In addition, grantees should determine the amount and type of assistance that the family will need to gain stability in permanent housing as evidenced by an F-VI-SPDAT assessment.

Initial Eligibility for CoC-RRH Assistance

The requirements regarding eligible participants depend upon the applicable NOFA under which the rapid re-housing project was originally awarded. Currently, to receive Pasadena CoC rapid re-housing assistance, participants must be households with children coming from the streets or emergency shelters. In addition, grantees should determine the amount and type of assistance that the family will need to gain stability in permanent housing as evidenced by an F-VI-SPDAT assessment.

Continued Eligibility for ESG- and CoC-RRH Assistance

At a minimum, grantees should re-evaluate program participant's eligibility and the types and amounts of assistance the program participant needs not less than once annually for the program participants receiving rapid re-housing assistance. To continue to receive ESG- and CoC-RRH assistance, a program participant's re-evaluation must demonstrate eligibility based on:

Lack of Resources and Support Networks. The program participant's household must continue to lack sufficient resources and support networks to retain housing without ESG or CoC program assistance as evidenced by the attached Intake and Assessment Forms (Appendix B).

Need (CoC). The grantee must determine the amount and type of assistance that the family will need to gain stability in permanent housing as evidenced by an F-VI-SPDAT assessment.

Income (ESG). In addition, ESG-RRH re-evaluation must demonstrate that the program participant household's annual income is less than or equal to 30 percent of the Area Median Income (AMI) as evidenced by the ESG Income Worksheet and relevant verification/declaration form (Appendix B).

Grantees may also require program participants to notify them regarding changes in their income or other circumstances that affect their need for assistance (e.g. changes in household composition). When notified of any change, grantees must re-evaluate eligibility and the amounts and types of assistance the participant needs.

Exhibit 2: Literally Homeless Status (Category 1)

An individual or family:

With a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building bus or train station, airport, or camping ground (this does not include persons living in housing that is substandard and in need of repair or housing that is crowded); or

Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or

Who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

[Program Overview]

ESG and CoC rapid re-housing grant funds may be used to provide short- and/or medium-term rental assistance, case management, and accompanying supportive services, as needed, to help an individual or family that is homeless move as quickly as possible into permanent housing and achieve long-term stability in that housing. Exhibit 3 summarizes the eligible activities for each program.

Exhibit 3: Eligible Uses of Funds

ESG-RRH

Rental Assistance

Short-term rental assistance
Up to 3 months

Medium-term rental assistance
4 to 24 months

Financial Assistance

Rental application fees

Security deposits
Up to 2 months

Last month's rent

Not to exceed one month's rent

Utility deposits and payments
Up to 24 months, including up to 6
months of arrears

Moving costs

Supportive Services

Housing search and placement

Housing stability case management

Mediation

Legal services

Credit repair

CoC-RRH

Rental Assistance

Short-term rental assistance
Up to 3 months

Medium-term rental assistance
4 to 24 months

Financial Assistance

Security deposits

Up to 2 months

First and last month's rent

Property damage

Supportive Services

Supportive Services

Case management

Child care

Education services

Employment assistance & job training

Food

Housing search & counseling services

Including mediation, credit repair, &
payment of rental application fee

Legal services

Life-skills training

Mental health services

Moving costs

Outpatient health services

Outreach services

Substance abuse treatment services

Transportation

Utility deposits

RENTAL ASSISTANCE

Grantees may provide program participants with up to 24 months of rental assistance during any 3-year period. Assistance may include any combination of short-term rental assistance (up to 3 months) and medium-term rental assistance (more than 3 months but less than 24 months). Applicants can return for rental assistance if they have received less than 24 months of rent during any 3-year period on a case-by-case basis as a result of extenuating circumstances (e.g. illness, death, divorce). In addition, program participants may receive funds for security deposits in an amount not to exceed two (2) months of rent.

Program participants who have complied with all program requirements during their residence and who have been a victim of domestic violence, dating violence, sexual assault, or stalking, and who reasonably believe they are imminently threatened by harm from further domestic violence, dating violence, sexual assault, or stalking (which would include threats from a third party, such as a friend or family member of the perpetrator of the violence), if they remain in the assisted unit, and are able to document the violence and basis for their belief, may retain the rental assistance and move to a different Continuum of Care geographic area if they move out of the assisted unit to protect their health and safety. See recordkeeping requirements to ensure proper documentation of imminent threat of harm.

Rental assistance cannot be provided to a program participant who is already receiving rental assistance, or living in a housing unit receiving rental assistance or operating assistance through other Federal, State, or local sources.

Amount of Rental Assistance

It is expected that the level of assistance will be based on the goal of providing only what is necessary for each household to achieve housing stability in the long-term. As such, Case Managers will determine the amount of rental assistance, which should not exceed the following guidelines:

- Grantees may provide up to 100% of the cost of rent to program participants
- The maximum share of rent a program participant may pay is 100%

Gradual Declining Subsidy

Grantees will institute tapering or “stepped-down” rental assistance structure so families will be confident that they can assume full responsibility of the monthly contracted rent, monthly utility costs, and other essential household costs at the end of the rental assistance period. The maximum subsidy for this graduated rate will be as follows:

| | | |
|--|---|---|
| MONTHS 1-3 100% of the contracted rent | MONTHS 4-9 75% of the contracted rent | MONTHS 10-24 50% of the contracted rent |
|--|---|---|

For ESG-RRH grantees, families can receive a maximum of 24 months rental assistance in a three-year period.

Payments

Grantees must make timely payments to each owner in accordance with the rental assistance agreement.

All rent payments must go directly to a third-party (directly to landlord). Grantees are solely responsible for paying late payment penalties that it incurs with non-ESG or CoC funds.

ADMINISTRATION OF FUNDS

Program participants receiving rental assistance funds pay their portion of rent directly to the landlord. The difference between the total rent and the amount paid by the program participant is then either paid by the recipient or the rental assistance administrator. Recipients can never cover the cost of the program participant's rent if the program participant fails to pay his or her portion of rent.

The Consolidated Appropriations Act of 2014 (Public Law 113-76, approved January 17, 2014) and the Consolidated and Further Continuing Appropriations Act, 2015 (Public Law 113-235, approved December 16, 2014) authorized nonprofit organizations to administer rental assistance to landlords in permanent housing funded with fiscal year (FY) 2012, FY 2013, or FY 2014.

For all other rental assistance grants, a rental assistance administrator must make rental assistance payments to the landlord. Administering rental assistance in the CoC program is: (1) contracting for and making rental assistance payments to the landlord/landowner; and (2) conducting the HQS Inspections. The costs of administering rental assistance are considered service delivery costs of rental assistance and are eligible in the CoC Program as rental assistance costs.

CASE MANAGEMENT REQUIREMENTS

Program participants must meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability. Additional case management will be provided on a case-by-case basis based on demonstrated need. Case managers should help to develop a plan to assist the program participant in retaining permanent housing after the assistance ends, taking into account all relevant considerations, such as the program participant's current or expected income and expenses, other public or private assistance for which the program participant will be eligible and likely to receive, and the relative affordability of available housing in the Pasadena area.

For ESG-RRH participants, case management assistance may not exceed 30 days during the period in which the program participant is seeking permanent housing and may not exceed 24 months during the period in which the program participant is living in permanent housing.

CoC-RRH participants may receive case management assistance for no more than six months after rental assistance stops.

SUPPORTIVE SERVICES

Case managers will assist each program participant, as needed, to obtain appropriate supportive services, including assistance in obtaining permanent housing, medical and mental health treatment, counseling, and other services essential for achieving independent living.

Grant funds may be used to pay for eligible supportive services that address the specific needs of program participants as outlined in Appendix A. ESG-RRH participants may not receive supportive services for more than 24 months during any 3-year period. CoC Program participants may receive supportive services for no more than six months after rental assistance stops.

Other Federal, State, Local, and Private Assistance (ESG requirement)

ESG grantees must assist each program participant, as needed, to obtain other Federal, State, local, and private assistance available to assist the program participant in obtaining housing stability, including:

- Medicaid
- Supplemental Nutrition Assistance Program
- Women, Infants and Children (WIC)
- Federal-State Unemployment Insurance Program
- Social Security Disability Insurance
- Supplemental Security Income (SSI)
- Child and Adult Care Food Program
- Public housing programs
- Housing programs receiving tenant-based or project-based assistance
- Supportive Housing for Persons with Disabilities
- HOME Investment Partnerships Program
- Temporary Assistance for Needy Families (TANF)
- Health Center Program
- State Children’s Health Insurance Program
- Mental Health and Substance Abuse Block Grants
- Services funded under the Workforce Investment Act

[Recordkeeping Requirements]

Grantees must establish and follow written intake procedures to ensure compliance with HUD's definition of homelessness and recordkeeping requirements. Appendix B includes relevant intake and assessment forms to assist in the documentation process.

EVIDENCE OF HOMELESS STATUS

The Pasadena CoC order of priority for establishing homeless status is:

1. Third-party documentation

Source documents provided by an outside source; or

Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations.

2. Staff/Intake worker observations

Documented by grantee staff (Observation of Homeless Status form, Appendix B)

3. Certification from the person seeking assistance

Grantee staff must certify efforts made to obtain third party documentation before allowing applicant to self-certify (Self-Declaration of Homeless Status form, Appendix B)

Lack of third-party documentation must not prevent an individual or family from being immediately admitted to emergency shelter, receiving street outreach services, or being immediately admitted to shelter or receiving services provided by a victim service provider.

Individuals Residing in an Institution

For individuals residing in an institution (including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility) for fewer than 90 days, acceptable evidence includes:

1. Discharge paperwork or a written or oral referral; or

From a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution that demonstrates the person resided there for less than 90 days. All oral statements must be recorded by the intake worker (Oral Third-Party Verification of Homeless Status form or Written Referral form, Appendix B); **or**

2. Certification from the person seeking assistance; and

Where the evidence above is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in the paragraph above and a certification by the individual seeking assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days (Self-Declaration of Homeless Status form, Appendix B); **and**

3. Evidence of literally homeless status prior to entry

Evidence that the individual was homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter, and was chronically homeless prior to entry into the institutional care facility (as defined in paragraph (1) of 25 CFR 578.3) (acceptable documentation listed above).

ANNUAL INCOME

Grantees must demonstrate that the program participant household's annual income is less than or equal to 30 percent of the Area Median Income (AMI) as evidenced by the Income Eligibility Worksheet (Appendix B) and supporting documentation. Eligible documentation (in order of preference) is as follows:

1. Source Documents

Source documents for the assets held by the program participant and income received over the most recent period for which representative data is available before the date of the evaluation (e.g. wage statement, unemployment compensation statement, public benefits statement, bank statement).

2. Third Party Verification

A written statement by the relevant third party (e.g. employer, government benefits administrator, see Appendix B, Written Third Party Verification of Income form) or the written certification by the grantee's intake staff of the oral verification by the relevant third party of the income the program participant received over the most recent period for which representative data is available (see Appendix B, Third Party Verification of Income form).

3. Self-Certification

If source documents and third-party verification are unobtainable, a written certification by the program participant of the amount of income the program participant received for the most recent period representative of the income that the program participant is reasonably expected to receive over the 3-month period following the evaluation (see Appendix B, Self-Declaration of Income form).

RECORD OF IMMINENT THREAT OF HARM (COC)

For each program participant who moved to a difference CoC due to imminent threat of further domestic violence, dating violence, sexual assault, or stalking, grantees must retain documentation of the original incidence and documentation of reasonable belief of imminent threat of further harm.

Documentation of Original Incidence

Documentation of the original incidence of domestic violence, dating violence, sexual assault, or stalking, only if the original violence is not already documented in the program participant's case file. This may be any of the following:

- A written observation of the housing or service provider
- A letter or documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance
- Medical or dental records
- Court records or law enforcement records
- Written certification by the program participant to whom the violence occurred by the head of households.

Documentation of Reasonable Belief of Imminent Threat of Further Harm

Documentation of the reasonable belief of imminent threat of further domestic violence, dating violence,

or sexual assault or stalking, which would include threats from a third-party, such as a friend or family member of the perpetrator of the violence. This may be any of the following:

- A written observation by the housing or service provider, a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance
- Current restraining order
- Recent court order or other court records
- Law enforcement reports or records
- Communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts
- A written certification by the program participant to whom the violence occurred or the head of household

[Program Requirements]

Under both ESG and CoC Interim rule, rental assistance is subject to additional requirements including rent reasonableness and Fair Market Rent (FMR) standards, housing standards, lease agreements and rental assistance agreements, and termination policies. Exhibit 4 summarizes these requirements.

RENT REQUIREMENTS

The key to rental assistance is ensuring long-term housing stability for the client, both for the duration of the program and upon exit. Thus, the purpose is to place participants into housing that will be sustainable

Exhibit 4: Rental Assistance Requirements

ESG-RRH

Rent Requirements

Rent must:

- Not exceed Fair Market Rent
- Comply with HUD's rent reasonableness standards
- Not exceed 60% of participant's income

Housing Standards

Units must:

- Pass HUD Habitability Standards
- Meet lead-based paint requirements

Lease Requirements

Written lease between the owner and program participant
No minimum lease period

Rental Assistance Agreement

Written lease between the owner and Rental assistance agreement between the owner and the grantee that includes the terms under which rental assistance is provided and requirements that apply to ESG rental assistance

Agreement must also state that a copy of any notices to vacate or complaints be provided to grantees

CoC-RRH

Rent Requirements

Rent must:

- Comply with HUD's rent reasonableness standards
- Not exceed 60% of participant's income

Housing Standards

Units must:

- Meet HUD Housing Quality Standards
- Meet suitable dwelling size requirements

Lease Requirements

Lease must have an initial term of one year and be renewable (for a minimum term of one month) and terminable only for cause

in the long-term. As such, Pasadena CoC and ESG program participants may pay no more than 60% of their income towards rent. In addition, case managers are expected to work with clients to review family budgets and ensure families can maintain their housing upon completion of the program.

Fair Market Rent (ESG Only)

Household rent for participants receiving ESG-funded rental assistance must not exceed the Fair Market Rent established by HUD. Current FMR and guidelines for calculating rent are provided in Appendix C (Property Related Forms: Los Angeles County Fair Market Rent Guidelines).

FMR requirements do not apply when a program participant receives only financial assistance or services under HUD's Housing Stabilization and Relocation Services. This includes rental application fees, security deposits, an initial payment of "last month's rent," utility payments/deposits, and/or moving costs, housing search and placement, housing stability case management, landlord-tenant mediation, legal services, and credit repair.

Rent Reasonableness

For participants receiving rental assistance, household rent must comply with HUD's standard of rent reasonableness meaning that the rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units. These rent restrictions are intended to help ensure that program participants can remain in their housing after their assistance ends. The Rent Reasonableness Checklist and Certification form in Appendix C (property related forms) may be used to ensure this guideline has been met.

As with FMR, rent reasonableness requirements do not apply when a program participant receives only financial assistance or services under HUD's ESG Housing Stabilization and Relocation Services.

HOUSING STANDARDS

Habitability Standards (ESG)

Housing for all ESG program participants receiving rental assistance must meet HUD minimum habitability standards for permanent housing. Grantees must document compliance with this standard by signing and completing a Habitability Standards Checklist before the participant signs the lease and before the grantee provides any ESG rental assistance or services specific to the unit (checklist provided in Appendix C: Property Related Forms). In addition, grantees must inspect all units at least annually to ensure that the units continue to meet habitability standards.

Lead-Based Paint Requirements (ESG)

All HUD-funded programs with housing programs occupied by program participants are required to incorporate lead-based paint remediation and disclosure requirements. Generally, these provisions require the recipient to screen for, disclose the existence of, and take reasonable precautions regarding the presence of lead-based paint in leased or assisted units constructed prior to 1978.

CoC-funded units are required to incorporate HUD regulations in 24 CFR Part 35, Subparts A, B, K, and R. ESG-funded programs are required to incorporate the Lead-Based Paint Poisoning Prevention Act (42

U.S.C. 4821-4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4846), and 24 CFR part 35, subparts A, B, H, J, K, M, and R in the unit. To assist with meeting this guideline, several worksheets and forms have been included in Appendix C (Property Related Forms).

Housing Quality Standards (CoC)

Housing for all CoC program participants receiving rental assistance must meet the applicable HUD housing quality standards (HQS) under 24 CFR 982.401. Before any assistance is provided each unit must be physically inspected to assure that the unit meets HQS. In addition, grantees must inspect all units at least annually during the grant period to ensure that the units continue to meet HQS.

Assistance will not be provided for units that fail to meet HQS, unless the owner corrects any deficiencies within 30 days from the date of the initial inspection and the grantee verifies that all deficiencies have been corrected.

Suitable Dwelling Unit Size (CoC)

Each CoC-funded unit must have at least one bedroom or living/sleeping room for each two persons. Children of the opposite sex, other than very young children, may not be required to occupy the same bedroom or living/sleeping room. If household composition changes during the term of assistance, grantees may relocate the household to a more appropriately sized unit. The household must still have access to appropriate supportive services.

LEASE AGREEMENT (ESG & COC)

Each program participant receiving rental assistance must have a legally binding, written lease for the rental unit. The program participant must be the tenant on a lease for a term of at least one year that is renewable and terminable only for cause. The lease must be renewable for terms that are a minimum of one month long.

Program participants receiving ESG rental assistance may move to another unit or building and continue to receive rental assistance, as long as (s)he continues to meet the program requirements.

RENTAL ASSISTANCE AGREEMENTS (ESG)

In addition to a lease between the program participant and the owner, the ESG interim rule also requires a rental assistance agreement between the grantee and the housing owner. The grantee may make rental assistance payments only to an owner with whom the grantee has entered into a rental assistance agreement. To help establish a relationship with a program participant's landlord, CoC recipients may also choose to require a Rental Assistance Agreement form. A Rental Assistance Agreement form has been provided for this purpose in Appendix C (Property Related Forms).

The rental assistance agreement must set forth the terms under which rental assistance will be provided, including the requirements of ESG assistance. In addition, the rental assistance agreement must provide that, during the term of the agreement, the owner gives the grantee a copy of any notice to the program participant to vacate the housing unit, or any complaint used under state or local law to commence an eviction against the program participant. Finally, the rental assistance agreement must contain the same payment due date, grace period, and late payment penalty requirements as the program participant's lease.

The rental assistance agreement with the owner must terminate and no further rental assistance payments under that agreement may be made if:

- The program participant moves out of the housing unit for which the program participant has a lease
- The lease terminates and is not renewed; or
- The program participant becomes ineligible to receive ESG rental assistance

TERMINATION POLICIES

If a program participant violates program requirements (i.e. fails to meet with a Case Manager on a monthly basis) or no longer meets minimum eligibility requirements for program assistance (i.e. income change), the grantee may terminate assistance. To terminate assistance, the minimum required formal process must consist of:

1. A written notice to the program participant containing a clear statement of the reasons for termination; and
2. A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
3. Prompt written notice of the final decision to the program participant.

Termination does not bar the grantee from providing further assistance at a later date to the same family or individual.

GRIEVANCE POLICY

Each HUD funded organization shall have a grievance procedure and shall implement the procedure when applicable. It is the policy of the Pasadena Partnership to End Homelessness (Pasadena CoC) to provide its members with a fair and efficient process to present and resolve complaints and grievances. In the case of complaints about programs, it must be clear that the Pasadena CoC is not an official oversight entity but does have considerable influence.

A first-person written and/or documented complaint will be considered a grievance. A verbal, second-hand or hearsay complaint will be considered a complaint. The person making the grievance or complaint will be asked if they have adhered to grievance procedures provided by the organization they are making the grievance or complaint about.

If the person making the grievance or complaint has not gone through the grievance procedure provided by the organization, the Pasadena CoC will recommend that the person do so and document that recommendation.

If the resolution provided by that organization was not satisfactory to the complainant, he/she may put the grievance or complaint in writing and submit it to the President of the Pasadena CoC. If there is a conflict apparent with reporting problems to the President, reports can be made to the Vice-President. If the complainant does not want his/her name attached to the complaint, his/her anonymity will be protected. If the complainant is unwilling to put the concern in writing, the President or another Pasadena

CoC member will document what has been said.

Each situation will be treated seriously and with sensitivity, and will be documented for the record with date, time, program name, and nature of the complaint, as well as with any action taken towards resolution. All complaints or grievances involving vulnerable adults or children will be immediately turned over to the appropriate authorities.

Once a complaint or grievance has been submitted, the President or Vice-President will approach the problem program's representative, explain the complaint or grievance, and ask for a response to the charge(s). Responses will be documented. It will be up to the President or the Vice-President to decide if the matter needs to be discussed by the Pasadena CoC Board.

If a program received three complaints, the Pasadena CoC Board will review the situation and recommend action. The Executive Director of the program being reviewed will be asked to respond to the Pasadena CoC Board.

ENVIRONMENTAL REVIEW

Before any funds are committed, the City of Pasadena will conduct an environmental review of all CoC- and ESG-funded grantee project site(s) to demonstrate there are no hazardous materials present that could affect the health and safety of the occupants. Environmental reviews will be conducted by the City of Pasadena and are acceptable for a 5-year time period. The costs of carrying out environmental review responsibilities are an eligible use of administrative funds. Appendix F provides assistance in correctly identifying what level of environmental review is required for the project.

[Appendix A: Eligible Supportive Services]

ESG-RRH

Housing Services & Related Services

Assist participants in locating, obtaining, and retaining suitable permanent housing, including:

- Housing search
- Tenant counseling
- Understanding leases
- Arranging for utilities
- Making moving arrangements
- Assessment of housing barriers, needs and preferences
- Development of an action plan for locating housing
- Outreach to and negotiation with owners
- Assessment of housing for compliance with ESG requirements for habitability, lead-based paint, and rent reasonableness
- Assistance with submitting rental applications

Case Management

Assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability for a program participant who resides in permanent housing or to assist a program participant in overcoming immediate barriers to obtaining housing by, for example:

- Conducting the initial evaluation, including verifying and documenting eligibility
- Using the Coordinated Entry System (CES)
- Counseling
- Developing, securing, and coordinating services
- Obtaining Federal, State, and local benefits
- Monitoring and evaluating program participant progress
- Providing information and referrals to other providers
- Developing an individualized housing and service plan, including planning a path to permanent housing stability
- Conducting re-evaluations

CoC-RRH

Housing Services & Related Services

Assist participants in locating, obtaining, and retaining suitable housing, including:

- Housing search
- Tenant counseling
- Understanding leases
- Arranging for utilities
- Making moving arrangements
- Mediation with property owners and landlords
- Credit counseling, assessing a free personal credit report, and resolving personal credit issues
- Payment of rental application fees

Case Management

Assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of program participant(s) including:

- Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking
- Using the Coordinated Entry System (CES)
- Counseling
- Developing, securing, and coordinating services
- Obtaining Federal, State, and local benefits
- Monitoring and evaluating program participant progress
- Providing information and referrals to other providers
- Developing an individualized service plan, including planning a path to permanent housing stability
- Conducting required annual assessment of service needs (re-evaluation)

ESG-RRH

Legal Services

Costs of resolving a legal problem that prohibits a program participant from obtaining or retaining permanent housing. Legal services or activities include client intake, preparation of cases for trial, provision of legal advice, representation at hearings, and counseling. Filing fees and other necessary court costs are also eligible. Legal services are subject to the following provisions:

(a) Eligible Billing Arrangements

ESG funds may be used only for legal advice from and representation by licensed attorneys and by person(s) under the supervision of licensed attorneys.

Costs may be based on:

- Hourly fees

- Fees based on the actual service performed (i.e. fee for service) but only if the cost would be less than the cost of hourly fees

(b) Ineligible Billing Arrangements

Funds must not be used for legal advice and representation purchased through retainer fee arrangements or contingency fee arrangements.

(c) Eligible Subject Matters

Landlord/tenant matters; child support; guardianship; paternity; emancipation; legal separation; orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking; appeal of veterans and public benefit claim denials; resolution of outstanding criminal warrants

(d) Ineligible Subject Matters

Legal services related to immigration and citizenship matters or related to mortgages.

Moving Costs

Costs such as truck rental or hiring a moving company, including payment of temporary storage fees for up to 3 months

CoC-RRH

Legal Services

Costs of legal advice and representation in matters that interfere with the homeless individual's or family's ability to obtain and retain housing. Legal services or activities include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling. Filing fees and other necessary court costs are also eligible. Legal services are subject to the following provisions:

(a) Eligible Billing Arrangements

CoC funds may be used only for legal advice from and representation by licensed attorneys and by person(s) under the supervision of licensed attorneys.

Costs may be based on:

- Hourly fees

- Fees based on the actual service performed (i.e. fee for service) but only if the cost would be less than the cost of hourly fees

(b) Ineligible Billing Arrangements

Funds must not be used for legal advice and representation purchased through retainer fee arrangements or contingency fee arrangements.

(c) Eligible Subject Matters

Landlord/tenant disputes; child support; guardianship; paternity; emancipation; legal separation; orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking; appeal of veterans and public benefit claim denials; resolution of outstanding criminal warrants

(d) Ineligible Subject Matters

Legal services related to immigration and citizenship matters or related to mortgages and homeownership.

Moving Costs

Reasonable one-time moving costs, including truck rental and hiring a moving company

ESG-RRH**Utility Deposits**

Standard utility deposit that the utility company requires of all customers

Mediation

Mediation between the program participant and the owner or person(s) with whom the participant is living

Credit Repair

- Credit counseling
- Accessing a free personal credit report
- Resolving personal credit problems
- Other services needed to assist with critical skills related to household budgeting and money management

CoC-RRH**Utility Deposits**

Payment of utility deposit, which constitutes a one-time fee paid to utility companies

Mediation

Mediation between the program participant and the owner or person(s) with whom the participant is living

Credit Repair

- Credit counseling
- Accessing a free personal credit report
- Resolving personal credit issues

Additional Supportive Services Eligible under CoC-RRH ONLY**Child Care**

The costs of establishing and operating child care and providing child care vouchers for children from families experiencing homelessness

Education Services

The costs of improving knowledge and basic educational skills

Employment Assistance and Job Training

The costs of establishing and operating employment assistance and job training programs

Food

The costs of providing program participants with meals or groceries

Life Skills Training

The costs of teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance abuse, and homelessness but that are necessary to function independently in the community

Mental Health Services

The direct outpatient treatment of mental health conditions by licensed professionals

Outpatient Health Services

The direct outpatient treatment of medical conditions by licensed medical professionals

Outreach Services

Activities to engage persons for the purpose of providing immediate support and intervention and for identifying potential program participants

Substance Abuse Treatment Services

The costs of program participant intake and assessment, outpatient treatment, group and individual counseling, and drug testing

Transportation

Costs of program participant's travel on public transportation or in a vehicle provided by the grantee to and from medical care, employment, and child care, or other eligible services

[Appendix B: Intake & Assessment Forms]

RRH Household Eligibility Evaluation Form

Grantees may use this worksheet to evaluate program eligibility at entry and annual re-evaluation. At the end of each evaluation, the case manager must attach the evidence to this form demonstrating the household is still eligible for the program. It is not acceptable to re-attach the evidence from previous eligibility decisions.

Applicant Name: _____

Program Information:

Initial eligibility evaluation (must demonstrate homeless status and need)
 CoC-RRH re-evaluation (must demonstrate continued need and lack of resources)
 ESG-RRH re-evaluation (must have a household income at or below 30% AMI and demonstrate lack of resources)

Date of entry into program: _____ Case Manager: _____
 Number of months household has received assistance: _____ (Re-)Certification Date: _____

Homeless Status

Please enter the household's current housing status AND attach the appropriate documentation. Eligible documentation (in order of preference) is as follows: HMS records, written referral, outreach worker observation, or self-declaration of homeless status):

Literally homeless
 Fleeing/attempting to flee domestic violence
 Coming from the streets or emergency shelter

Documentation List:
 1. _____
 2. _____

Household Information:

Please list the member(s) of this household—to be eligible for RRH, a household must have minor-aged children:

| | |
|-----------|----------------------|
| Adult(s): | Children (under 18): |
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

Income (ESG Annual Re-Evaluation Only)

Please update the household's current income status reflected in the ESG Income Eligibility Worksheet AND attach the appropriate documentation. Eligible documentation (in order of preference) is as follows: source documents (such as wage statement, unemployment compensation statement, public benefits statement, or bank statement), third party verification (written or oral) or self-certification.

Household income meets AMI requirements for program
 Household income does not meet AMI requirements for program

Documentation List:
 1. _____
 2. _____
 3. _____

Need

F-VI-SPDAT Scores between 4 and 7 are recommended for Rapid Re-Housing. Scores that are below 4 are not recommended for the program but should be referred to diversion or homeless prevention assistance.

Recommended for rapid re-housing
 NOT recommended for rapid re-housing

Resources

For clients who are receiving ongoing financial assistance, staff must document their inability to pay for the item BUT FOR the assistance (example: bank/savings statements, medical bills, etc).

Household HAS NO other housing options, financial resources, or support networks identified.
 Household HAS other housing options, financial resources, or support networks identified.

Documentation List:

Staff Certification

By signing below, I certify that to the best of my knowledge, the program participant named above:

Meets all of the requirements to receive rapid re-housing assistance
 DOES NOT meet the requirements to receive rapid re-housing assistance

I further certify all of the following: (1) to the best of my knowledge and ability, all of the information used in making this eligibility determination is true and complete. (2) I am not related to the program participant through family, business or other personal ties. (3) To the best of my knowledge, neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination. (4) I understand that fraud is investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws. (5) I understand that if any of these certifications is found to be false, I will be subject to criminal, civil and administrative penalties and sanctions.

Staff Signature: _____ Date: _____

Written Third Party Verification of Homeless Status

This document may be used by housing and service providers (such as emergency shelters, institutional care facilities, police officers, business owners, etc.) to document the housing status of a homeless applicant.

| | | | |
|--|------------|---------------------|----------------|
| Applicant Name: _____ | | | |
| Applicant/Tenant Release Authorization: | | | |
| I hereby authorize release to _____ the specific information requested below. <small>(name of organization)</small> | | | |
| Signature of Applicant: _____ | | Date: _____ | |
| Verifying Agency or Person: | | | |
| Agency Name: _____ | | Contact Name: _____ | |
| Agency Address: _____ | | Telephone: _____ | |
| Facility Type: | | | |
| This facility is classified as one of the following types of institutions: | | | |
| <input type="checkbox"/> Emergency shelter | | | |
| <input type="checkbox"/> Transitional housing | | | |
| <input type="checkbox"/> Institutional care facility (e.g. a jail, substance abuse or mental health treatment facility, hospital, or other similar facility; stay must be less than 90 days) | | | |
| <input type="checkbox"/> Other (describe): _____ | | | |
| _____ | | | |
| Dates of Stay: | | | |
| I certify that the applicant above resided at our facility for the following time period(s) of time within the last (3) years: | | | |
| Location of Stay | Begin Date | End Date | Number of Days |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Days | | | |
| Prior Residence: | | | |
| I further certify that immediately prior to entering this facility the person named above was residing at/in: _____ | | | |
| Verifying Agency/Person Certification | | | |
| I certify that the timeline documented above is true and accurate. | | | |
| Name: _____ | | Signature: _____ | |
| Title: _____ | | Date: _____ | |

Observation of Homeless Status by Outreach Worker or Intake Staff

This document may be used by outreach workers to certify that the below named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation.

| |
|---|
| <p>Applicant Name</p> |
| <p>Family Type</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Family with an adult head of household (or if there is no adult in the family, a minor head of household), including a family whose composition has fluctuated while the head of household has been homeless</p> <p>Number of persons in the household: _____</p> |
| <p>Living Situation</p> <p>The person(s) named above is/are currently living in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation, including a car, park, abandoned building, streets/sidewalks or bus station.</p> <p>Description of current living situation: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>Duration of Homelessness</p> <p>The person(s) named has been observed living in the above living situation during the following time period:</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>Outreach Worker Certification</p> <p>I certify that the above applicant was observed as homeless and living in a place not designed for, or ordinarily used as a regular sleeping accommodation.</p> <p>Name: _____ Signature: _____</p> <p>Title: _____ Date: _____</p> <p>Agency Name: _____ Phone: _____</p> <p>Address: _____ City, State, Zip: _____</p> |

Oral Third Party Verification of Homeless Status

Applicant Name:

Applicant/Tenant Release Authorization:

I hereby authorize release to: _____ the specific information requested below.
(name of organization)

Signature of Applicant: _____ Date: _____

Oral Verification

Oral verification was made on _____ through a conversation with _____
(date) (relevant third-party representative)

Verification was provided:

- Over the phone In person

The following information was provided regarding the applicant's homeless status and victim status:

Staff/Intake worker Observation Verification

I have observed the following conditions which serve as evidence related to the applicant's housing status, victim status and available resources. Due to the following factors I certify this applicant's eligibility for assistance.

Efforts to Obtain Third Party Verification

I understand that obtaining written third party verification of eligibility or risk factors is the preferred method of certifying eligibility for an individual who is applying for assistance, but cannot meet this standard. I made the following efforts to obtain written third party verification:

Staff Certification

I understand that securing third party documentation is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for assistance, but cannot obtain source documents. Above, I am providing details of oral third party verification of eligibility or risk factors and certifying all statements to be true, accurate and complete.

Name: _____ Title/Position: _____

Staff Signature: _____ Date: _____



Self-Declaration of Homeless Status

When a written observation by an outreach worker or written referral by housing or service provider is not available, an applicant may submit this signed statement verifying his or her situation.

Applicant Information

Applicant Name: _____ Number of persons in household: _____

Family Type:

- Individual
 Family

Self-Declaration of Literally Homeless Status (Category 1) (Check only one)

- I am currently living in a place not meant for human habitation; or
 I am currently living in a privately operated shelter providing temporary living arrangements (including emergency shelters, transitional housing, and hotels and motels paid for by charitable organizations or by government programs); or
 I am currently living in an institution where I have resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation before entering that institution

Housing History Summary (Current & Prior)

To certify duration of homelessness, please complete the table below, indicating time homeless (in a place not meant for human habitation such as living on the streets or a homeless emergency shelter) as well as any breaks in homelessness:

| Location of Stay & Location Type (e.g. a car, shelter, etc.) | Begin Date | End Date | Number of Days |
|--|------------|----------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Days | | | |

Self-Declaration of Imminent Risk of Homelessness Status (Category 2) (Check all)

I am at imminent risk of losing my primary nighttime residence homelessness and have all of the following circumstances:

- My residence will be lost within 14 days of the date of this notice; and
 No subsequent residence has been identified; and
 I (and my children) lack the resources or support networks needed to obtain permanent housing

Self-Declaration of Fleeing/Attempting to Flee Domestic Violence (Category 4) (Check all)

- I am fleeing, or attempting to flee, domestic violence (where the safety of the individual or family is not jeopardized this statement must be verified for non-victim service providers); and
 I have no other residence; and
 I lack the resources or support networks to obtain permanent housing

Additional Details

What else would you like to share about your housing history, victim status or available resources? For example, "I cannot remember the name of the place where I was living during the fall of 2013 but I believe that it was an emergency shelter. I have problems with my memory from that time due to an illness."

Applicant Certification

I certify that the above information is correct Applicant Signature: _____ Date: _____

Staff Certification

I understand that 3rd party verification is the preferred method of certifying homelessness for an individual or family who is applying for assistance and self-declaration is only permitted when I have attempted but cannot obtain such verification.

Documentation of attempts made for third-party verification:

I certify that the above information is correct. Staff Signature: _____ Date: _____

ESG Income Eligibility Worksheet

To be eligible for ESG Homeless Prevention assistance or remain eligible for ESG Rapid Re-Housing assistance, households must be at or below 30% of the Area Median Income (and meet other eligibility requirements). Grantees may use this worksheet to determine whether an applicant household meets the ESG income eligibility threshold for rapid re-housing at annual re-evaluation. Be sure to complete all three sections of the worksheet and include a copy in the ESG participant case file.

If evaluating continued eligibility, be sure to include updated documentation for each income source. It is not acceptable to re-attach the evidence from previous eligibility decisions.

PROGRAM INFORMATION

Case Manager: _____
Date of Entry into Program: _____

Participant Name: _____
Date of Assessment: _____

SECTION 1: FAMILY INFORMATION

| Member # | Household Member Name | Age of Household Member |
|----------|-----------------------|-------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |

Total Number of Household Members (Household Size)

30% of Area Median Income (AMI) for Household Size

\$

SECTION 2: ELIGIBILITY CERTIFICATION

By signing below, I certify that to the best of my knowledge, the program participant named above:

- Has an income at or below 30% AMI as evidenced by the Income Evaluation Worksheet (Section 3)
 DOES NOT have an income at or below 30% AMI

I further certify all of the following: (1) to the best of my knowledge and ability, all of the information used in making this eligibility determination is true and complete. (2) I am not related to the program participant through family, business or other personal ties. (3) To the best of my knowledge, neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination. (4) I understand that fraud is investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws. (5) I understand that if any of these certifications is found to be false, I will be subject to criminal, civil and administrative penalties and sanctions.

Staff Signature: _____

Date: _____

SECTION 3: INCOME ELIGIBILITY WORKSHEET (for ADULT household members only)

| Member # | Income Source | Current Gross Income | Payments / Year (#) | Annual Gross Income | Documentation Type |
|--|---|----------------------|---------------------|---------------------|--|
| | Earned Income | \$ | | \$ | <input type="checkbox"/> Source Documents <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Self-Declaration |
| | Earned Income | \$ | | \$ | <input type="checkbox"/> Source Documents <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Self-Declaration |
| | Earned Income | \$ | | \$ | <input type="checkbox"/> Source Documents <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Self-Declaration |
| | Self-Employment/Business Income | \$ | | \$ | <input type="checkbox"/> Source Documents <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Self-Declaration |
| | Self-Employment/Business Income | \$ | | \$ | <input type="checkbox"/> Source Documents <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Self-Declaration |
| | Interest & Dividend Income | \$ | | \$ | <input type="checkbox"/> Source Documents <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Self-Declaration |
| | Interest & Dividend Income | \$ | | \$ | <input type="checkbox"/> Source Documents <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Self-Declaration |
| | Pension/Retirement Income | \$ | | \$ | <input type="checkbox"/> Source Documents <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Self-Declaration |
| | Pension/Retirement Income | \$ | | \$ | <input type="checkbox"/> Source Documents <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Self-Declaration |
| | Unemployment & Disability Income | \$ | | \$ | <input type="checkbox"/> Source Documents <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Self-Declaration |
| | Unemployment & Disability Income | \$ | | \$ | <input type="checkbox"/> Source Documents <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Self-Declaration |
| | TANF/Public Assistance | \$ | | \$ | <input type="checkbox"/> Source Documents <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Self-Declaration |
| | TANF/Public Assistance | \$ | | \$ | <input type="checkbox"/> Source Documents <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Self-Declaration |
| | Alimony, Child Support & Foster Care Income | \$ | | \$ | <input type="checkbox"/> Source Documents <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Self-Declaration |
| | Alimony, Child Support & Foster Care Income | \$ | | \$ | <input type="checkbox"/> Source Documents <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Self-Declaration |
| | Armed Forces Income | \$ | | \$ | <input type="checkbox"/> Source Documents <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Self-Declaration |
| | Armed Forces Income | \$ | | \$ | <input type="checkbox"/> Source Documents <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Self-Declaration |
| | Other (specify): | \$ | | \$ | <input type="checkbox"/> Source Documents <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Self-Declaration |
| | Other (specify): | \$ | | \$ | <input type="checkbox"/> Source Documents <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Self-Declaration |
| Total Annual Gross Income from all sources | | | | | |
| 30% of Area Median Income for Household Size | | | | | \$ |
| Is the household at or below 30% of the Area Median Income? | | | | | |

Written Third Party Verification of Income

This document is to certify the income received by the below named individual for purposes of participating in the ESG program. This information will be used only to determine the eligibility status and level of household benefit. Complete only the applicable section (employment income or payments and/or benefits).

Applicant Release:

I hereby authorize the release of the following employment or payment and/or benefit information.

Applicant Name: _____

Applicant Signature: _____ Date: _____

Employment Income

The person(s) named above is/are currently living in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation, including a car, park, abandoned building, streets/sidewalks or bus station.

The person named above is employed by _____ since _____. He/she is paid \$_____ on a _____ basis and is currently working an average of _____ hours per _____.

Please specify any additional compensation: _____

Probability of continued employment: _____

Authorized Employer Representative Signature: _____ Date: _____

Name: _____ Title: _____

Address: _____ Phone: _____

Payment and/or Benefit Income

Complete one form for each distinct source of income for each adult member of household and attach supporting evidence to this form in case file.

Type of Payment or Benefit:

- | | | |
|--|--|---|
| <input type="checkbox"/> Social Security/SSI | <input type="checkbox"/> Pension/Retirement | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Alimony Payments | <input type="checkbox"/> Foster Care Payments | <input type="checkbox"/> Child Support Payments |
| <input type="checkbox"/> Armed Forces Income | | |
| <input type="checkbox"/> Other (please specify): _____ | | |

Payments or benefits in the amount of \$_____ are paid on a _____ basis. The expected duration of the payments or benefits is: _____.

Authorized Payment Source Representative Signature: _____ Date: _____

Name: _____ Title: _____

Address: _____ Phone: _____

Please return this form to:

Name: _____ Phone: _____

Title: _____ Fax: _____

Address: _____ Email: _____

Oral Third Party Verification of Income

Income (need name of employer, client name, pay amount and frequency, average hours worked per week, amount of any additional compensation)

| | |
|---|---|
| Applicant Name | |
| Third Party Verifier Information | |
| Name: _____ | Position/Title: _____ |
| Agency Name: _____ | Phone: _____ |
| Address: _____ | City, State, Zip: _____ |
| Verification Type | |
| <input type="checkbox"/> Over the phone <input type="checkbox"/> In person | |
| Income Information | |
| Pay Amount _____ | Pay frequency _____ |
| Average hours worked per week _____ | Amount of any additional compensation _____ |
| Additional Details | |
| Please provide any additional details discussed about the client's income. | |
| _____ | |
| _____ | |
| Efforts to Obtain Third Party Verification | |
| I understand that obtaining third party verification of eligibility or risk factors is the preferred method of certifying eligibility for an individual who is applying for assistance, but cannot meet this standard. I made the following efforts to obtain third party verification: | |
| _____ | |
| _____ | |
| _____ | |
| Staff Certification | |
| I understand that securing written third party documentation is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for assistance, but cannot obtain source documents. Above, I am providing details of oral third party verification of eligibility or risk factors and certifying all statements to be true, accurate and complete. | |
| Name _____ | Title/Position: _____ |
| Staff Signature _____ | Date: _____ |

Self-Declaration of Income

This is to certify the income status for the above named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

Staff Verification must be completed

| |
|---|
| <p>Applicant Name:</p> <p>_____</p> |
| <p><input type="checkbox"/> I certify, under penalty of perjury, that I currently receive the following income:</p> <p>Source: _____ Amount: _____ Frequency: _____</p> <p>Source: _____ Amount: _____ Frequency: _____</p> <p>Source: _____ Amount: _____ Frequency: _____</p> |
| <p><input type="checkbox"/> I certify, under penalty of perjury, that I do not have any income from any source at this time.</p> |
| <p>Applicant Verification</p> <p>I understand that the information on this form will be used to determine income eligibility. I do not possess acceptable verification of current annual income and request that this form serve as sufficient certification. I understand that false, misleading or incomplete information may result in the termination of assistance.</p> <p>Applicant Signature: _____ Date: _____</p> |
| <p>Staff Verification</p> <p>I understand that third-party verification is the preferred method of certifying income for assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third-party verification.</p> <p>Documentation of attempt made for thid-party verification:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Staff Signature: _____ Date: _____</p> |

[Appendix C: Property Related Forms]

ESG Rental Assistance Agreement

An Emergency Solutions Grant (ESG) from the U.S. Department of Housing and Urban Development (HUD) was provided to the Pasadena Partnership to End Homelessness (Pasadena CoC) and sub-awarded to the following non-profit agency: _____.

Through this agreement rental assistance is being provided to the following individual: _____
(program participant)

For the following address (including unit #): _____

Name of apartment complex, if applicable: _____

Monthly rent for the unit is \$ _____. Payment is due on the _____ day of the month every month. Payments received after the _____ day of the month will be penalized with a late fee in the amount of \$ _____.

Term of Agreement (dates): _____

During the term of the agreement, the owner/landlord must give the agency named above a copy of any notice to the program participant (tenant) to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against the program participant (24 CFR 576.106(e)).

The rental assistance agreement will terminate and no further rental assistance payments may be made if:

- *The program participant moves out of the housing unit for which the program participant has a lease*
- *The lease terminates and is not renewed; or*
- *The program participant becomes ineligible to receive ESG rental assistance*

Name of landlord/owner (print): _____

Landlord/owner signature: _____

Name of Agency Representative (print): _____

Representative Signature: _____

Please note: The rental assistance agreement does not take the place of the lease, or vice versa.

ESG Habitability Standards Checklist

The standards for housing unit inspections under Emergency Shelter Grants (ESG) are the housing habitability standards. Inspections must be conducted upon initial occupancy and then on an annual basis for the term of ESG assistance.

The habitability standards are different from the Housing Quality Standards (HQS) which are more stringent. In contrast to HQD inspections, the habitability standards do not require a certified inspector. As such, ESG program staff may conduct the inspections using this checklist to document compliance.

Instructions

Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

| Approved or Deficient | Standard <i>(24 CFR part 576.403(c))</i> |
|-----------------------|--|
| | 1. Structure and materials: The structure is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents. |
| | 2. Space and security: Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided an acceptable place to sleep. |
| | 3. Interior air quality: Each room or space has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents. |
| | 4. Water Supply: The water supply is free from contamination. |
| | 5. Sanitary Facilities: Residents have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste. |
| | 6. Thermal environment: The housing has any necessary heating/cooling facilities in proper operating condition. |
| | 7. Illumination and electricity: The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the structure. |
| | 8. Food preparation: All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner. |
| | 9. Sanitary condition: The housing is maintained in sanitary condition. |
| | 10. Fire safety: <ol style="list-style-type: none"> a. There is a second means of exiting the building in the event of fire or other emergency. b. The unit includes at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors are located, to the extent practicable, in a hallway adjacent to a bedroom. c. If the unit is occupied by hearing-impaired persons, smoke detectors have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person. d. The public areas are equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas. |

Staff Certification

I certify that I am not a HUD certified inspector and I have evaluated the property located at the address below to the best of my ability and find the following:

- Property meets all of the above standards
 Property does not meet all of the above standards

Therefore, I make the following determination

- Property is approved
 Property is not approved

Documentation of attempt made for third-party verification:

ESG Program Name: _____ Program Participant Name: _____

Unit Address: _____

Evaluator's Name: _____ Evaluator's Signature: _____ Date: _____

Understanding the Lead-Based Paint Requirements: Guidance for ESG Grantees

About this Resource

Childhood lead poisoning is a major environmental health problem in the United States, especially for low-income families in poor living conditions. If not detected early, children with high levels of lead in their bodies can suffer from damage to the brain and nervous system, behavioral and learning problems (such as hyperactivity), slowed growth, hearing problems, and headaches. To prevent lead-poisoning in young children, ESG grantees must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. This document summarizes the lead-based paint requirements and provides guidance for carrying out each step.

Section 1: Overview of Requirements and Applicability Under ESG

The lead-based paint requirements exist to protect vulnerable families from potential health hazards. To prevent lead-poisoning in young children, ESG grantees must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, H, J, K, M, and R. As agencies that provide assistance to and advocate on behalf of disadvantaged populations, it is important to understand that the lead rule is a tool that helps you ensure the safety and well-being of your clients. This guidance was developed to assist grantees in understanding how the lead-based paint regulations apply to ESG. Please refer to the regulations for additional information.

Under ESG, the rule is that a lead-based paint visual assessment must be completed for all units that meet all of the three following conditions:

- The household living in the unit is being assisted with ESG financial assistance (rent assistance, utilities assistance, utility/security deposits, or arrears); and
- The unit was constructed prior to 1978; and
- A child under the age of six is or will be living in the unit.

Under ESG, the lead requirements apply regardless of whether a household is remaining in an existing unit or moving to a new unit. The visual assessment must be completed prior to ESG assistance being provided, and annually thereafter.

Grantees (ESG program staff) are responsible for ensuring that property owners and managers meet the lead-based paint requirements. It may be helpful for grantees to think about the requirements in two categories:

1. Disclosure requirements

Disclosure requirements are triggered for ALL properties constructed prior to 1978. These requirements require that lessors (property owners or managers) provide tenants with:

- HUD's disclosure form for rental properties disclosing the presence of known and unknown lead-based paint; and
- A copy of the "Protect Your Family from Lead in the Home" pamphlet.

Both the disclosure form and pamphlet are available at:

<http://www.hud.gov/offices/lead/enforcement/disclosure.cfm>

As explained, this requirement actually relates to property owners/managers, but sharing this information with your clients (or ensuring they have received it) is an easy thing to do and will make your job easier. ESG assessments are an important opportunity to educate clients about the potential hazards related to lead and their rights as tenants. Informed tenants are more likely to watch for potential problems in their home and proactively work with landlords to address any issues.

2. The Visual Assessment and Beyond

As explained in the ESG Notice, visual assessments for ESG funded units are only triggered under certain circumstances¹:

- The leased property was constructed before 1978; and
- A child under the age of six will be living in the unit occupied by the household receiving ESG assistance.

Depending on the results of the visual assessment, additional steps may be required before assistance can be provided for that unit. In Section 2, this guidance will take a step-by-step look at what happens during and after the visual assessment.

Exceptions to the Rule

There are certain exceptions to the rule. Visual assessments by ESG staff are **not** triggered under the following circumstances:

- It is a zero-bedroom or SRO-sized unit;
- X-ray or laboratory testing of all painted surfaces by certified personnel has been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint;
- The property has had all lead-based paint identified and removed in accordance with HUD regulations;
- The client is receiving Federal assistance from another program, where the unit has already undergone a visual assessment within the past 12 months – e.g., if the client has a Section 8 voucher and is receiving ESG assistance for a security deposit or arrears (note, in such cases, ESG staff are required to obtain documentation that a visual assessment has been conducted from the agency administering the other form of assistance for the ESG case file); **or**
- It meets any of the other exemptions described in 24 CFR Part 35.115(a). If any of the conditions outlined above are met, ESG program staff simply need to document the condition by completing the *ESG Lead Screening Worksheet* (attached and also available on the HUD HRE) and placing a copy in the case file.

(Note: While grantees are required to document compliance with the lead rule, they are not required to use this particular screening worksheet or any of the other templates mentioned in this paper. These tools were developed as samples to assist grantees who may be looking for resources to use in their local programs.) Remember, regardless of these exceptions, all properties are still subject to the disclosure requirements.

Section 2: A Step-by-Step Guide to Compliance

As explained above, the lead-based paint regulations require certain responses to potential lead-based hazards. Some activities must be conducted by ESG program staff while others are generally conducted by property owners/managers. Regardless of who is the responsible party, ESG program staff should work closely with assisted households and property owners/manager to ensure that the activities described below have been conducted prior to approval of ESG assistance for that unit.

Program staff should consider sharing the following documents available on Homelessness Resource Exchange at www.hudhre.info with property owners/managers as well as residents to outline responsibilities and provide additional guidance:

- Instructions for Property Owners Template
- Instructions for Residents Template

ESG Program Staff Responsibilities

The following information outlines the steps that should be taken by ESG program staff:

1. Determine whether lead-based paint requirements are triggered

Prior to providing a household with ESG assistance, program staff must first determine whether lead-based paint requirements are triggered. To do this, they must determine whether the unit was built prior to 1978 and a child under the age of six is or will be residing in the unit. Program staff should complete the *ESG Lead Screening Worksheet* for the case file and document any exemptions.

¹ Note that visual assessments are sometimes called inspections – though the terms should not be used interchangeably because they imply different levels of rigor, as explained later in this guidance. These requirements may be different for other HUD programs.

If any exemptions are met, then lead-based paint requirements are not triggered and no further action is needed. A copy of the *ESG Lead Screening Worksheet* has been provided and can also be found on the Homelessness Resource Exchange at www.hudhre.info.

Determining the Age of the Unit

Program staff should use formal public records, such as tax assessment records, to establish the age of a unit. These records are typically maintained by the state or county and will include the year built or age of the property. In most areas, these records are available online. If you are uncertain where to find this information, a quick internet search should help you locate the data you need. In the search field, try combining your county name with one of the following phrases:

- "property tax records"
- "property tax database"
- "real property sales"

For example, if you enter "DC property tax records," the first search result is a public database that can be used to determine the age of a property located within the District of Columbia. Once you have found it, remember to bookmark the page for future reference!

Remember to print out a copy of the screenshot for the case file. If you have trouble finding this information online, contact your local Office of Tax and Revenue for assistance. If not available online, the information is public and can be requested from the local authorities. (Note, the taxing authority and the assessment entity may be separate governmental entities and office names vary by locality.)

2. Inform ESG client and property owner of the lead-based paint requirements and schedule visual assessment

Families living in poverty face many challenges, such as poor living conditions and exposure to toxins such as lead-based paint. Since annual visual assessments are an ESG requirement, program staff should use the opportunity to educate families with young children about the dangers of lead-based paint. Program staff should ensure that clients know what to look for within their home (or as they are searching for a new unit).

Similarly, program staff should ensure that property owners/managers understand their responsibilities with regard to lead-based paint hazards so that they are also doing routine assessments to identify and repair deteriorated paint. Because HUD prohibits grantees from making payments directly to clients, program staff will have to be in touch with property owners/landlords to discuss payment and conditions related to payment, including lead-based paint requirements.

Because assistance cannot be provided until the visual assessment has been completed and the unit cleared, it is important for ESG staff to schedule the visual assessment as quickly as possible. The case manager should complete the screening worksheet (discussed above) upon determining household eligibility for ESG assistance and schedule the assessment immediately.

If subsequent conversations with the property owner reveal that the property meets an exception, than the assessment can be cancelled. However, it's better to get the assessment scheduled right away since lengthy delays could result in the loss of the unit (e.g., if the tenant is in arrears).

3. Conduct visual assessment

A visual assessment must be conducted prior to providing ESG financial assistance to the unit, and on an annual basis thereafter (as long as assistance is provided). Visual assessments must be conducted by a HUD-Certified Visual Assessor. It is important to note that a HUD-Certified Visual Assessor is not equivalent to a Certified Clearance Examiner.

Anyone may become a HUD-Certified Visual Assessor by successfully completing a 20-minute online training on HUD's website at: <http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>.

The training teaches individuals how to identify deteriorated paint and how deteriorated paint must be treated. Grantees may choose to have their program staff complete the visual assessments, or they may procure services from a contractor. When determining how your agency will conduct the assessments, a primary consideration should be the availability of the staff/contractor to schedule and complete the assessments quickly. If program staff are being used to complete the visual assessments, your agency may find it helpful (i.e., less disruptive and more efficient) to identify specific days or blocks of time for completing visual assessments.

Note that if ESG financial assistance is being used to help a client move into a new unit, an inspection must also be conducted to ensure the unit meets the minimum habitability standards outlined on the ESG Notice.² In cases where both a lead-based paint visual assessment and a habitability inspection are required, the most efficient and cost effective solution would be to have the same individual complete both at the same time. Note that the cost of conducting visual assessments and habitability inspections are an eligible ESG expense under the Financial Assistance category.

4. Identify risks and compare to “de minimis” level

During a visual assessment, the assessor must determine the level of any identified problems with paint surfaces and compare it to the “de minimis” level.³ Under the Lead act, the de minimis level is as follows:

- 20 square feet on exterior surfaces;
- 2 square feet in any one interior room or space; or
- 10 percent of the total surface area on an interior or exterior component with a small surface area, like window sills, baseboards, and trim.

All deteriorated paint identified during the visual assessment must be repaired. However, if the area of paint to be stabilized exceeds the de minimis level, the use of lead safe work practices and clearance is required. If deteriorating paint exists but the area of paint to be stabilized does not exceed this level, then safe work practices and clearance are not required. If deteriorating paint is not identified, the unit can be cleared for assistance. Staff should document the level of identified problems with paint surfaces using the *ESG Lead Screening Worksheet (attached)*.

5. Make assistance determination

If a visual assessment reveals problems with paint surfaces, program staff cannot approve the unit for assistance until the deteriorating paint has been repaired. At this point, program staff must make a decision: work with the property owner/manager to complete needed paint stabilization activities and clearance, work with the household to locate a different (lead-safe) unit, or refer the client to a different program if ESG assistance cannot be provided. Which option the grantee chooses will depend on a number of variables.

The following are some questions to consider when making this decision:

- Is ESG assistance being used to help the participant obtain a new unit or retain an existing unit? If the grantee is helping a household obtain new housing, there may be more flexibility with regard to the timeframe (i.e., there may be a few weeks between identification of the unit and the move-in date). Staff should conduct the visual assessment prior to the participant signing the lease so they can help negotiate any needed repairs.
- If ESG assistance is being used for prevention assistance, how much time is there to save the housing situation, and what is the relationship with the landlord? For participants that are housed but at imminent risk of homelessness (e.g., because they are several months behind on their rent), there may not be much time. If the landlord has already initiated eviction proceedings, he or she may or may not be willing to work with the household. Thus, it's important to contact the landlord directly and assess the situation.
- How appropriate is the current unit for the household? If the existing unit is not particularly suitable for the household – either because of cost, size, location, or some other reason – it may make more sense to focus on relocating the household.
- What is the condition of the local housing market? How expensive/difficult would it be to relocate the participant to a new unit? In contrast, how difficult would it be for the landlord to fill the unit if it was vacated? (Depending on the situation, you may have more or less leverage.)
- Are resources available to assist with the paint stabilization? ESG cannot be used for stabilization, so if the landlord is unwilling or unable to make the needed repairs, is there any other agency/program that can assist?

² The minimum standards for housing unit inspections are the housing habitability standards described in Appendix C of the ESG Notice. These standards apply only when a program participant is receiving financial assistance and moving into a new unit. The habitability standards are different from the Housing Quality Standards (HQS) used for other HUD programs. In contrast to HQS inspections, the habitability standards do not require a certified inspector. For example, ESG project staff or staff hired by an agency of the grantee's local government can conduct the habitability inspection.

³ De minimis is a Latin expression that, in the risk assessment world, refers to a level of risk that is too minimal to cause concern.

6. Confirm all identified deteriorated paint has been stabilized.

Program staff should work with property owners/managers to ensure that all deteriorated paint identified during the visual assessment has been stabilized. If the area of paint to be stabilized does not exceed the de minimus level, a clearance exam is not required. In these cases, the ESG program staff should confirm that the identified deteriorated paint has been repaired and document the case file.

If the area of paint to be stabilized exceeds the de minimus level, program staff should ensure that the clearance inspection is conducted by an independent certified lead professional. (A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician.) Note, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint. Local community development, housing, or health departments are often able to provide this testing. As noted above, ESG funds cannot be used for the repair/stabilization of lead-based paint hazards.

However, one clearance inspection is considered an eligible ESG expense (under the Financial Assistance category). If the unit does not pass the initial clearance inspection, ESG funds may not be used to pay for additional inspections.

Program staff should also consider having the property owner/manager certify that all paint stabilization activities have been completed and ongoing maintenance will be conducted by filling out the *ESG Lead-Based Paint Property Owner Certification Form* (attached).

Locating a Certified Lead Professional

To locate a certified lead professional in your area:

- Call your state government (health department, lead poison prevention program, or housing authority)
- Call the National Lead Information Center at 1-800-424-LEAD (5323)
- Go to the US Environmental Protection Agency website at <http://cfpub.epa.gov/flpp/> and click on "certified abatement/inspection firms."

Response to a child with elevated blood leads levels

In cases where it is brought to the attention of program staff that a child under the age of six living in a ESG-assisted unit is found to have elevated blood lead levels, the response process established at 24 CFR 35.1225 takes effect, which includes a risk assessment and interim controls and information exchange with the health department.

Conduct ongoing lead-based paint monitoring

Program staff must conduct a visual assessment of the stability of painted surfaces on an annual basis during the assistance period.

Property Owner/Manager Responsibilities

The following information outlines the responsibilities of a property owner/manager:

1. Distribution of pamphlets and disclosure notice to occupants

For ALL units built prior to 1978, property owners/managers are required to provide lessees (tenants signing the lease) with:

- A copy of the "Protect Your Family from Lead in the Home" pamphlet; AND
- HUD's disclosure form for rental properties

Program staff dealing with rental properties built prior to 1978 should ensure property owners/managers provide these documents to tenants. Program staff, in addition to owners/managers, may also choose to provide disclosure notices to the lessee (tenant signing the lease) on the potential existence of lead-based paint. Both the disclosure form and pamphlet are available at:

<http://www.hud.gov/offices/lead/enforcement/disclosure.cfm>

2. Perform paint stabilization

If a visual assessment reveals problems with paint surfaces, the property owner will be notified of the need for paint stabilization and assistance cannot be approved until corrective actions have been taken and the unit has achieved clearance (as appropriate per the identified de minimis level).

It is the responsibility of any property owner participating in the program to:

- Protect the residents and their belongings
- Repair the paint
- Conduct cleanup
- Address other lead-based paint-related concerns
- Obtain clearance (if deteriorated surface is more than the de minimis)

Failure by the property owner to fulfill their responsibilities on their own or with the assistance of the program prohibits the program from assisting a tenant in that unit.

3. Use safe work practices.

If the area is larger than the de minimis level, safe work practices must be used. Examples of safe work practices include:

- Wet sanding or wet scraping;
- Protection of the worksite to keep lead dust from leaving the worksite or getting onto the resident's belongings; and
- Cleaning of the worksite with HEPA vacuuming and detergents.

If the area is smaller than the de minimis level, safe work practices do not have to be used. It is recommended, however, that all practices include:

- Surface preparation to minimize the amount of dust released (wet sanding or scraping is still recommended to minimize the release of dust); and
- Cleanup using conventional cleaning methods

4. Obtain clearance

Property owners/managers must ensure that all deteriorated paint identified during the visual assessment has been stabilized. If the area of paint to be stabilized does not exceed the de minimis level, a clearance exam is not required. In these cases, the ESG program staff should confirm that the identified deteriorated paint has been repaired and document this in the case file.

If the area of paint to be stabilized exceeds the de minimus level, clearance by an independent, certified lead professional, such as a certified paint inspector, risk assessor, or sampling/clearance technician, is required. The clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint. Local community development, housing, or health departments are often able to provide this testing.

It is the property owners/managers' responsibility to obtain clearance. However, they may work closely with ESG program staff throughout this process. Specifically, ESG program staff can pay for the first clearance inspection using ESG funds. If the unit does not pass the initial clearance inspection, ESG funds may not be used to pay for additional inspections.

5. Provide Notice of Lead Hazard Reduction to tenants.

Within 15 days of completion of the Lead Hazard Reduction activities, including paint stabilization, the property owner/manager must provide a Notice of Lead Hazard Reduction to tenants or post the notice in a common area where the tenants will see it. If applicable, the notice must contain the clearance results.

6. Conduct ongoing lead-based paint maintenance.

The property owner/manager should assess the stability of painted surfaces periodically to ensure there are no lead-based paint hazards in the assisted unit, repairing any deteriorating paint as soon as it is identified.

Section 3: Resources

Training opportunities, training curricula and materials, information on the Lead Safe Housing Rule, and other documents can be accessed at:

http://portal.hud.gov/hudportal/HUD?src=/program_offices/healthy_homes/training.

For more information on the Federal training and certification program for lead professionals, contact the National Lead Information Center (NLIC) at: <http://www.epa.gov/lead/pubs/nlic.htm> or 1-800-424-LEAD to speak with an information specialist.

The Lead Safe Housing Rule can be accessed at:

http://portal.hud.gov/hudportal/HUD?src=/program_offices/healthy_homes/enforcement/lshr

ESG Lead-Based Paint Document Checklist

The following checklist provides ESG grantees with an overview of common documents that can be used to verify compliance with the Lead-Based Paint Poisoning Prevention Act. Note that this checklist does not cover all of the documentation that providers would want to include in all instances. For example, additional documentation may be required if the property is found to meet exemptions listed under Part 2 of the Lead Screening Worksheet.

| ✓ Document Name | Purpose |
|--|--|
| <input type="checkbox"/> Application | Documents age of children |
| <input type="checkbox"/> Screenshot of property record from online tax database | Documents age of property |
| <input type="checkbox"/> Lead-Screening Worksheet | Documents exemptions (additional documentation will vary based on exemptions) |
| <input type="checkbox"/> Lead-Based Paint Visual Assessment Certification | Documents that a visual assessment was conducted and problems with paint surfaces were not identified |
| <input type="checkbox"/> Lead-Based Paint Property Owner Certification (if applicable) | Documents owner certification that any identified problems with paint surfaces have been repaired and that safe work practices were followed, as applicable |
| <input type="checkbox"/> Clearance Report (if applicable) | Documents that unit passed clearance |
| <input type="checkbox"/> Documentation of ongoing maintenance activities: <ul style="list-style-type: none"> • Visual Assessment Certification Forms • Clearance report from each maintenance job involving painted surfaces above the de minimis threshold • Notice of lead hazard reduction for each maintenance job involving painted surfaces | Documents that a visual assessment is performed at least annually during the assistance period and that any deteriorated paint was appropriately addressed (including clearance and notice of lead hazard reduction) |
| <input type="checkbox"/> Documentation of response to EIBLL child: <ul style="list-style-type: none"> • Copies of risk assessment • Abatement or clearance report • Relocation documents • Correspondence with health department | Documents that if an EIBLL child was identified in the unit, the situation was addressed in accordance with the Lead Safe Housing Rule |

ESG Lead Screening Worksheet

The *Lead Screening Worksheet* is intended to guide grantees through the lead-based paint inspection process to ensure compliance with the rule. ESG staff can use this worksheet to document any exemptions that may apply, whether any potential hazards have been identified, and if safe work practices and clearance are required and used. A copy of the completed worksheet along with any additional documentation should be kept in each program participant's case file. Please see the *ESG Lead-Based Paint Requirements Summary* for additional information.

Instructions

To prevent lead-poisoning in young children, ESG grantees must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. Under certain circumstances, a visual assessment of the unit is not required. This screening worksheet will help program staff determine whether a unit is subject to a visual assessment, and if so, how to proceed. A copy of the completed worksheet along with any related documentation should be kept in each program participant's file.

Note: ALL pre-1978 properties are subject to the disclosure requirements outlined in 24 CFR 35, Parts A, regardless of whether they are exempt from the visual assessment requirements.

Basic Information

Participant Name: _____
 Unit Address: _____
 City: _____ State: _____ Zip: _____
 ESG Program Staff: _____

Part 1: Determine whether the unit is subject to a visual assessment

If the answer to one or both of the following questions is 'no,' a visual assessment is not triggered for this unit and no further action is required at this time. Place this screening worksheet and related documentation in the program participant's file.

If the answer to both of these questions is 'yes,' then a visual assessment is triggered for this unit and program staff should continue to Part 2.

1. Was the leased property constructed before 1978?

Yes No

2. Will a child under the age of six be living in the unit occupied by the household receiving ESG assistance?

Yes No

Part 2: Document Additional Exemptions

If the answer to any of the following questions is "yes," the property is exempt from the visual assessment requirement and no further action is needed at this point. Place this screening sheet and supporting documentation for each exemption in the program participant's file.

If the answer to all of these questions is "no," then continue to Part 3 to determine whether deteriorated paint is present.

1. Is it a zero-bedroom or SRO-sized unit?

Yes No

2. Has x-ray or laboratory testing of all painted surfaces by certified personnel been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint?

Yes No

3. Has the property had all lead-based paint identified and removed in accordance with HUD regulations?

Yes No

4. Is the client receiving Federal assistance from another program, where the unit has already undergone (and passed) a visual assessment within the past 12 months (e.g. if the client has a Section 8 voucher and is receiving ESG assistance for a security deposit or arrears)?

Yes (obtain documentation for the case file) No

5. Does the property meet any of the other exemptions described in 24 CFR Part 35.115(a)?

Yes (Please describe the exemption and provide appropriate documentation of the exemption)

No

Part 3: Determine the Presence of Deteriorated Paint

To determine whether there are any identified problems with paint surfaces, program staff should conduct a visual assessment prior to providing ESG financial assistance to the unit as outlined in the following training on HUD's website at: <http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>.

If no problems with paint surfaces are identified during the visual assessment, then no further action is required at this time. Place this screening sheet and certification form (attached) in the program participant's file.

If any problems with paint surfaces are identified during the visual assessment, then continue to Part 4 to determine whether safe work practices and clearance are required.

1. Has a visual assessment of the unit been conducted?

Yes No

2. Were any problems with paint surfaced identified in the unit during the visual assessment?

Yes No (Complete attachment – Lead-Based Paint Visual Assessment)

Part 4: Document the Level of Identified Problems

All deteriorated paint identified during the visual assessment must be repaired prior to clearing the unit for assistance. However, if the area of paint to be stabilized exceeds the de minimis levels (defined below), the use of lead safe work practices and clearance is required.

If deteriorating paint exists but the area of paint to be stabilized does not exceed these levels, then the paint must be repaired prior to clearing the unit for assistance, but safe work practices and clearance are not required.

1. Does the area of paint to be stabilized exceed any of the de minimis levels below?

20 square feet on exterior surfaces:

Yes No

2 square feet in any one interior room or space:

Yes No

10 percent of the total surface area on an interior or exterior component with a small surface area, like window sills, baseboards, and trim:

Yes No

If any of the above are "yes," then safe work practices and clearance are required prior to entering the unit for assistance.

Part 5: Confirm all Identified Deteriorated Paint Has Been Stabilized

Program staff should work with property owners/managers to ensure that all deteriorated paint identified during the visual assessment has been stabilized. If the area of paint to be stabilized does not exceed the de minimis

level, safe work practices and a clearance exam are not required (though safe work practices are always recommended). In these cases, the ESG program staff should confirm that the identified deteriorated paint has been repaired by conducting a follow-up assessment.

If the area of paint to be stabilized exceeds the de minimis level, program staff should ensure that the clearance inspection is conducted by an independent certified lead professional. A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician.

Note: the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint.

1. Has a follow-up visual assessment of the unit been conducted?
 Yes No

2. Have all identified problems with the paint surfaces been repaired?
 Yes No

3. Were all identified problems with paint surfaces repaired using safe work practices?
 Yes No
 Not Applicable – the area of paint to be stabilized did not exceed the de minimis levels

4. Was a clearance exam conducted by an independent, certified lead professional?
 Yes No
 Not Applicable – the area of paint to be stabilized did not exceed the de minimis levels

5. Did the unit pass the clearance exam?
 Yes No
 Not Applicable – the area of paint to be stabilized did not exceed the de minimis levels
 Note: A copy of the clearance report should be placed in the program participant's file.

ESG Lead-Based Paint Visual Assessment Certification Template

I, _____ certify the following:
(print name)

I have completed HUD's online visual assessment training and am a HUD-certified visual assessor.

I conducted a visual assessment at _____ on _____.
(property address and unit number) (date of assessment)

No problems with paint surfaces were identified in the unit or in the building's common areas.

(signature)

(date)

(client name)

(case number)

ESG Lead-Based Paint Property Owner Certification Form

The ESG Lead-Based Paint Property Owner Certification Form is a tool program staff can use to have property owners/managers certify that all paint stabilization activities have been completed in accordance with guidelines when formal clearance is not required (or as additional documentation when formal clearance is required). A copy of the completed form along with any additional documentation (i.e., a copy of the clearance report) should be kept in each program participant's file.

Instructions

To prevent lead-poisoning in young children, the ESG program must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. If a visual assessment reveals problems with paint surfaces, property owners/managers must repair all identified problems with paint surfaces in accordance with the guidelines of 24 CFR 35, Parts A, B, M, and R, prior to a unit receiving ESG assistance. Property owners/managers should complete this form to certify that all identified problems with paint surfaces have been repaired/stabilized in accordance with the guidelines.

1. Have all identified problems with paint surfaced been repaired?
 Yes No

2. Have all identified problems with paint surfaces been repaired using safe work practices?
 Yes No
 Not Applicable – the area of paint to be stabilized did not exceed the de minimis levels

3. Was a clearance exam conducted by an independent, certified lead professional?
 Yes No
 Not Applicable – the area of paint to be stabilized did not exceed the de minimis levels

4. Did the unit pass the clearance exam?
 Yes No
 Not Applicable – the area of paint to be stabilized did not exceed the de minimis levels

| | |
|-----------------------------------|-------------------------------|
| Name of Tenant: | _____ |
| Unit Address: | _____ |
| City: | _____ State: _____ Zip: _____ |
| Name of Property Owner/Manager: | _____ |
| Property Owner/Manager Signature: | _____ |
| Name of ESG Program Staff: | _____ |
| ESG Program Staff Signature: | _____ Date: _____ |

CoC Housing Quality Standards Inspection Guidelines

The U.S. Department of Housing and Urban Development (HUD) has developed Housing Quality Standards (HQS) that define the minimum health and safety regulations that must be met in housing for which rental assistance payments are made with CoC program funds.

Initial Inspection

Before any assistance may be provided on behalf of a program participant, the grantee must physically inspect each unit using the HQS Long Form (52580-a) to assure that the unit meets HQS. Assistance will not be provided for units that fail to meet HQS, unless the owner corrects any deficiencies within 30 days from the date of the initial inspection and the grantee verifies that all deficiencies have been corrected.

Annual

Grantees must also inspect all units at least annually during the grant period to ensure that the units continue to meet HQS (annual must be started within 365 days of the last inspection). The HQS short form 52580 can be utilized on subsequent annual inspections.

Los Angeles County Fair Market Rent Guidelines

Calculating the Gross Rent Amount for FMR Standard

The gross rent of a unit that is being tested by the FMR standard is the:

Total contract rent amount of the unit

+

Any fees required for occupancy under the lease (excluding late fees and pet fees)

+

Monthly utility allowance* (excluding telephone) established by local PHA

**Note: The monthly utility allowance is added only for those utilities that the tenant pays for separately (for more information on utility allowances established by the local public housing agency (PHA), see 24 CFR 982.517). The utility allowance does not include telephone, cable or satellite television service, and internet service. If all utilities are included in the rent, there is not utility allowance.*

Los Angeles County Fair Market Rent (FY 2016)

FMRs for each fiscal year can be found by visiting HUD's website at: www.huduser.org/portal/datasets/fmr.html.

| Unit Bedrooms | Final FY 2016 FMR |
|---------------|-------------------|
| Efficiency | \$947 |
| 1-Bedroom | \$1,154 |
| 2-Bedroom | \$1,490 |
| 3-Bedroom | \$2,009 |
| 4-Bedroom | \$2,227 |

Rent Reasonableness Checklist & Certification

The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private, unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.

Gross Rent Calculation

Proposed Contract Rent + Utility Allowance = Proposed Gross Rent

Comparable Units

| | Proposed Unit | Unit #1 | Unit #2 | Unit #3 |
|----------------------------------|---------------|---------|---------|---------|
| Address | | | | |
| Number of Bedrooms | | | | |
| Square Feet | | | | |
| Type of Unit/Construction | | | | |
| Housing Condition | | | | |
| Location/Accessibility | | | | |
| Amenities: | | | | |
| Unit: | | | | |
| Site: | | | | |
| Neighborhood: | | | | |
| Age in Years | | | | |
| Utilities (type) | | | | |
| Unit Rent | | | | |
| Utility Allowance | | | | |
| Gross Rent | | | | |
| Handicap Accessible? | | | | |

Staff Certification

Based upon a comparison with rents for comparable units, I have determined that the proposed rent for the unit:

- is reasonable
 is not reasonable.

Name: _____ **Signature:** _____ **Date:** _____

[Appendix D: HQS Long Form]

Inspection Form
Housing Choice Voucher Program

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 9/30/2012)

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both the family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

| | | | | | |
|--|--|---|--|--|--|
| PHA | | Tenant ID Number | | Date of Request (mm/dd/yyyy) | |
| Inspector | | Date Last Inspection (mm/dd/yyyy) | | Date of Inspection (mm/dd/yyyy) | |
| Neighborhood/Census Tract | | Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection | | Project Number | |
| A. General Information | | | | | |
| Street Address of Inspected Unit | | | | Housing Type (check as appropriate) | |
| City County State Zip | | | | <input type="checkbox"/> Single Family Detached | |
| Name of Family Current Telephone of Family | | | | <input type="checkbox"/> Duplex or Two Family Row | |
| Current Street Address of Family | | | | <input type="checkbox"/> House or Town House | |
| City County State Zip | | | | <input type="checkbox"/> Low Rise: 3,4 Stories, Including Garden Apartment | |
| Number of Children in Family Under 6 | | | | <input type="checkbox"/> High Rise: 5 or More Stories | |
| Name of Owner or Agent Authorized to Lease Unit Inspected Telephone of Owner or Agent | | | | <input type="checkbox"/> Manufactured Home | |
| Address of Owner or Agent | | | | <input type="checkbox"/> Congregate | |
| <input type="checkbox"/> Cooperative | | | | | |
| <input type="checkbox"/> Independent Group Residence | | | | | |
| <input type="checkbox"/> Single Room Occupancy | | | | | |
| <input type="checkbox"/> Shared Housing | | | | | |
| <input type="checkbox"/> Other:(Specify) | | | | | |

B. Summary Decision on the Unit

(to be completed after the form has been filled in)

Housing Quality Standard Pass or Fail

1. **Fail** If there are any checks under the column headed "Fail" the unit fails the minimum housing quality standards. Discuss with the owner the repairs noted that would be necessary to bring the unit up to the standard.

2. **Inconclusive** If there are no checks under the column headed "Fail" and there are checks under the column headed "Inconclusive," obtain additional information necessary for a decision (question owner or tenant as indicated in the item instructions given in this checklist). Once additional information is obtained, change the rating for the item and record the date of verification at the far right of the form.

3. **Pass** If neither (1) nor (2) above is checked, the unit passes the minimum housing quality standards. Any additional conditions described in the right hand column of the form should serve to (a) establish the precondition of the unit, (b) indicate possible additional areas to negotiate with the owner, (c) aid in assessing the reasonableness of the rent of the unit, and (d) aid the tenant in deciding among possible units to be rented. The tenant is responsible for deciding whether he or she finds these conditions acceptable.

Unit Size: Count the number of bedrooms for purposes of the FMR or Payment Standard. Record in the box provided.

Year Constructed: Enter from Line 5 of the Request for Tenancy Approval form. Record in the box provided.

Number of Sleeping Rooms: Count the number of rooms which could be used for sleeping, as identified on the checklist. Record in the box provided.

C. How to Fill Out This Checklist

Complete the checklist on the unit to be occupied (or currently occupied) by the tenant. Proceed through the inspection as follows:

| Area | Checklist Category |
|--------------------------|---|
| room by room | 1. Living Room 2. Kitchen 3. Bathroom 4. All Other Rooms Used for Living 5. All Secondary Rooms Not Used for Living |
| basement or utility room | 6. Heating & Plumbing |
| outside | 7. Building Exterior |
| overall | 8. General Health & Safety |

Each part of the checklist will be accompanied by an explanation of the item to be inspected.

Important: For each item numbered on the checklist, **check one box only** (e.g., check one box only for item 1.4 "Security" in the Living Room.)

In the space to the right of the description of the item, if the decision on the item is: "Fail" write what repairs are necessary; if "Inconclusive" write in details.

Also, if "Pass" but there are some conditions present that need to be brought to the attention of the owner or the tenant, write these in the space to the right.

If it is an annual inspection, record to the right of the form any repairs made since the last inspection. If possible, record reason for repair (e.g., ordinary maintenance, tenant damage).

If it is a complaint inspection, fill out only those checklist items for which complaint is lodged. Determine, if possible, tenant or owner cause.

Once the checklist has been completed, return to Part B (Summary Decision on the Unit).

Previous editions are obsolete

1. Living Room

1.1 Living Room Present

Note: If the unit is an efficiency apartment, consider the living room present.

1.2 Electricity

In order to qualify, the outlets must be present and properly installed in the baseboard, wall or floor of the room. Do not count a single duplex receptacle as two outlets, i.e., there must be **two** of these in the room, or **one** of these **plus a permanently installed ceiling or wall light fixture**.

Both the outlets and/or the light must be working. Usually, a room will have sufficient lights or electrical appliances plugged into outlets to determine workability. Be sure light fixture does not fail just because the bulb is burned out.

Do not count any of the following items or fixtures as outlets/fixtures: Table or floor lamps (these are **not** permanent light fixtures); ceiling lamps plugged into socket; extension cords.

If the electric service to the unit has been temporarily turned off check "Inconclusive." Contact owner or manager after inspection to verify that electricity functions properly when service is turned on. Record this information on the checklist.

1.3 Electrical Hazards

Examples of what this means: broken wiring; non-insulated wiring; frayed wiring; improper types of wiring, connections or insulation; wires lying in or located near standing water or other unsafe places; light fixture hanging from electric wiring without other firm support or fixture; missing cover plates on switches or outlets; badly cracked outlets; exposed fuse box connections; overloaded circuits evidenced by frequently "blown" fuses (ask the tenant).

Check "Inconclusive" if you are uncertain about severity of the problem and seek expert advice.

1.4 Security

"Accessible to outside" means: doors open to the outside or to a common public hall; windows accessible from the outside (e.g. basement and first floor); windows or doors leading onto a fire escape, porch or other outside place that can be reached from the ground.

"Lockable" means: the window or door has a properly working lock, or is nailed shut, or the window is not designed to be opened. A storm window lock that is working properly is acceptable. Windows that are nailed shut are acceptable only if these windows are not needed for ventilation or as an alternate exit in case of fire.

1.5 Window Condition

Rate the windows in the room (including windows in doors).

"Severe deterioration" means that the window no longer has the capacity to keep out the wind and the rain or is a cutting hazard. Examples are: missing or broken-out panes; dangerously loose cracked panes; windows that will not close; windows that, when closed, do not form a reasonably tight seal.

If more than one window in the room is in this condition, give details in the space provided on the right of the form.

If there is only "moderate deterioration" of the windows the item should "Pass." "Moderate deterioration" means windows which are reasonably weather-tight, but show evidence of some aging, abuse, or lack of repair. Signs of deterioration are: minor crack in window pane; splintered sill; signs of some minor rotting in the window frame or the window itself; window panes loose because of missing window putty. Also for deteriorated and peeling paint see 1.9. If more than one window is in this condition, give details in the space provided on the right of the form.

1.6 Ceiling Condition

“Unsound or hazardous” means the presence of such serious defects that either a potential exists for structural collapse or that large cracks or holes allow significant drafts to enter the unit. The condition includes: severe bulging or buckling; large holes; missing parts; falling or in danger of falling loose surface materials (other than paper or paint).

Pass ceilings that are basically sound but have some nonhazardous defects, including: small holes or cracks; missing or broken ceiling tiles; water stains; soiled surfaces; unpainted surfaces; peeling paint (for peeling paint see item 1.9).

1.7 Wall Condition

“Unsound or hazardous” includes: serious defects such that the structural safety of the building is threatened, such as severe buckling, bulging or leaning; damaged or loose structural members; large holes; air infiltration.

Pass walls that are basically sound but have some nonhazardous defects, including: small or shallow holes; cracks; loose or missing parts; unpainted surfaces; peeling paint (for peeling paint see item 1.9).

1.8 Floor Condition

“Unsound or hazardous” means the presence of such serious defects that a potential exists for structural collapse or other threats to safety (e.g., stripping) or large cracks or holes allow substantial drafts from below the floor. The condition includes: severe buckling or major movements under walking stress; damaged or missing parts.

Pass floors that are basically sound but have some nonhazardous defects, including: heavily worn or damaged floor surface (for example, scratches or gouges in surface, missing portions of tile or linoleum, previous water damage). If there is a floor covering, also note the condition, especially if badly worn or soiled. If there is a floor covering, including paint or sealant, also note the conditions, especially if badly worn, soiled or peeling (for peeling paint, see 1.9).

1.9 Lead-Based Paint

Housing Choice Voucher Units If the unit was built January 1, 1978, or after, no child under age six will occupy or currently occupies it, is a 0-BR, elderly or handicapped unit with no children under age six on the lease or expected, has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead-based paint.), check NA and do not inspect painted surfaces.

This requirement applies to all painted surfaces (building components) within the unit. (Do not include tenant belongings). Surfaces to receive a visual assessment for deteriorated paint include walls, floors, ceilings, built in cabinets (sink bases), baseboards, doors, door frames, windows systems including mullions, sills, or frames and any other painted building component within the unit. Deteriorated paint includes any painted surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

All deteriorated paint surfaces **more than 2 sq. ft. in any one interior room or space, or more than 10% of the total surface area of an interior type of component with a small surface area (i.e., window sills, baseboards, and trim)** must be stabilized (corrected) in accordance with all safe work practice requirements and clearance is required. **If the deteriorated painted surface is less than 2 sq. ft. or less than 10% of the component, only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities, except for *de minimis level* repairs.

1. Living Room

For each numbered item, check one box only.

| Item No. | Description | Decision | | | If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details. | If Fail or Inconclusive, date (mm/dd/yyyy) of final approval |
|--------------------------------|---|--------------------------|--------------------------|--------------------------|--|--|
| | | Yes, Pass | No, Fail | Inconclusive | | |
| 1.1 Living Room Present | Is there a living room? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 1.2 Electricity | Are there at least two working outlets or one working outlet and one working light fixture? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 1.3 Electrical Hazards | Is the room free from electrical hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 1.4 Security | Are all windows and doors that are accessible from the outside lockable? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 1.5 Window Condition | Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken out panes? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 1.6 Ceiling Condition | Is the ceiling sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 1.7 Wall Condition | Are the walls sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 1.8 Floor Condition | Is the floor sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 1.9 Lead-Based Paint | Are all painted surfaces free of deteriorated paint? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Not Applicable | |

Additional Comments: (Give Item Number)

Comments continued on a separate page Yes No

2. Kitchen

2.1 Kitchen Area Present

Note: A kitchen is an area used for preparation of meals. It may be either a separate room or an area of a larger room (for example, a kitchen area in an efficiency apartment).

2.2 - 2.9 Explanation for these items is the same as that provided for "Living Room" with the following modifications:

2.2 Electricity

Note: The requirement is that at least one outlet and one permanent light fixture are present and working.

2.5 Window Condition

Note: The absence of a window does not fail this item in the kitchen. If there is no window, check "Pass."

2.10 Stove or Range with Oven

Both an oven and a stove (or range) with top burners must be present and working. If either is missing and you know that the owner is responsible for supplying these appliances, check "Fail." Put check in "Inconclusive" column if the tenant is responsible for supplying the appliances and he or she has not yet moved in. Contact tenant or prospective tenant to gain verification that facility will be supplied and is in working condition. Hot plates are not acceptable substitutes for these facilities.

An oven is not working if it will not heat up. To be working a stove or range must have all burners working and knobs to turn them off and on. Under "working condition," also look for hazardous gas hook-ups evidenced by strong gas smells; these should fail. (Be sure that this condition is not confused with an unlit pilot light -a condition that should be noted, but does not fail.)

If both an oven and a stove or range are present, but the gas or electricity are turned off, check "Inconclusive." Contact owner or manager to get verification that facility works when gas is turned on. If both an oven and a stove or range are present and working, but defects exist, check "Pass" and note these to the right of the form. Possible defects are marked, dented, or scratched surfaces; cracked burner ring; limited size relative to family needs.

A microwave oven may be substituted for a tenant-supplied oven and stove (or range).

A microwave oven may be substituted for an owner-supplied oven and stove (or range) if the tenant agrees and microwave ovens are furnished instead of ovens and stoves (or ranges) to both subsidized and unsubsidized tenants in the building or premises.

2.11 Refrigerator

If no refrigerator is present, use the same criteria for marking either "Fail" or "Inconclusive" as were used for the oven and stove or range.

A refrigerator is not working if it will not maintain a temperature low enough to keep food from spoiling over a reasonable period of time. If the electricity is turned off, mark "Inconclusive." Contact owner (or tenant if unit is occupied) to get verification of working condition.

If the refrigerator is present and working but defects exist, note these to the right of the form. Possible minor defects include: broken or missing interior shelving; dented or scratched interior or exterior surfaces; minor deterioration of door seal; loose door handle.

2.12 Sink

If a permanently attached kitchen sink is not present in the kitchen or kitchen area, mark "Fail." A sink in a bathroom or a portable basin will not satisfy this requirement. A sink is not working unless it has running hot and cold water from the faucets and a properly connected and properly working drain (with a "gas trap"). In a vacant apartment, the hot water may have been turned off and there will be no hot water. Mark this "Inconclusive." Check with owner or manager to verify that hot water is available when service is turned on.

If a working sink has defects, note this to the right of the item. Possible minor defects include: dripping faucet; marked, dented, or scratched surface; slow drain; missing or broken drain stopper.

2.13 Space for Storage, Preparation, and Serving of Food

Some space must be available for the storage, preparation, and serving of food. If there is no built-in space for food storage and preparation, a table used for food preparation and a portable storage cabinet will satisfy the requirement. If there is no built-in space, and no room for a table and portable cabinet, check "Inconclusive" and discuss with the tenant. The tenant makes the final determination as to whether or not this space is acceptable. If there are some minor defects, check "Pass" and make notes to the right. Possible defects include: marked, dented, or scratched surfaces; broken shelving or cabinet doors; broken drawers or cabinet hardware; limited size relative to family needs.

2. Kitchen

For each numbered item, check one box only.

| Item No. | Description | Decision | | | If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details. | If Fail or Inconclusive, date (mm/dd/yyyy) of final approval |
|---|--|--------------------------|--------------------------|--------------------------|--|--|
| | | Yes, Pass | No, Fail | Inconclusive | | |
| 2.1 Kitchen Area Present | Is there a kitchen? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 2.2 Electricity | Are there at least one working outlet and one working, permanently installed light fixture? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.3 Electrical Hazards | Is the kitchen free from electrical hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.4 Security | Are all windows and doors that are accessible from the outside lockable? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 2.5 Window Condition | Are all windows free of signs of deterioration or missing or broken out panes? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 2.6 Ceiling Condition | Is the ceiling sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 2.7 Wall Condition | Are the walls sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 2.8 Floor Condition | Is the floor sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 2.9 Lead-Based Paint | Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or less than 10% of a component? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Not Applicable | |
| 2.10 Stove or Range with Oven | Is there a working oven, and a stove (or range) with top burners that work? If no oven and stove (or range) are present, is there a microwave oven and, if microwave is owner-supplied, do other tenants have microwaves instead of an oven and stove (or range)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.11 Refrigerator | Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.12 Sink | Is there a kitchen sink that works with hot and cold running water? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2.13 Space for Storage, Preparation, and Serving of Food | Is there space to store, prepare, and serve food? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

3. Bathroom

3.1 Bathroom Present

Most units have easily identifiable bathrooms (i.e., a separate room with toilet, washbasin and tub or shower). In some cases, however, you will encounter units with scattered bathroom facilities (i.e., toilet, washbasin and tub or shower located in separate parts of the unit). At a minimum, there must be an enclosure around the toilet. In this case, count the enclosure around the toilet as the bathroom and proceed with 3.2-3.9 below, with respect to this enclosure. If there is more than one bathroom that is normally used, rate the one that is in best condition for Part 3. If there is a second bathroom that is also used, complete Part 4 of the checklist for this room. (See Inspection Manual for additional notes on rating the second bathroom.)

3.2 - 3.9 Explanation for these items is the same as that provided for "Living Room" with the following modifications:

3.2 Electricity

Note: The requirement is that at least one permanent light fixture is present and working

3.3 Electrical Hazards

Note: In addition to the previously mentioned hazards, outlets that are located where water might splash or collect are considered an electrical hazard.

3.5 Window Condition

Note: The absence of a window does not fail this item in the bathroom (see item 3.13, Ventilation, for relevance of window with respect to ventilation). If there is no window, but a working vent system is present, check "Pass."

3.7 Wall Condition

Note: Include under nonhazardous defects (that would pass, but should be noted) the following: broken or loose tile; deteriorated grouting at tub/wall and tub/floor joints, or tiled surfaces; water stains.

3.8 Floor Condition

Note: Include under nonhazardous defects (that would pass, but should be noted) the following: missing floor tiles; water stains.

3.10 Flush Toilet in Enclosed Room in Unit

The toilet must be contained within the unit, be in proper operating condition, and be available for the exclusive use of the occupants of the unit (i.e., outhouses or facilities shared by occupants of other units are not acceptable). It must allow for privacy.

Not working means: the toilet is not connected to a water supply; it is not connected to a sewer drain; it is clogged; it does not have a trap; the connections, vents or traps are faulty to the extent that severe leakage of water or escape of gases occurs; the flushing mechanism does not function properly. If the water to the unit has been turned off, check "Inconclusive." Obtain verification from owner or manager that facility works properly when water is turned on.

Comment to the right of the form if the toilet is "present, exclusive, and working," but has the following types of defects: constant running; chipped or broken porcelain; slow draining.

If drain blockage is more serious and occurs further in the sewer line, causing backup, check item 7.6, "Fail," under the plumbing and heating part of the checklist. A sign of serious sewer blockage is the presence of numerous backed-up drains.

3.11 Fixed Wash Basin or Lavatory in Unit

The wash basin must be permanently installed (i.e., a portable wash basin does not satisfy the requirement). Also, a kitchen sink used to pass the requirements under Part 2 of the checklist (kitchen facilities) cannot also serve as the bathroom wash basin. The wash basin may be located separate from the other bathroom facilities (e.g., in a hallway).

Not working means: the wash basin is not connected to a system that will deliver hot and cold running water; it is not connected to a properly operating drain; the connectors (or vents or traps) are faulty to the extent that severe leakage of water or escape of sewer gases occurs. If the water to the unit or the hot water unit has been turned off, check "Inconclusive." Obtain verification from owner or manager that the system is in working condition.

Comment to the right of the form if the wash basin is "present and working," but has the following types of minor defects: insufficient water pressure; dripping faucets; minor leaks; cracked or chipped porcelain; slow drain (see discussion above under 3.10).

3.12 Tub or Shower in Unit

Not present means that neither a tub nor shower is present in the unit. Again, these facilities need not be in the same room with the rest of the bathroom facilities. They must, however, be private.

Not working covers the same requirements detailed above for wash basin (3.11).

Comment to the right of the form if the tub or shower is present and working, but has the following types of defects: dripping faucet; minor leaks; cracked porcelain; slow drain (see discussion under 3.10); absent or broken support rod for shower curtain.

3.13 Ventilation

Working vent systems include: ventilation shafts (non-mechanical vents) and electric fans. Electric vent fans must function when switch is turned on. (Make sure that any malfunctions are not due to the fan not being plugged in.) If electric current to the unit has not been turned on (and there is no operable window), check "Inconclusive." Obtain verification from owner or manager that system works. Note: exhaust vents must be vented to the outside, attic, or crawlspace.

3. Bathroom

For each numbered item, check one box only.

| Item No. | Description | Decision | | | If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details. | If Fail or Inconclusive, date (mm/dd/yyyy) of final approval |
|---|---|--------------------------|--------------------------|--------------------------|--|--|
| | | Yes, Pass | No, Fail | Inconclusive | | |
| 3.1 Bathroom Present (See description) | Is there a bathroom? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 3.2 Electricity | Is there at least one permanently installed light fixture? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3.3 Electrical Hazards | Is the bathroom free from electrical hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3.4 Security | Are all windows and doors that are accessible from the outside lockable? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 3.5 Window Condition | Are all windows free of signs of deterioration or missing or broken out panes? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 3.6 Ceiling Condition | Is the ceiling sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 3.7 Wall Condition | Are the walls sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 3.8 Floor Condition | Is the floor sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 3.9 Lead-Based Paint | Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component? | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Not Applicable | |
| 3.10 Flush Toilet in Enclosed Room in Unit | Is there a working toilet in the unit for the exclusive private use of the tenant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3.11 Fixed Wash Basin or Lavatory in Unit | Is there a working, permanently installed wash basin with hot and cold running water in the unit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3.12 Tub or Shower | Is there a working tub or shower with hot and cold running water in the unit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3.13 Ventilation | Are there operable windows or a working vent system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

4. Other Room Used for Living and Halls

Complete an "Other Room" checklist for as many "other rooms used for living" as are present in the unit and not already noted in Parts 1, 2, and 3 of the checklist. See the discussion below for definition of "used for living." Also complete an "Other Room" checklist for all entrance halls, corridors, and staircases that are located within the unit and are part of the area used for living. If a hall, entry and/or stairway are contiguous, rate them as a whole (i.e., as part of one space).

Additional forms for rating "Other Rooms" are provided in the check-list.

Definition of "used for living." Rooms "used for living" are areas of the unit that are walked through or lived in on a regular basis. Do not include rooms or other areas that have been permanently, or near permanently, closed off or areas that are infrequently entered. For example, do not include a utility room, attached shed, attached closed-in porch, basement, or garage if they are closed off from the main living area or are infrequently entered. Do include any of these areas if they are frequently used (e.g., a finished basement/play-room, a closed-in porch that is used as a bedroom during summer months). Occasional use of a washer or dryer in an otherwise unused room does not constitute regular use.

If the unit is vacant and you do not know the eventual use of a particular room, complete an "Other Room" checklist if there is any chance that the room will be used on a regular basis. If there is no chance that the room will be used on a regular basis, do not include it (e.g., an unfinished basement) since it will be checked under Part 5, All Secondary Rooms (Rooms not used for living).

4.1 Room Code and Room Location

Enter the appropriate room code given below:

Room Codes:

- 1 = Bedroom or any other room used for sleeping (regardless of type of room)
- 2 = Dining Room or Dining Area
- 3 = Second Living Room, Family Room, Den, Playroom, TV Room
- 4 = Entrance Halls, Corridors, Halls, Staircases
- 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
- 6 = Other

Room Location: Write on the line provided the location of the room with respect to the unit's width, length and floor level as if you were standing outside the unit facing the entrance to the unit:

right/left/center: record whether the room is situated to the right, left, or center of the unit.

front/rear/center: record whether the room is situated to the back, front or center of the unit.

floor level: identify the floor level on which the room is located.

If the unit is vacant, you may have some difficulty predicting the eventual use of a room. Before giving any room a code of 1 (bedroom), the room must meet all of the requirements for a "room used for sleeping" (see items 4.2 and 4.5).

4.2 - 4.9 Explanations of these items are the same as those provided for "Living Room" with the following modifications:

4.2 Electricity/Illumination

If the room code is not a "1," the room must have a means of natural or artificial illumination such as a permanent light fixture, wall outlet present, or light from a window in the room or near the room. If any required item is missing, check "Fail." If the electricity is turned off, check "Inconclusive."

4.5 Window Condition

Any room used for sleeping must have at least one window. If the windows in sleeping rooms are designed to be opened, at least one window must be operable. The minimum standards do not require a window in "other rooms." Therefore, if there is no window in another room not used for sleeping, check "Pass," and note "no window" in the area for comments.

4.6 Smoke Detectors

At least one battery-operated or hard-wired smoke detector must be present and working on each level of the unit, including the basement, but not the crawl spaces and unfinished attic.

Smoke detectors must be installed in accordance with and meet the requirements of the National Fire Protection Association Standard (NFPA) 74 (or its successor standards).

If the dwelling unit is occupied by any hearing-impaired person, smoke detectors must have an alarm system designed for hearing-impaired persons as specified in NFPA 74 (or successor standards).

If the unit was under HAP contract prior to April 24, 1993, owners who installed battery-operated or hard-wired smoke detectors in compliance with HUD's smoke detector requirements, including the regulations published on July 30, 1992 (57 FR 33846), will not be required subsequently to comply with any additional requirements mandated by NFPA 74 (i.e. the owner would not be required to install a smoke detector in a basement not used for living purposes, nor would the owner be required to change the location of the smoke detectors that have already been installed on the other floors of the unit). In this case, check "Pass" and note under comments.

Additional Notes

For staircases, the adequacy of light and condition of the stair rails and railings is covered under Part 8 of the checklist (General Health and Safety)

4. Other Rooms Used for Living and Halls For each numbered item, check one box only.

4.1 Room Location

- _____ right/left/center: the room is situated to the right, left, or center of the unit.
- _____ front/rear/center: the room is situated to the back, front or center of the unit.
- _____ floor level: the floor level on which the room is located.

Room Code

- 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
- 2 = Dining Room or Dining Area
- 3 = Second Living Room, Family Room, Den, Playroom, TV Room
- 4 = Entrance Halls, Corridors, Halls, Staircases
- 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
- 6 = Other:

| Item No. | Description | Decision | | | If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details. | If Fail or Inconclusive, date (mm/dd/yyyy) of final approval |
|-------------|--|--------------------------|--------------------------|--------------------------|--|--|
| | | Yes, Pass | No, Fail | Inconclusive | | |
| 4.2 | Electricity/Illumination If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.3 | Electrical Hazards Is the room free from electrical hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.4 | Security Are all windows and doors that are accessible from the outside lockable? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4.5 | Window Condition If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.6 | Ceiling Condition Is the ceiling sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4.7 | Wall Condition Are the walls sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4.8 | Floor Condition Is the floor sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4.9 | Lead-Based Paint Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Not Applicable | |
| 4.10 | Smoke Detectors Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

4. Supplemental for Other Rooms Used for Living and Halls For each numbered item, check one box only.

4.1 Room Location

- _____ right/left/center: the room is situated to the right, left, or center of the unit.
- _____ front/rear/center: the room is situated to the back, front or center of the unit.
- _____ floor level: the floor level on which the room is located.

Room Code

- 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
- 2 = Dining Room or Dining Area
- 3 = Second Living Room, Family Room, Den, Playroom, TV Room
- 4 = Entrance Halls, Corridors, Halls, Staircases
- 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
- 6 = Other:

| Item No. | Description | Decision | | | If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details. | If Fail or Inconclusive, date (mm/dd/yyyy) of final approval |
|-------------------------------------|--|--------------------------|--------------------------|--------------------------|--|--|
| | | Yes, Pass | No, Fail | Inconclusive | | |
| 4.2 Electricity/Illumination | If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.3 Electrical Hazards | Is the room free from electrical hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.4 Security | Are all windows and doors that are accessible from the outside lockable? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4.5 Window Condition | If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4.6 Ceiling Condition | Is the ceiling sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4.7 Wall Condition | Are the walls sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4.8 Floor Condition | Is the floor sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4.9 Lead-Based Paint | Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Not Applicable | |
| 4.10 Smoke Detectors | Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

4. Supplemental for Other Rooms Used for Living and Halls For each numbered item, check one box only.

4.1 Room Location

- _____ right/left/center: the room is situated to the right, left, or center of the unit.
- _____ front/rear/center: the room is situated to the back, front or center of the unit.
- _____ floor level: the floor level on which the room is located.

Room Code

- 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
- 2 = Dining Room or Dining Area
- 3 = Second Living Room, Family Room, Den, Playroom, TV Room
- 4 = Entrance Halls, Corridors, Halls, Staircases
- 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
- 6 = Other:

| Item No. | Description | Decision | | | If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details. | If Fail or Inconclusive, date (mm/dd/yyyy) of final approval |
|-------------------------------------|--|--------------------------|--------------------------|--------------------------|--|--|
| | | Yes, Pass | No, Fail | Inconclusive | | |
| 4.2 Electricity/Illumination | If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.3 Electrical Hazards | Is the room free from electrical hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.4 Security | Are all windows and doors that are accessible from the outside lockable? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4.5 Window Condition | If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.6 Ceiling Condition | Is the ceiling sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4.7 Wall Condition | Are the walls sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4.8 Floor Condition | Is the floor sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4.9 Lead-Based Paint | Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Not Applicable | |
| 4.10 Smoke Detectors | Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

4. Supplemental for Other Rooms Used for Living and Halls For each numbered item, check one box only.

4.1 Room Location

- _____ right/left/center: the room is situated to the right, left, or center of the unit.
- _____ front/rear/center: the room is situated to the back, front or center of the unit.
- _____ floor level: the floor level on which the room is located.

Room Code

- 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
- 2 = Dining Room or Dining Area
- 3 = Second Living Room, Family Room, Den, Playroom, TV Room
- 4 = Entrance Halls, Corridors, Halls, Staircases
- 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
- 6 = Other:

| Item No. | Description | Decision | | | If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details. | If Fail or Inconclusive, date (mm/dd/yyyy) of final approval |
|-------------------------------------|--|--------------------------|--------------------------|--------------------------|--|--|
| | | Yes, Pass | No, Fail | Inconclusive | | |
| 4.2 Electricity/Illumination | If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.3 Electrical Hazards | Is the room free from electrical hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.4 Security | Are all windows and doors that are accessible from the outside lockable? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4.5 Window Condition | If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.6 Ceiling Condition | Is the ceiling sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4.7 Wall Condition | Are the walls sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4.8 Floor Condition | Is the floor sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4.9 Lead-Based Paint | Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Not Applicable | |
| 4.10 Smoke Detectors | Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

5. All Secondary Rooms (Rooms not used for living)

5. Secondary Rooms (Rooms not used for living)

If any room in the unit did not meet the requirements for "other room used for living" in Part 4, it is to be considered a "secondary room (not used for living)." Rate all of these rooms together (i.e., a single Part 5 checklist for all secondary rooms in the unit).

Inspection is required of the following two items since hazardous defects under these items could jeopardize the rest of the unit, even if present in rooms not used for living: 5.2 Security, 5.3 Electrical Hazards. Also, be observant of any other potentially hazardous features in these rooms and record under 5.4

5.1 None

If there are no "Secondary Rooms (rooms not used for living)," check "None" and go on to Part 6.

5.2 - 5.4 Explanations of these items is the same as those provided for "Living Room"

Additional Note

In recording "other potentially hazardous features," note (in the space provided) the means of access to the room with the hazard and check the box under "Inconclusive." Discuss the hazard with the HA inspection supervisor to determine "Pass" or "Fail." Include defects like: large holes in floor, walls or ceilings; evidence of structural collapse; windows in condition of severe deterioration; and deteriorated paint surfaces.

6. Building Exterior

6.1 Condition of Foundation

"Unsound or hazardous" means foundations with severe structural defects indicating the potential for structural collapse; or foundations that allow significant entry of ground water (for example, evidenced by flooding of basement).

6.2 Condition of Stairs, Rails, and Porches

"Unsound or hazardous" means: stairs, porches, balconies, or decks with severe structural defects; broken, rotting, or missing steps; absence of a handrail when there are extended lengths of steps (generally four or more consecutive steps); absence of or insecure railings around a porch or balcony which is approximately 30 inches or more above the ground.

6.3 Condition of Roof and Gutters

"Unsound and hazardous" means: The roof has serious defects such as serious buckling or sagging, indicating the potential of structural collapse; large holes or other defects that would result in significant air or water infiltration (in most cases severe exterior defects will be reflected in equally serious surface defects within the unit, e.g., buckling, water damage). The gutters, downspouts and soffits (area under eaves) shows serious decay and have allowed the entry of significant air or water into the interior of the structure. Gutters and downspouts are, however, not required to pass. If the roof is not observable and there is no sign of interior water damage, check "Pass."

6.4 Condition of Exterior Surfaces

See definition above for roof, item 6.3.

6.5 Condition of Chimney

The chimney should not be seriously leaning or showing evidence of significant disintegration (i.e., many missing bricks).

6.6 Lead-Based Paint: Exterior Surfaces

Housing Choice Voucher Units If the unit was built January 1, 1978 or after, no child under age six will occupy or currently occupies, is a 0-BR, elderly or handicapped unit with no children under age six on the lease or expected, has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead), check NA and do not inspect painted surfaces. Visual assessment for deteriorated paint applies to all exterior painted surfaces (building components) associated with the assisted unit including windows, window sills, exterior walls, floors, porches, railings, doors, decks, stairs, play areas, garages, fences or other areas if frequented by children under age six.

All deteriorated paint surfaces **more than 20 sq. ft. on exterior surfaces** must be stabilized (corrected) in accordance with all safe work practice requirements. **If the painted surface is less than 20 sq. ft., only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities except for *de minimis level* repairs.

6.7 Manufactured Homes: Tie Downs

Manufactured homes must be placed on a site in a stable manner and be free from hazards such as sliding and wind damage. Manufactured homes must be securely anchored by a tie down device which distributes and transfers the loads imposed by the unit to appropriate ground anchors so as to resist wind overturning and sliding, unless a variation has been approved by the HUD Field Office.

5. All Secondary Rooms (Rooms not used for living) For each numbered item, check one box only.

| Item No. | Description | Decision | | | If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details. | If Fail or Inconclusive, date (mm/dd/yyyy) of final approval |
|------------------------------|--|--------------------------|--------------------------|--------------------------|--|--|
| | | Yes, Pass | No, Fail | Inconclusive | | |
| 5.1 | None <input type="checkbox"/> Go to Part 6 | | | | | |
| 5.2 | Security Are all windows and doors that are accessible from the outside lockable? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 5.3 | Electrical Hazards Are all these rooms free from electrical hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5.4 | Other Potentially Hazardous Features Are all of these rooms free of any other potentially hazardous features? For each room with an "other potentially hazardous feature," explain the hazard and the means of control of interior access to the room. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6.0 Building Exterior | | | | | | |
| 6.1 | Condition of Foundation Is the foundation sound and free from hazards? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 6.2 | Condition of Stairs, Rails, and Porches Are all the exterior stairs, rails, and porches sound and free from hazards? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 6.3 | Condition of Roof and Gutters Are the roof, gutters, and downspouts sound and free from hazards? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 6.4 | Condition of Exterior Surfaces Are exterior surfaces sound and free from hazards? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 6.5 | Condition of Chimney Is the chimney sound and free from hazards? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 6.6 | Lead-Based Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed 20 sq. ft. of total exterior surface area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Not Applicable | |
| 6.7 | Manufactured Homes: Tie Downs If the unit is a manufactured home, is it properly placed and tied down? If not a manufactured home, check "Not Applicable." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Not Applicable | |

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

7. Heating and Plumbing

7.1 Adequacy of Heating Equipment

"Adequate heat" means that the heating system is capable of delivering enough heat to assure a healthy environment in the unit (appropriate to the climate). The HA is responsible for defining what constitutes a healthy living environment in the area of the country in which it operates. Local codes (city or state codes) should be instructive in arriving at a reasonable local definition. For example, for heat adequacy, local codes often require that the unit's heating facility be capable of maintaining a given temperature level during a designated time period. Portable electric room heaters or kitchen stoves or ranges with a built-in heat unit are not acceptable as a primary source of heat for units located in areas where climate conditions require regular heating.

"Directly or indirectly to all rooms used for living" means:

"Directly" means that each room used for living has a heat source (e.g., working radiator; working hot air register; baseboard heat)

"Indirectly" means that, if there is no heat source present in the room, heat can enter the room easily from a heated adjacent room (e.g. a dining room may not have a radiator, but would receive heat from the heated living room through a large open archway).

If the heating system in the unit works, but there is some question whether a room without a heat source would receive adequate indirect heat, check "Inconclusive" and verify adequacy from tenant or owner (e.g., unheated bedroom at the end of a long hallway).

How to determine the capability of the heating system: If the unit is occupied, usually the quickest way to determine the capability of the heating system over time is to question the tenant. If the unit is not occupied, or the tenant has not lived in the unit during the months when heat would be needed, check "Inclusive." It will be necessary to question the owner on this point after the inspection has been completed and, if possible, to question other tenants (if it is a multi-unit structure) about the adequacy of heat provided. Under some circumstances, the adequacy of heat can be determined by a simple comparison of the size of the heating system to the area to be heated. For example, a small permanently installed space heater in a living room is probably inadequate for heating anything larger than a relatively small apartment.

7.2 Safety of Heating Equipment

Examples of "unvented fuel burning space heaters" are: portable kerosene units; unvented open flame portable units.

"Other unsafe conditions" include: breakage or damage to heating system such that there is a potential for fire or other threats to safety; improper connection of flues allowing exhaust gases to enter the living area; improper installation of equipment (e.g., proximity of fuel tank to heat source, absence of safety devices); indications of improper use of equipment (e.g., evidence of heavy build-up of soot, creosote, or other substance in the chimney); disintegrating equipment; combustible materials near heat source or flue. See Inspection Manual for a more detailed discussion of the inspection of safety aspects of the heating systems.

If you are unable to gain access to the primary heating system in the unit check "Inconclusive." Contact the owner or manager for verification of safety of the system. If the system has passed a recent local inspection, check "Pass." This applies especially to units in which heat is provided by a large scale, complex central heating system that serves multiple units (e.g., a boiler in the basement of a large apartment building). In most cases, a large scale heating system for a multi-unit building will be subject to periodic safety inspections by a local public agency. Check with the owner or manager to determine the date and outcome of the last such inspection, or look for an inspection certificate posted on the heating system.

7.3 Ventilation and Adequacy of Cooling

If the tenant is present and has occupied the unit during the summer months, inquire about the adequacy of air flow. If the tenant is not present or has not occupied the unit during the summer months, test a sample of windows to see that they open (see Inspection Manual for instruction).

"Working cooling equipment" includes: central (fan) ventilation system; evaporative cooling system; room or central air conditioning.

Check "Inconclusive" if there are no operable windows and it is impossible, or inappropriate, to test whether a cooling system works. Check with other tenants in the building (in a multi-unit structure) and with the owner or manager for verification of the adequacy of ventilation and cooling.

7.4 Water Heater

"Location presents hazard" means that the gas or oil water heater is located in living areas or closets where safety hazards may exist (e.g., water heater located in very cluttered closet with cloth and paper items stacked against it). Gas water heaters in bedrooms or other living areas must have safety dividers or shields.

Water heaters must have a temperature-pressure relief valve and discharge line (directed toward the floor or outside of the living area) as a safeguard against build up of steam if the water heater malfunctions. If not, they are not properly equipped and shall fail.

To pass, gas or oil fired water heaters must be vented into a properly installed chimney or flue leading outside. Electric water heaters do not require venting.

If it is impossible to view the water heater, check "Inconclusive."

Obtain verification of safety of system from owner or manager.

Check "Pass" if the water heater has passed a local inspection. This applies primarily to hot water that is supplied by a large scale complex water heating system that serves multiple units (e.g., water heating system in large apartment building). Check in the same manner described for heating system safety, item 7.2, above.

7.5 Water Supply

If the structure is connected to a city or town water system, check "Pass." If the structure has a private water supply (usually in rural areas) inquire into the nature of the supply (probably from the owner) and whether it is approvable by an appropriate public agency.

General note: If items 7.5, 7.6, or 7.7 are checked "Inconclusive," check with owner or manager for verification of adequacy.

7.6 Plumbing

"Major leaks" means that main water drain and feed pipes (often located in the basement) are seriously leaking. (Leaks present at specific facilities have already been evaluated under the checklist items for "Bathroom" and "Kitchen.")

"Corrosion" (causing serious and persistent levels of rust or contamination in the drinking water) can be determined by observing the color of the drinking water at several taps. Badly corroded pipes will produce noticeably brownish water. If the tenant is currently occupying the unit, he or she should be able to provide information about the persistence of this condition. (Make sure that the "rusty water" is not a temporary condition caused by city or town maintenance of main water lines.) See general note under 7.5.

7.7 Sewer Connection

If the structure is connected to the city or town sewer system, check "Pass." If the structure has its own private disposal system (e.g., septic field), inquire into the nature of the system and determine whether this type of system can meet appropriate health and safety regulations.

The following conditions constitute "evidence of sewer back up": strong sewer gas smell in the basement or outside of unit; numerous clogged or very slow drains; marshy areas outside of unit above septic field. See general note under 7.5.

7. Heating and Plumbing

For each numbered item, check one box only.

| Item No. | Description | Decision | | | If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details. | If Fail or Inconclusive, date (mm/dd/yyyy) of final approval |
|--|--|--------------------------|--------------------------|--------------------------|--|--|
| | | Yes, Pass | No, Fail | Inconclusive | | |
| 7.1 Adequacy of Heating Equipment | Is the heating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.2 Safety of Heating Equipment | Is the unit free from unvented fuel burning space heaters or any other types of unsafe heating conditions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.3 Ventilation and Adequacy of Cooling | Does the unit have adequate ventilation and cooling by means of openable windows or a working cooling system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.4 Water Heater | Is the water heater located, equipped, and installed in a safe manner? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.5 Water Supply | Is the unit served by an approvable public or private sanitary water supply? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.6 Plumbing | Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7.7 Sewer Connection | Is plumbing connected to an approvable public or private disposal system, and is it free from sewer back-up? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Additional Comments: (Give Item Number)

Comments continued on a separate page Yes No

8. General Health and Safety

8.1 Access to Unit

“Through another unit” means that access to the unit is only possible by means of passage through another dwelling unit.

8.2 Exits

“Acceptable fire exit” means that the building must have an alternative means of exit that meets local or State regulations in case of fire; this could include:

An openable window if the unit is on the first floor or second floor or easily accessible to the ground.

A back door opening on to a porch with a stairway leading to the ground.

Fire escape, fire ladder, or fire stairs.

“Blocked” means that the exit is not useable due to conditions such as debris, storage, door or window nailed shut, broken lock.

Important note: The HA has the final responsibility for deciding whether the type of emergency exit is acceptable, although the tenant should assist in making the decision.

8.3 Evidence of Infestation

“Presence of rats, or severe infestation by mice or vermin” (such as roaches) is evidenced by: rat holes; droppings; rat runs; numerous settings of rat poison. If the unit is occupied, ask the tenant,

8.4 Garbage and Debris

“Heavy accumulation” means large piles of trash and garbage, discarded furniture, and other debris (not temporarily stored awaiting removal) that might harbor rodents. This may occur inside the unit, in common areas, or outside. It usually means a level of accumulation beyond the capacity of an individual to pick up within an hour or two.

8.5 Refuse Disposal

“Adequate covered facilities” includes: trash cans with covers, garbage chutes, “dumpsters” (i.e., large scale refuse boxes with lids); trash bags (if approvable by local public agency). “Approvable by local public agency” means that the local Health and Sanitation Department (city, town or county) approves the type of facility in use. Note: During the period when the HA is setting up its inspection program, it will check with the local health and sanitation department to determine which types of facilities are acceptable and include this in the inspection requirements.

If the unit is vacant and there are no adequate covered facilities present, check “Inconclusive.” Contact the owner or manager for verification of facilities provided when the unit is occupied.

8.6 Interior Stairs and Common Halls

“Loose, broken, or missing steps” should fail if they present a serious risk of tripping or falling.

A handrail is required on extended sections of stairs (generally four or more consecutive steps). A railing is required on unprotected heights such as around stairwells.

“Other hazards” would be conditions such as bare electrical wires and tripping hazards.

Housing Choice Voucher Units If the unit was built January 1, 1978, or after, no child under six will occupy or currently occupies it, is a 0-BR, elderly or handicapped unit with no children under six on the lease or expected, has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead-based paint.), check NA and do not inspect painted surfaces.

This requirement applies to all painted surfaces (building components) within the unit. (Do not include tenant belongings).

Surfaces to receive a visual assessment for deteriorated paint include walls, floors, ceilings, built in cabinets (sink bases), baseboards, doors, door frames, windows systems including

mullions, sills, or frames and any other painted building component within the unit. Deteriorated paint includes any painted surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

All deteriorated paint surfaces **more than 2 sq. ft. in any one interior room or space, or more than 10% of the total surface area of an interior type of component with a small surface area (i.e., window sills, baseboards, and trim)** must be stabilized (corrected) in accordance with all safe work practice requirements and clearance is required. **If the deteriorated painted surface is less than 2 sq. ft. or less than 10% of the component, only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities, except for *de minimis level* repairs.

8.7 Other Interior Hazards

Examples of other hazards might be: a broken bathroom fixture with a sharp edge in a location where it represents a hazard; a protruding nail in a doorway.

8.8 Elevators

Note: At the time the HA is setting up its inspection program, it will determine local licensing practices for elevators. Inspectors should then be aware of these practices in evaluating this item (e.g., check inspection date). If no elevator check “Not Applicable.”

8.9 Interior Air Quality

If the inspector has any questions about whether an existing poor air quality condition should be considered dangerous, he or she should check with the local Health and Safety Department (city, town or county).

8.10 Site and Neighborhood Conditions

Examples of conditions that would “seriously and continuously endanger the health or safety of the residents” are:

- other buildings on, or near the property, that pose serious hazards (e.g., dilapidated shed or garage with potential for structural collapse),
- evidence of flooding or major drainage problems,
- evidence of mud slides or large land settlement or collapse,
- proximity to open sewage,
- unprotected heights (cliffs, quarries, mines, sandpits),
- fire hazards,
- abnormal air pollution or smoke which continues throughout the year and is determined to seriously endanger health, and continuous or excessive vibration of vehicular traffic (if the unit is occupied, ask the tenant).

8.11 Lead-Based Paint: Owner Certification

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead-Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

8. General Health and Safety

For each numbered item, check one box only.

| Item No. | Description | Decision | | | If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details. | If Fail or Inconclusive, date (mm/dd/yyyy) of final approval |
|---|--|--------------------------|--------------------------|--------------------------|--|--|
| | | Yes, Pass | No, Fail | Inconclusive | | |
| 8.1 Access to Unit | Can the unit be entered without having to go through another unit? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 8.2 Exits | Is there an acceptable fire exit from this building that is not blocked? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 8.3 Evidence of Infestation | Is the unit free from rats or severe infestation by mice or vermin? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 8.4 Garbage and Debris | Is the unit free from heavy accumulation of garbage or debris inside and outside? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 8.5 Refuse Disposal | Are there adequate covered facilities for temporary storage and disposal of food wastes, and are they approvable by a local agency? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8.6 Interior Stairs and Common Halls | Are interior stairs and common halls free from hazards to the occupant because of loose, broken, or missing steps on stairways; absent or insecure railings; inadequate lighting; or other hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8.7 Other Interior Hazards | Is the interior of the unit free from any other hazard not specifically identified previously? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 8.8 Elevators | Where local practice requires, do all elevators have a current inspection certificate? If local practice does not require this, are they working and safe? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Not Applicable | |
| 8.9 Interior Air Quality | Is the unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 8.10 Site and Neighborhood Conditions | Are the site and immediate neighborhood free from conditions which would seriously and continuously endanger the health or safety of the residents? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 8.11 Lead-Based Paint: Owner Certification | If the owner of the unit is required to correct any deteriorated paint or lead-based paint hazards at the property, has the Lead-Based Paint Owner's Certification been completed, and received by the PHA? If the owner was not required to correct any deteriorated paint or lead-based paint hazards, check NA. | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Not Applicable | |

Additional Comments: (Give Item Number)

Comments continued on a separate page Yes No

[Appendix E: HQS Short Form]

Inspection Checklist
Housing Choice Voucher Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(Exp. 9/30/2010)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

| | | | |
|---|--|--------------------------------------|---------------------------------|
| Name of Family | | Tenant ID Number | Date of Request (mm/dd/yyyy) |
| Inspector | | Neighborhood/Census Tract | Date of Inspection (mm/dd/yyyy) |
| Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection | | Date of Last Inspection (mm/dd/yyyy) | PHA |

| | | |
|---|--------------------------------|---|
| A. General Information | | Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise: 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other |
| Inspected Unit | Year Constructed (yyyy) | |
| Full Address (including Street, City, County, State, Zip) | | |
| Number of Children in Family Under 6 | | |
| Owner | | |
| Name of Owner or Agent Authorized to Lease Unit Inspected | | Phone Number |
| Address of Owner or Agent | | |

| | | |
|---|--|--------------------------|
| B. Summary Decision On Unit (To be completed after form has been filled out) | | |
| <input type="checkbox"/> Pass | Number of Bedrooms for Purposes of the FMR or Payment Standard | Number of Sleeping Rooms |
| <input type="checkbox"/> Fail | | |
| <input type="checkbox"/> Inconclusive | | |

| Inspection Checklist | | | | | | |
|-----------------------------|---------------------|----------|---------|----------|---------|----------------------------------|
| Item No. | | Yes Pass | No Fail | In-Conc. | Comment | Final Approval Date (mm/dd/yyyy) |
| 1. Living Room | | | | | | |
| 1.1 | Living Room Present | | | | | |
| 1.2 | Electricity | | | | | |
| 1.3 | Electrical Hazards | | | | | |
| 1.4 | Security | | | | | |
| 1.5 | Window Condition | | | | | |
| 1.6 | Ceiling Condition | | | | | |
| 1.7 | Wall Condition | | | | | |
| 1.8 | Floor Condition | | | | | |

Clear All Form Fields

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room); 2 = Dining Room or Dining Area; 3 = Second Living Room, Family Room, Den, Playroom, TV Room; 4 = Entrance Halls, Corridors, Halls, Staircases; 5 = Additional Bathroom; 6 = Other

| Item No. | 1. Living Room (Continued) | Yes Pass | No Fail | In-Conc. | Comment | Final Approval Date (mm/dd/yyyy) |
|--------------------|--|----------|---------|----------|---|----------------------------------|
| 1.9 | Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? | | | | <input type="checkbox"/> Not Applicable | |
| 2. Kitchen | | | | | | |
| 2.1 | Kitchen Area Present | | | | | |
| 2.2 | Electricity | | | | | |
| 2.3 | Electrical Hazards | | | | | |
| 2.4 | Security | | | | | |
| 2.5 | Window Condition | | | | | |
| 2.6 | Ceiling Condition | | | | | |
| 2.7 | Wall Condition | | | | | |
| 2.8 | Floor Condition | | | | | |
| 2.9 | Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? | | | | <input type="checkbox"/> Not Applicable | |
| 2.10 | Stove or Range with Oven | | | | | |
| 2.11 | Refrigerator | | | | | |
| 2.12 | Sink | | | | | |
| 2.13 | Space for Storage, Preparation, and Serving of Food | | | | | |
| 3. Bathroom | | | | | | |
| 3.1 | Bathroom Present | | | | | |
| 3.2 | Electricity | | | | | |
| 3.3 | Electrical Hazards | | | | | |
| 3.4 | Security | | | | | |
| 3.5 | Window Condition | | | | | |
| 3.6 | Ceiling Condition | | | | | |
| 3.7 | Wall Condition | | | | | |
| 3.8 | Floor Condition | | | | | |
| 3.9 | Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? | | | | <input type="checkbox"/> Not Applicable | |
| 3.10 | Flush Toilet in Enclosed Room in Unit | | | | | |
| 3.11 | Fixed Wash Basin or Lavatory in Unit | | | | | |
| 3.12 | Tub or Shower in Unit | | | | | |
| 3.13 | Ventilation | | | | | |

| Item No. | 4. Other Rooms Used For Living and Halls | Yes Pass | No Fail | In-Conc. | Comment | Final Approval Date (mm/dd/yyyy) | |
|----------|--|-----------------------------------|---------|----------|---|----------------------------------|--|
| 4.1 | Room Code* and Room Location <input type="checkbox"/> | (Circle One) Right/Center/Left | | | (Circle One) Front/Center/Rear | ____ Floor Level | |
| 4.2 | Electricity/Illumination | | | | | | |
| 4.3 | Electrical Hazards | | | | | | |
| 4.4 | Security | | | | | | |
| 4.5 | Window Condition | | | | | | |
| 4.6 | Ceiling Condition | | | | | | |
| 4.7 | Wall Condition | | | | | | |
| 4.8 | Floor Condition | | | | | | |
| 4.9 | Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? | | | | <input type="checkbox"/> Not Applicable | | |
| 4.10 | Smoke Detectors | | | | | | |
| 4.1 | Room Code* and Room Location <input type="checkbox"/> | (Circle One) Right/Center/L | | | (Circle One) Front/Center/Rear | ____ Floor Level | |
| 4.2 | Electricity/Illumination | | | | | | |
| 4.3 | Electrical Hazards | | | | | | |
| 4.4 | Security | | | | | | |
| 4.5 | Window Condition | | | | | | |
| 4.6 | Ceiling Condition | | | | | | |
| 4.7 | Wall Condition | | | | | | |
| 4.8 | Floor Condition | | | | | | |
| 4.9 | Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? | | | | <input type="checkbox"/> Not Applicable | | |
| 4.10 | Smoke Detectors | | | | | | |
| 4.1 | Room Code* and Room Location <input type="checkbox"/> | (Circle One) Right/Center/Left | | | (Circle One) Front/Center/Rear | ____ Floor Level | |
| 4.2 | Electricity/Illumination | | | | | | |
| 4.3 | Electrical Hazards | | | | | | |
| 4.4 | Security | | | | | | |
| 4.5 | Window Condition | | | | | | |
| 4.6 | Ceiling Condition | | | | | | |
| 4.7 | Wall Condition | | | | | | |
| 4.8 | Floor Condition | | | | | | |
| 4.9 | Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? | | | | <input type="checkbox"/> Not Applicable | | |
| 4.10 | Smoke Detectors | | | | | | |

| Item No. | 4. Other Rooms Used For Living and Halls | Yes Pass | No Fail | In-Conc. | Comment | Final Approval Date (mm/dd/yyyy) |
|---|--|----------|---------|----------|--|----------------------------------|
| 4.1 | Room Code* and Room Location <input type="checkbox"/> | | | | (Circle One) Right/Center/Left (Circle One) Front/Center/Rear ____ Floor Level | |
| 4.2 | Electricity/Illumination | | | | | |
| 4.3 | Electrical Hazards | | | | | |
| 4.4 | Security | | | | | |
| 4.5 | Window Condition | | | | | |
| 4.6 | Ceiling Condition | | | | | |
| 4.7 | Wall Condition | | | | | |
| 4.8 | Floor Condition | | | | | |
| 4.9 | Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? | | | | <input type="checkbox"/> Not Applicable | |
| 4.10 | Smoke Detectors | | | | | |
| 4.1 | Room Code* and Room Location <input type="checkbox"/> | | | | (Circle One) Right/Center/Left (Circle One) Front/Center/Rear ____ Floor Level | |
| 4.2 | Electricity/Illumination | | | | | |
| 4.3 | Electrical Hazards | | | | | |
| 4.4 | Security | | | | | |
| 4.5 | Window Condition | | | | | |
| 4.6 | Ceiling Condition | | | | | |
| 4.7 | Wall Condition | | | | | |
| 4.8 | Floor Condition | | | | | |
| 4.9 | Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? | | | | <input type="checkbox"/> Not Applicable | |
| 4.10 | Smoke Detectors | | | | | |
| 5. All Secondary Rooms (Rooms not used for living) | | | | | | |
| 5.1 | None Go to Part 6 | | | | | |
| 5.2 | Security | | | | | |
| 5.3 | Electrical Hazards | | | | | |
| 5.4 | Other Potentially Hazardous Features in these Rooms | | | | | |

| Item No. | 6. Building Exterior | Yes Pass | No Fail | In-Conc. | Comment | Final Approval Date (mm/dd/yyyy) |
|-------------------------------------|---|----------|---------|----------|---|----------------------------------|
| 6.1 | Condition of Foundation | | | | | |
| 6.2 | Condition of Stairs, Rails, and Porches | | | | | |
| 6.3 | Condition of Roof/Gutters | | | | | |
| 6.4 | Condition of Exterior Surfaces | | | | | |
| 6.5 | Condition of Chimney | | | | | |
| 6.6 | Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area? | | | | <input type="checkbox"/> Not Applicable | |
| 6.7 | Manufactured Home: Tie Downs | | | | | |
| 7. Heating and Plumbing | | | | | | |
| 7.1 | Adequacy of Heating Equipment | | | | | |
| 7.2 | Safety of Heating Equipment | | | | | |
| 7.3 | Ventilation/Cooling | | | | | |
| 7.4 | Water Heater | | | | | |
| 7.5 | Approvable Water Supply | | | | | |
| 7.6 | Plumbing | | | | | |
| 7.7 | Sewer Connection | | | | | |
| 8. General Health and Safety | | | | | | |
| 8.1 | Access to Unit | | | | | |
| 8.2 | Fire Exits | | | | | |
| 8.3 | Evidence of Infestation | | | | | |
| 8.4 | Garbage and Debris | | | | | |
| 8.5 | Refuse Disposal | | | | | |
| 8.6 | Interior Stairs and Common Halls | | | | | |
| 8.7 | Other Interior Hazards | | | | | |
| 8.8 | Elevators | | | | | |
| 8.9 | Interior Air Quality | | | | | |
| 8.10 | Site and Neighborhood Conditions | | | | | |
| 8.11 | Lead-Based Paint: Owner's Certification | | | | <input type="checkbox"/> Not Applicable | |

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead-Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

C. Special Amenities (Optional)

This Section is for optional use of the HA. It is designed to collect additional information about other positive features of the unit that may be present. Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent.
Check/list any positive features found in relation to the unit.

1. Living Room

- High quality floors or wall coverings
- Working fireplace or stove
- Balcony, patio, deck, porch
- Special windows or doors
- Exceptional size relative to needs of family
- Other: (Specify)

2. Kitchen

- Dishwasher
- Separate freezer
- Garbage disposal
- Eating counter/breakfast nook
- Pantry or abundant shelving or cabinets
- Double oven/self cleaning oven, microwave
- Double sink
- High quality cabinets
- Abundant counter-top space
- Modern appliance(s)
- Exceptional size relative to needs of family
- Other: (Specify)

3. Other Rooms Used for Living

- High quality floors or wall coverings
- Working fireplace or stove
- Balcony, patio, deck, porch
- Special windows or doors
- Exceptional size relative to needs of family
- Other: (Specify)

4. Bath

- Special feature shower head
- Built-in heat lamp
- Large mirrors
- Glass door on shower/tub
- Separate dressing room
- Double sink or special lavatory
- Exceptional size relative to needs of family
- Other: (Specify)

5. Overall Characteristics

- Storm windows and doors
- Other forms of weatherization (e.g., insulation, weather stripping)
- Screen doors or windows
- Good upkeep of grounds (i.e., site cleanliness, landscaping, condition of lawn)
- Garage or parking facilities
- Driveway
- Large yard
- Good maintenance of building exterior
- Other: (Specify)

6. Disabled Accessibility

Unit is accessible to a particular disability. Yes No
Disability _____

D. Questions to ask the Tenant (Optional)

1. Does the owner make repairs when asked? Yes No
2. How many people live there? _____
3. How much money do you pay to the owner/agent for rent? \$ _____
4. Do you pay for anything else? (specify) _____
5. Who owns the range and refrigerator? (insert O = Owner or T = Tenant) Range _____ Refrigerator _____ Microwave _____
6. Is there anything else you want to tell us? (specify) Yes No

E. Inspection Summary/Comments (Optional)

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

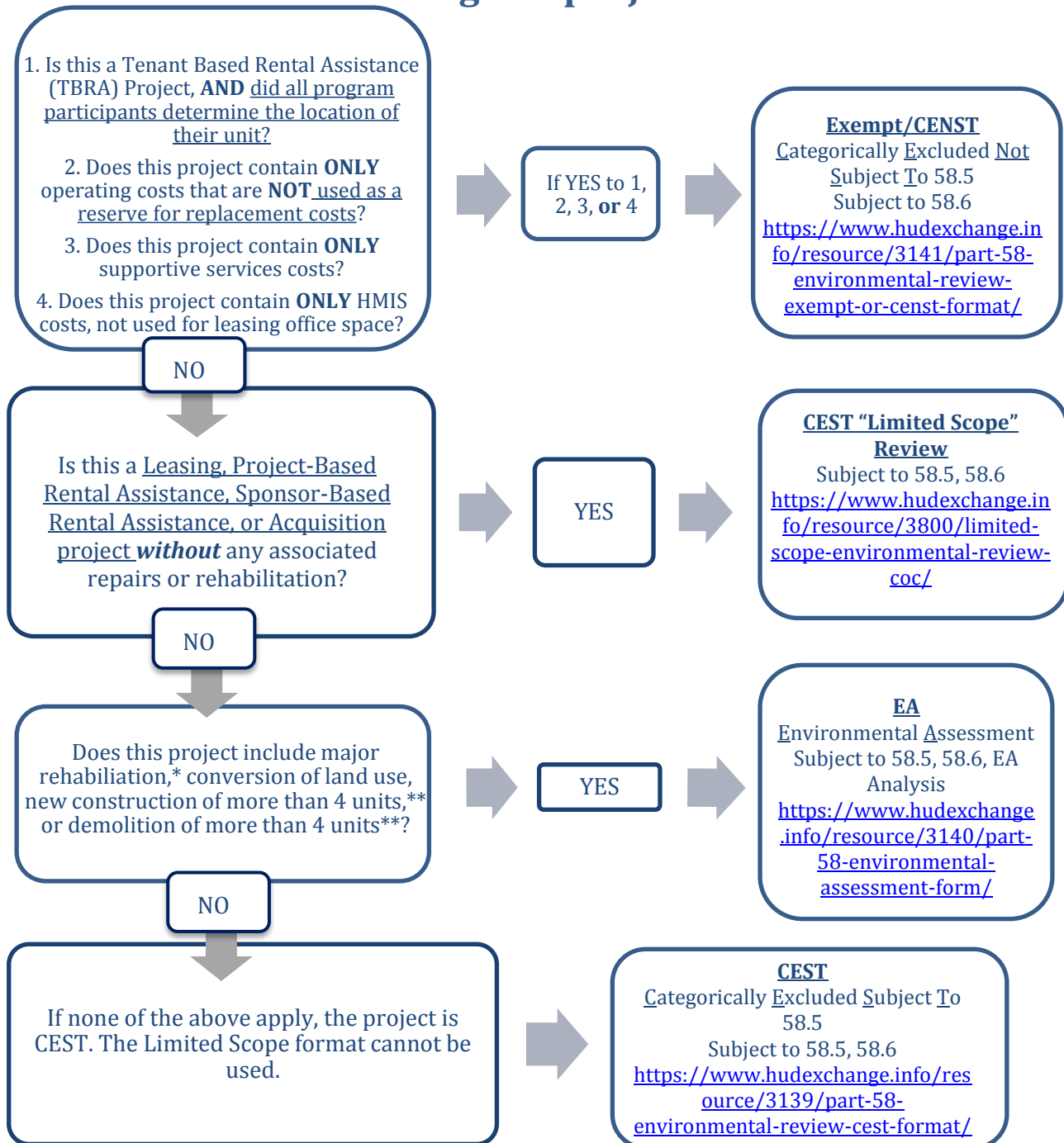
| | | | |
|--------------------|---|----------------------------------|---------------------------------------|
| Tenant ID Number | Inspector | Date of Inspection (mm/dd/yyyy) | Address of Inspected Unit |
| Type of Inspection | Initial <input type="checkbox"/> | Special <input type="checkbox"/> | Reinspection <input type="checkbox"/> |
| Item Number | Reason for "Fail" or "Pass with Comments" | | Rating |

Continued on additional page Yes No

Previous editions are obsolete

[Appendix F: Environmental Review Chart]

What level of Environmental Review is needed for CoC Program projects?



This document applies ONLY to CoC Program projects.

For more information on determining level of review, consult 24 CFR 58.

*For purposes of determining level of review, “major rehabilitation” is rehabilitation that does not conform to the limitations listed in 24 CFR 58.35(a)(3).

**Select “yes” if new construction or demolition falls outside the definition of an “individual action” in 24 CFR 58.35(a)(4). If proposed construction or demolition conforms to the requirements in that section, select “no.”