

# PERMANENT SUPPORTIVE HOUSING

[ written standards ]

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# [ Introduction ]

In accordance with Title 24 of the Code of Federal Regulations (24 CFR) Part 578, the City of Pasadena (City) and the Pasadena Partnership to End Homelessness (Pasadena CoC) have developed the following written standards. In conjunction with 24 CFR Part 578 and the orders of priority established in Notice CPD-16-11, these standards will apply to all projects that receive Pasadena CoC Permanent Supportive Housing (PSH) funding and are intended as basic minimum standards to which grantees can make additions and more stringent standards applicable to their own projects. In addition, all projects must comply with the Notice of Funding Availability (NOFA) under which the project was originally awarded and, as applicable, the Consolidated Appropriations Act of 2014 and the Further Continuing Appropriations Act of 2015.

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

## **GUIDING PRINCIPLES**

The Pasadena CoC is dedicated to HUD's goal of ending chronic homelessness. Research has consistently found that PSH using a Housing First approach is the most effective solution for people experiencing chronic homelessness. As such, the Pasadena CoC is firmly committed to prioritizing the chronically homeless for PSH and has embraced a Housing First approach for the CoC-PSH.

### **Prioritizing Chronically Homeless**

PSH is not a one-size-fits-all approach and should only be offered to those households that truly need that level of support. Thus, in order to use our limited resources in the most effective means possible, the Pasadena CoC is committed to prioritizing those most in need through an established order of priority. Within that order of priority, all CoC-PSH funded programs are required to fill vacant beds with chronically homeless individuals. In addition, PSH programs that do not receive CoC funding are strongly encouraged to prioritize the chronically homeless.

### **Housing First**

An immediate connection to PSH can ensure that over 80% of homeless individuals remain housed, even among clients with severe substance abuse and mental health conditions. Therefore, the Pasadena CoC has embraced a housing first approach for CoC-PSH to best serve this population.

Housing First is a simple philosophy that offers permanent, affordable housing as quickly as possible to homeless individuals and families. Once in a program, case managers work to engage participants in voluntary supportive services and connect them to community-based supports with the goals of helping them to remain in housing and avoid returns to homelessness. Income, sobriety, participation in treatment and/or other services, are not required as a condition for getting housing.

## **COC COORDINATION WITH ESG**

The Pasadena CoC utilizes the following approaches and procedures to ensure the coordination of resources among grantees:

### **Coordinated Entry System**

To minimize barriers to housing access and ensure timely placement, grantees are required to receive referrals through Pasadena's Coordinated Entry System (CES). The CES uses a no-wrong door approach in which homeless individuals who engage with any agency within the Pasadena CoC are entered into the system. This system ensures that every homeless individual is known by name, provides assistance based on individual's unique needs, and matches them to the right housing fit.

### **Universal Assessment**

All individuals will be assessed using a comprehensive, universal assessment tool called the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT). This tool guarantees that individuals' levels of need and eligibility determinations are made in an informed and objective manner.

### **Homeless Management Information System**

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). HMIS provides an opportunity to document homelessness and helps to ensure coordination between service providers while avoiding duplication of services and client data.

# [ Program Overview ]

## TARGET POPULATION

The eligible population for PSH is individuals with disabilities or families in which one adult or child has a disability. Based on HUD's recommendations, however, the Pasadena CoC has chosen to target chronically homeless individuals or families for CoC-funded PSH (see Exhibit 1 For definition).

## CORE PROGRAM COMPONENTS

The Pasadena CoC-PSH program provides permanent housing and support services to individuals and families with a disability, prioritizing those who are chronically homeless. The program is designed to reintegrate this highly vulnerable population into the community by addressing their basic needs for housing and providing ongoing support. There are two key components of the Pasadena CoC-PSH program: permanent housing and supportive services.

### Permanent Housing

Using a housing first approach, program participants are provided with rapid access to permanent housing with minimal preconditions. Good credit or rental history are not required to receive housing. Each household is placed in a unit that has access to meal preparation facilities or where grantees provide meals.

Tenants can remain in their homes as long as the basic requirements of tenancy are met—paying the rent (as applicable), not interfering with other tenants' use of their homes, not causing property damage, etc. This ensures participants have a private and secure place to make their home, just like other members of the community, and provides them with a stable foundation from which they can pursue their goals.

### Supportive Services

Once in housing, program participants have access to the support services that they need and want to live as independently as possible. Although PSH is designed for people who need supportive services, accepting these services is not a condition of housing. A person's home is a place to live rather than a treatment setting. As such, supportive services are voluntary, but can and should be used to persistently engage tenants and ensure housing stability.

Tenants receive assistance in defining their needs and preferences through annual assessments of service needs and individualized support plans that reflect those preferences. On-site residential supervision is provided as needed to facilitate the adequate provision of supportive services to the residents.

## Exhibit 1: Chronically Homeless Definition

### Who Can be Chronically Homeless

- 01** An individual who meets all three conditions of chronic homelessness (see below)
- 02** An individual who has been residing in an institutional care facility for fewer than 90 days (including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility) and met all three conditions of chronic homelessness before entering that facility
- 03** A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all three conditions of chronic homelessness (including a family whose composition has fluctuated while the head of household has been homeless)

### Three Conditions of Chronic Homelessness

#### Currently Homeless

Currently homeless and lives in one of the following:

- An emergency shelter
- A safe haven
- A place not meant for human habitation\*

Individuals residing in institutional care facilities <90 days who were homeless (as described above) immediately prior to entering that facility are considered homeless.

\*A place not meant for human habitation is defined as a place not designated for or ordinarily used as a regular sleeping accommodation for human beings, including car, park, abandoned building, bus/train station, airport, or camping ground. This does not include persons living in housing that is substandard and in need of repair or housing is crowded.

#### 12 Months Continuous or Cumulative Homelessness

Is currently homeless and has been either:

- Continuously homeless for at least 12 months; or
- Homeless on at least four (4) separate occasions in the last three (3) years, as long as the combined occasions equal at least twelve (12) months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living in an emergency shelter, safe haven, or place not meant for human habitation.

Stays in institutional care facilities for fewer than 90 days do not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility.

#### Disabling Condition

Can be diagnosed with one or more of the following disabilities which is of long, continued, and indefinite duration; substantially impedes the individual's ability to live independently; and could be improved by more suitable housing conditions:

- Substance use disorder
- Serious mental illness
- Developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002))
- Post-traumatic stress disorder
- Cognitive impairments resulting from brain injury
- Chronic physical illness or disability

# [ Coordinated Assessment & Prioritization ]

## COORDINATED ASSESSMENT

All Pasadena CoC-PSH providers are required to fill vacant beds through the region's Coordinated Entry System (CES) to ensure that the CoC's limited resources are being used in the most effective manner possible and that households most in need are being prioritized. The CES consists of three components: universal assessment, housing navigation, and housing match.

### Universal Assessment

The CES assesses the most vulnerable homeless residents within the Pasadena CoC using a universal assessment, the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). The VI-SPDAT evaluates eligibility and provides an objective and comparable measure of vulnerability and service need.

### Housing Navigation

Once individuals have been assessed, those with the greatest needs (scores of 8+) are assigned a Housing Navigator to assist them in locating housing and support them in the collection of documentation (see Recordkeeping Requirements), ensuring they can be matched with PSH as quickly as possible.

### Housing Match

PSH providers submit vacancies to the CES when housing becomes available. The CES then matches the most vulnerable individual with that housing unit through a single prioritized waiting list that ranks individuals based on the CoC's designated order of priority (see below).

Housing providers agree to hold turnover beds open for a period of 15 days while the CES Community Matchers consult the existing prioritized waiting list (based on client prioritization guidelines below). If an individual or family who is chronically homeless cannot be found within the 15-day time period, the turnover bed may be filled with the agency's normal process.

## PRIORITIZATION

The Pasadena CoC has developed an order of priority to establish a uniform process for prioritizing placement into PSH through the CES. The over arching intent of this order of priority is to ensure that chronically homeless persons with the longest lengths of time homeless and the most severe service needs are prioritized over other eligible households (see Exhibit 2 for definition of Severity of Service Needs). It is important to note that the order of priority established below will be followed with consideration of agency goals and target populations

### Exhibit 2: Severity of Service Needs

For the purpose of this policy, persons who have been identified as having the most severe service needs have at least one of the following:

#### High Utilization of Crisis Services

History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or

#### Significant Health or Behavioral Challenges

Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing

#### Youth / Victims of DV

High risk of continued trauma or high risk of harm or exposure to very dangerous living situations

Severe service needs as defined above should be identified and verified through the CoC's Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT).



(e.g. mental illness). This order of priority may be revisited once the CES has fully automated referrals through HMIS, ensuring it accurately reflects the system’s methods of prioritization which will be based upon the orders of priority established by HUD in Notice CPD-16-011.

### Order of Priority for PSH Vacancies

All grantees receiving Pasadena CoC funding for PSH must fill vacant beds with chronically homeless persons. Exhibit 3 outlines the Pasadena CoC’s order of priority for filling PSH beds.

#### Exhibit 3: Order of Priority for PSH Vacancies

Order of Priority	Chronically Homeless	Severe Service Needs	Other Requirement
01	Yes	Yes	At least 12 months continuous or at least 12 months cumulative across 4 episodes in 3 years
02	Yes	Yes	Less than 12 months cumulative across 4 episodes in 3 years
03	Yes	No	At least 12 months continuous or at least 12 months cumulative across 4 episodes in 3 years
04	Yes	No	Less than 12 months cumulative across 4 episodes in 3 years
05	Yes	No	None

### Order Of Priority When No CH Is Identified

When no chronically homeless (CH) persons can be identified to fill a PSH vacancy, the CES will fill vacancies according to the priorities listed in Exhibit 4.

#### Exhibit 4: Order of Priority When No CH is Identified

Order of Priority	Disability	Severe Service Needs	Other Requirement
01	Yes	Yes	Long periods of episodic homelessness (fewer than four occasions but cumulative length of time 12 or more months)
02	Yes	Yes	Length of time homeless should be considered when prioritizing households but there is not a minimum length of time required
03	Yes	No	Currently residing in a place not meant for human habitation, a safe haven, or an emergency shelter. Length of time homeless should be considered when prioritizing households but there is not a minimum length of time required
04	Yes	No	Currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing

# [ Eligible Uses of Funds ]

Pasadena CoC-PSH grant funds may be used for acquisition, rehabilitation, new construction, leasing, rental assistance, operating costs, and supportive services, as detailed below. Further detail can be found in 24 CFR Part 578, Subpart D.

## **ACQUISITION**

CoC-PSH funds may be used to pay for up to 100 percent of the cost of acquisition of property for the provision of PSH or supportive services.

## **REHABILITATION**

CoC-PSH funds may be used to pay up to 100 percent of the cost of the rehabilitation of structures to provide PSH or supportive services. Eligible rehabilitation costs include installing cost-effective energy measures and bringing an existing structure to State or local government health and safety standards.

## **NEW CONSTRUCTION**

CoC-PSH funds may be used to pay up to 100 percent of the cost of new construction and the cost of land associated with that construction, for use as housing. New construction includes either the building of a new structure or an addition that increases the floor area of an existing structure by 100 percent or more.

If funds are used for new construction, the costs must either be substantially less than the costs of rehabilitation or there must be a lack of available appropriate units that could be rehabilitated at a cost less than new construction. For purposes of cost comparison, costs of rehabilitation or new construction may include the cost of real property acquisition.

## **OPERATING COSTS**

CoC-PSH funds may be used to pay the costs of day-to-day operation of permanent housing in a single structure or individual housing units. Eligible costs include the maintenance and repair of housing; property taxes and insurance; scheduled payments to a reserve for replacement of major systems of the housing (provided that the payments must be based on the useful life of the system and expected replacement cost); building security for a structure where more than 50 percent of the units or area is paid for with grant funds; electricity, gas, and water; furniture; and equipment.

## **SUPPORTIVE SERVICES**

CoC-PSH funds may be used to pay for eligible costs of supportive services that address the needs of program participants and are necessary to assist them in obtaining and maintaining housing throughout the duration of their residence in the project. For participants who exit PSH, supportive services may only be provided if the resident was homeless in the prior six months (i.e. they were in the program less than six months). Eligible supportive services are detailed in Appendix A.

If the service is being directly delivered by the grantee, eligible costs for those services include the labor or supplies, and materials incurred by the grantee in directly providing support services to program participants and the salary and benefit packages of the grantee staff that directly delivers the services.

If the supportive services are provided in a facility that is separate from the housing structure, the costs of the day-to-day operation of the supportive service facility, including maintenance, repair, building security, furniture, utilities, and equipment are eligible as a supportive service. Staff training and the costs of obtaining professional licenses or certifications needed to provide support services are not eligible costs.

## LEASING

Leasing projects involve the leasing of property or portions of property (including single units) not owned by the recipient for use in providing PSH or supportive services. With leasing projects, the lease is between the grantee and the landowner while the occupancy agreement or sublease is between the grantee and program participant.

Leasing funds may be used to pay up to 100% of the costs of leasing a structure for up to three years. When electricity, gas, and water are included in the rent, these utilities may be paid from leasing funds. If the landlord does not provide utilities, these utility costs are an operating cost, except for supportive service facilities.

Leasing funds cannot be used to lease units or structures owned by the recipient, sub-recipient, or their parent, subsidiary, or affiliated organization. HUD has the authority, however, to grant an exception to the ownership clause for good cause.

### Other Eligible Costs

As summarized by Exhibit 5, recipients of leasing grants may also use funds to pay for security deposits, in an amount not to exceed 2 months of actual rent. An advance payment of the last month's rent may be provided to the landlord in addition to the security deposit and payment of the first month's rent.

### Occupancy Charges

For leasing awards, grantees are not required to impose occupancy charges on program participants as a condition of residing in the housing. However, if occupancy charges are imposed, grantees must treat all participants the same by having a clearly outlined process for determining the amount of charge that follows a specific calculation procedure to ensure participants are not overcharged. Occupancy charges may not exceed the highest of:

- 30% of the family's monthly adjusted income
- 10% of the family's monthly income
- The portion of welfare payments specifically designated by the public welfare agency to meet the family's housing costs

### Exhibit 5: Summary of Eligible Leasing Costs

#### Eligible Leasing Costs

CoC-PSH leasing funds can pay for:

- Leasing of property or portions of property for use in providing permanent housing
- Security deposits (up to 2 months' rent)
- First and/or last month's rent of an individual unit

In addition, grantees can require the program participants to pay for utilities. If the participant is required to pay utilities (excluding telephone) then a utility allowance must be factored into the rent calculation determination. Alternatively, grantees can use program operating funds or other sources to pay for the utilities.

### Administration of Funds

With leasing grants, recipients pay rent directly to the landowner. If required, participants pay their portion of the occupancy charge (i.e. rent) directly to the grant recipient.

## RENTAL ASSISTANCE

Rental assistance grants are differentiated from leasing grants in that these grants provide rental assistance to eligible persons for permanent housing. For rental assistance grants, the lease is between the program participant and the landowner or sub lessor. Grant funds may be used for permanent supportive housing rental assistance. The rental assistance may be tenant-based, project-based, or sponsor-based, as detailed below and summarized in Exhibit 6.

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.

### Tenant-Based Rental Assistance

Tenant-based rental assistance (TBRA) allows people to choose their own housing unit from the private rental housing market. Participants receive vouchers, entitling them to a reduced rent, which can be used to rent a unit of their choice from a landlord who agrees to accept the voucher. TBRA helps to ensure that participant’s individual preferences and needs are met and that participants are fully integrated into the community.

For TBRA, the rent subsidy is portable, meaning that tenants who have complied with all program requirements retain the rental assistance if they move within the Continuum of Care geographic area. Although TBRA

**Exhibit 6: Types of Rental Assistance**

Tenant-Based	Sponsor-Based	Project-Based
<p><b>Rental assistance follows the program participant</b></p> <ul style="list-style-type: none"> <li>Participant locates housing of their choice</li> <li>If the participant moves, they can take the rental assistance to a new unit</li> </ul>	<p><b>Rental assistance stays with the sponsor/unit</b></p> <ul style="list-style-type: none"> <li>Grantee contracts with Sponsor who locates and rents housing units</li> <li>Sponsor then subleases the units to participants</li> <li>If the participant moves out of the unit, the sponsor can then sublease it to the next eligible participant</li> </ul>	<p><b>Rental assistance stays with the unit</b></p> <ul style="list-style-type: none"> <li>Grantee contracts with building owner</li> <li>Owner agrees to lease the subsidized unit to program participants</li> <li>If the participant moves out of the unit, the unit is rented to another eligible participant</li> </ul>

program participants have the ability to move and retain the rental assistance, grantees may limit where participants may live if it is necessary to facilitate the coordination of supportive services.

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) 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 and are able to document the violence and basis for their belief. See recordkeeping requirements to ensure proper documentation of imminent threat of harm.

### **Sponsor-Based Rental Assistance**

Sponsor-based rental assistance uses sponsor agencies to locate and rent housing units in the private market and then sublease these units to people who are homeless. Sponsors may be private, non-profit organizations or community mental health agencies established as a public non-profit organization.

In this model, a sponsor agency owns units or leases units and then subleases the unit to a program participant. Units that receive sponsor-based rental assistance can be owned or leased by the recipient, sub recipient, or private owner in the community.

If the program participant moves out of the unit, the sponsor can then sublease it to the next eligible participant. Or the sponsor can elect to continue SBRA to support the participant in his new unit, or the sponsor can locate another unit in the community and then sublet that unit to the same or a different eligible program participant. The decision is up to the sponsor because the rental assistance stays with the sponsor.

### **Project-Based Rental Assistance**

Project-based rental assistance (PBRA) is provided through a contract with the owner of a building who agrees to lease the subsidized units to program participants. With this model, the program participant does not retain rental assistance if they move. Rather, the unit would be rented to another eligible participant that would benefit from the PBRA.

### **Other Eligible Costs**

As summarized in Exhibit 7, in addition to paying the rent, grantees may use up to two months of rent to pay a security deposit to an owner. In addition, an advance payment of the first and last month's rent may be provided to the landlord.

Grantees may also use rental assistance funds to provide vacancy payments to landlords participating in the program if the unit is vacated before the end of the lease. In this situation, rental assistance may continue for a maximum of 30 days from the end of the month in which the unit is vacated unless occupied by another eligible person. This policy is intended to allow grantees time to engage another person who is homeless to move into the unit without losing the participation of the landlord.

Grantees can also cover up to one month's rent for property damages, but this is limited to one time per participant. Finally, staff time delivering rental assistance such as contracting for the units or inspecting the units, can be covered by rental assistance funds.

## Participant Rent

Grantees receiving rental assistance must require program participants to pay a portion of their rent in accordance with section 3(a)(1) of the U.S. Housing Act of 1937, unless they have no income at all. The program participant's rent contribution must be equal to the highest of:

- 30% of the family's monthly adjusted income (adjustment factors include allowances and deductions for disabled household members, member expenses, childcare expenses, etc.)
- 10% of the family's monthly gross income
- The portion of welfare payments specifically designated by the public welfare agency to meet the family's housing costs

If the participant is required to pay utilities (excluding telephone) then a utility allowance must be factored into the rent calculation determination.

## Administration of Funds

Program participants pay their portion of rent directly to the landlord. Either the grantee or the rental assistance administrator then pays the difference between the total rent and the amount paid by the program participant. 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 of 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, FY 2014, or FY 2015. A rental assistance administrator must make rental assistance payments to the landlord for all other rental assistance grants.

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.

## Exhibit 7: Summary of Eligible Rental Assistance Costs

### Eligible Rental Assistance Costs

CoC-PSH rental assistance funds can pay for:

- Unit rent
- First and/or last month's rent
- Security Deposits (up to 2 months' rent)
- Property damages (up to one month)
- Vacancy payments (up to 30 days)
- Staff costs carrying out eligible activities

# [ Program Requirements ]

## RENT LIMITS

HUD mandates specific rent requirements for all PSH rental assistance and leasing awards. As detailed below, both types of awards are subject to rent reasonableness standards. Additionally, leasing awards that provide assistance to participants for individual units are required to meet Fair Market Rent standards.

### Rent Reasonableness

Annual certification that rent complies with HUD's standard of rent reasonableness is required for both rental assistance and leasing awards (including structures and individual units). This means 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.

**Form:** The Rent Reasonableness Checklist and Certification form in Appendix B may be used to ensure this guideline has been met.

### Fair Market Rent

Rents for individual units paid with CoC leasing grants may not exceed the Fair Market Rent (FMR). Recipients, however, may use other funds to pay rent amounts in excess of FMR. There is no FMR limitation for structures paid with CoC leasing grants.

With rental assistance grants, while awards are calculated based on Fair Market Rent amounts for the applicable unit sizes, a recipient is allowed to pay rents up to the rent reasonable amount even if it is higher than the FMR. If the recipient pays rent beyond FMR levels for some units in a project, they must ensure that they have sufficient funding—such as program participant rent contributions or lower rents in other areas of the community—to serve the contracted number of program participants for the remainder of the grant term.

All units that are required to meet FMR guidelines must be assessed at entry and annually thereafter.

**Form:** Los Angeles County Fair Market Rent Guidelines in Appendix B provides current FMR and guidelines for calculating rent.

## LEASING & OCCUPANCY AGREEMENTS

A key component in CoC leasing and rental assistance is leasing and occupancy agreements. All participants must have a signed agreement outlining the terms of their housing. Two individuals in a shared housing situation must have their own lease and their own bedroom unless the two individuals are presented together as a household. As pictured in Exhibit 8, the type of leasing arrangement depends on funding type.

### Leasing Grants

In projects that receive leasing funds, the recipient contracts for the space from a landowner, and therefore is primarily responsible for the housing or office space, if it's being contracted to provide supportive services. If the space is to be used for permanent housing, the grantee must execute an occupancy agreement with the program participant (i.e. tenant) to formalize his or her rights in the housing and to specify program expectations



regarding continued occupancy in the housing. The occupancy agreement must be for a term of at least one year and be automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party.

**Tenant-Based and Project-Based**

For tenant-based and project-based rental assistance, landowners have a contract with the grantee and a lease with the program participant (i.e. tenant). The lease agreement must be for a term of at least one year and be automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party.

**Sponsor-Based**

For sponsor-based rental assistance, grantees have a subrecipient agreement with the sponsor to administer the rental assistance on their behalf. Landowners then enter a contract with the sponsor and a lease with the program participant (i.e. tenant). The lease agreement must be for a term of at least one year and be automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party.

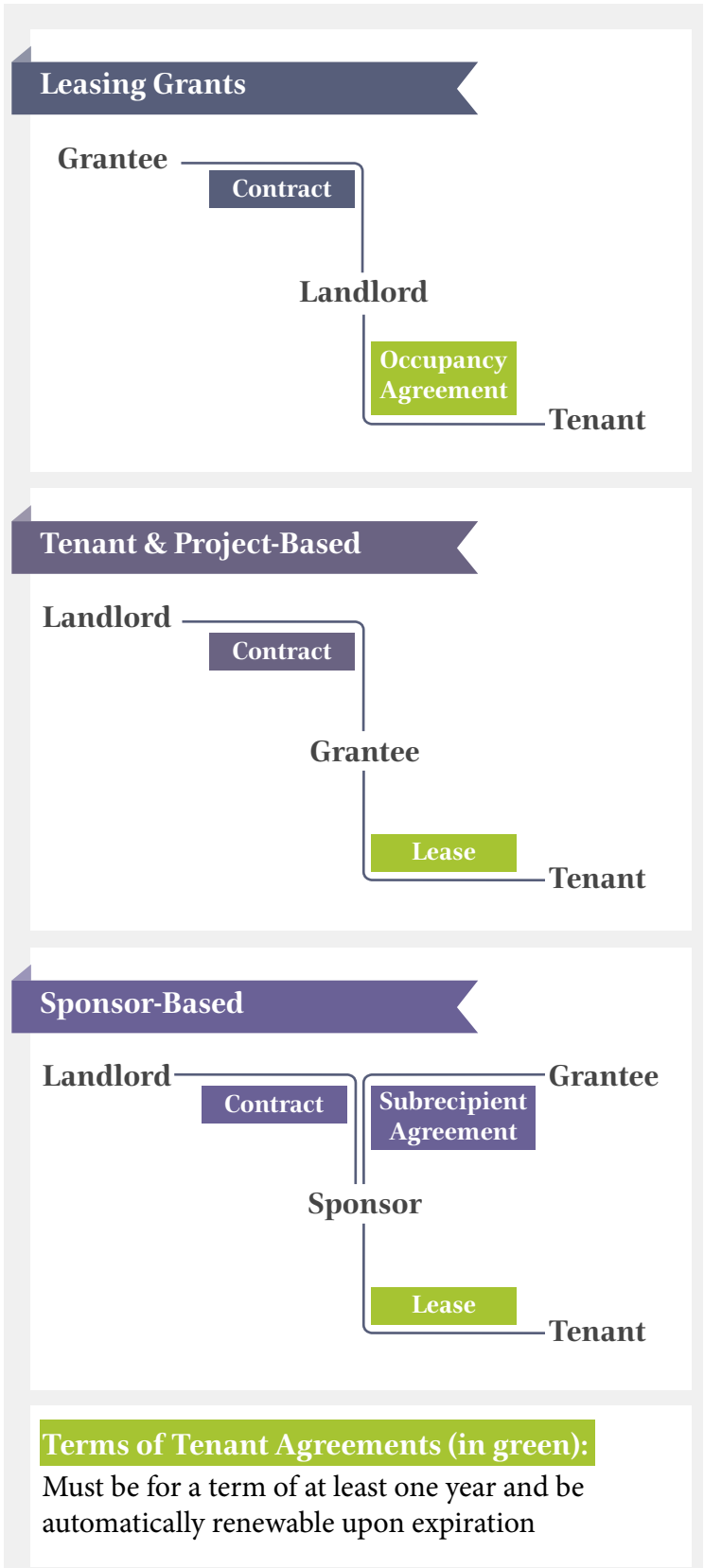
**HOUSING STANDARDS**

CoC-funded programs with housing programs occupied by program participants are subject to certain housing standards defined by HUD. These standards include Housing Quality Standards (HQS), Suitable Dwelling Unit Size standards, and lead-based paint requirements. Grantees must retain documentation of compliance with these housing standards, including HQS inspection reports.

**Housing Quality Standards**

All CoC-funded programs with housing programs occupied by program participants must meet the applicable HQS under 24 CFR 982.401 of this title, except that 24 CFR 982.401(j) only applies to

**Exhibit 8: Types of Leasing Arrangements**





program participants receiving TBRA. 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.

**Form:** The CoC Housing Quality Standards Inspection Guidelines form in Appendix B may be used to ensure this guideline has been met. Appendix D and F provide the accompanying HQS Long Form and HQS Short Form respectively.

### Suitable Dwelling Size

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.

### Lead-Based Paint

All CoC-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.

- **Rehabilitation.** For housing rehabilitated with CoC-PSH funds, the lead-based paint requirements in 24 CFR part 35, subparts A, B, J, and R apply.
- **Rental Assistance.** For housing that receives project-based or sponsor-based rental assistance, 24 CFR part 35, subparts A, B, H, and R apply. Projects that receive tenant-based rental assistance are required to comply with 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. 4851-4856), and implementing regulations at part 35, subparts A, B, M, and R apply.
- **Acquisition, Leasing, Services or Operating Costs.** For residential property for which CoC-PSH funds are used for acquisition, leasing, services, or operating costs, 24 CFR part 35, subparts A, B, K, and R apply.

### ENVIRONMENTAL REVIEW

Before any funds are committed, the City of Pasadena will conduct an environmental review of the 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.

**Form:** The Environmental Review Flowchart in Appendix B provides assistance in correctly identifying what level of environmental review is required for the CoC project.

## **PROGRAM INCOME**

HUD defines program income as the income received by the grantee directly generated by a grant-supported activity. For example, rents and occupancy charges collected from program participants are considered program income.

Program income earned during the grant term shall be retained by the recipient, added to funds committed to the project by HUD and the recipient, and used for eligible activities in accordance with the requirements of this part. Costs incident to the generation of program income may be deducted from gross income to calculate program income, provided the costs have not been charged to grant funds.

### **Security & Utility Deposits**

If a program participant leaves the program but remains in the unit for which the deposits were paid, the landlord will continue to hold the security deposit as provided in the lease, and/or the utility company will continue to hold any utility deposit as provided in the utility contract. State or local law and the terms of the lease and/or utility contract will dictate what the landlord and utility company may do with their respective deposits when the tenant leaves the unit and the utility contract terminates.

Programs need not require that security or utility deposits be returned to the program when the participant leaves the program, or when the lease or utility contract terminate. Any repayment of a security or utility deposit is considered program income and must be used as match in accordance with match regulations, and must be tracked in accordance with the recordkeeping requirements for match and program income.

## **NONDISCRIMINATION & REASONABLE ACCOMMODATION POLICY**

CoC-PSH programs must have written policies regarding nondiscrimination and reasonable accommodations/modifications. CoC Programs must operate in compliance with federal nondiscrimination and equal opportunity requirements including the Fair Housing Act, Title VI of the Civil Rights Act, the Age Discrimination Act, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act. Programs may not discriminate on the basis of actual or perceived sexual orientation, gender identity or marital status. For persons with disabilities, it is unlawful to: (1) fail to make reasonable accommodation in rules, policies, and services to give a person with a disability equal opportunity to occupy and enjoy the full use of a housing unit and (2) fail to allow reasonable modification to the premises if the modification is necessary to allow full use of the premises.

## **RETENTION AFTER EXTENUATING CIRCUMSTANCES**

Surviving members of any household who were living in a unit assisted with CoC-PSH funds at the time of the qualifying member's death, long-term incarceration, or long-term institutionalization, have the right to rental assistance until the expiration of the lease in effect at the time of the qualifying member's death, long-term incarceration, or long-term institutionalization.

## **EMERGENCY TRANSFER PLAN FOR VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT OR STALKING**

In accordance with the Violence Against Women Act (VAWA), tenants who are victims of domestic violence, dating violence, sexual assault, or stalking may request an emergency transfer from their current unit to another available unit regardless of sex, gender identity, or sexual orientation. All grantees are required to adopt the Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (HUD Form 5381), or an equivalent plan where all VAWA requirements are met. Grantees must provide each applicant with a Notice of Occupancy Rights under the

Violence Against Women Act (HUD Form 5380), which explains the VAWA protections and a Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternative Documentation (HUD Form 5382). The certification is an optional form that documents an incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking is eligible for an emergency transfer if the tenant has expressly requested the emergency transfer and reasonably believes there is a threat of imminent harm from further violence if he or she were to remain in the same unit. Alternatively, a tenant who is the victim of a sexual assault that occurred on the premises during the 90-day calendar period before the transfer is requested is also eligible for an emergency transfer. Grantees may use the optional Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking form (HUD Form 5383) to request an emergency transfer and certify that the requirements are met.

Grantees must keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives grantees written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant.

Grantees must act as quickly as possible to move a tenant who is a victim of domestic violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If the grantee has no safe and available units for a tenant who needs an emergency transfer, the grantee will assist in identifying other safe and available units. Tenant transfers to a temporary safe housing location may be necessary for safety and may involve movement between housing types. Immediate placement with an emergency shelter motel voucher program will be used as a last resort and limited only to the time necessary to locate a safe and secure setting. Grantees are required to follow strict confidentiality standards and not disclose tenant information unless the tenant gives written permission of release or disclosure of the information is required by law.

## TERMINATION POLICIES

The grantee may terminate assistance to a program participant who violates program requirements or conditions of occupancy. Grantees that are providing PSH for hard-to-house populations of homeless persons must exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases. Termination does not bar the grantee from providing further assistance at a later date to the same individual or family.

In terminating assistance to a program participant, the grantee must provide a formal process that recognizes the rights of the individual receiving assistance under the due process of law. This process, at a minimum, must consist of:

1. Providing the participant with a written copy of the program rules and the termination process before the participant begins to receive assistance;
2. Written notice to the program participant containing a clear statement of the reasons for termination
3. 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

4. Prompt written notice of the final decision to the program participant.

### **EXITS FROM PERMANENT SUPPORTIVE HOUSING**

The CoC requires all permanent housing providers to initiate a case conference with the CoC prior to exiting clients or in cases of warnings from landlords, eviction, notices to vacate, or termination. Case conferencing occurs monthly before the CES Team meetings. The case conferencing process includes the Case Manager as well as other CoC service providers who together help to ensure clients successfully exit to permanent housing and have a safety net upon exit, thus preventing any returns to homelessness.

To monitor the successful achievement of this goal, the City of Pasadena will run monthly reports from HMIS to ensure that programs are successfully exiting clients to permanent housing. The City will also monitor returns to homelessness on a monthly basis with notifications sent to Program Managers of any clients that have returned to homelessness to ensure these clients are re-engaged.

# [ Recordkeeping Requirements ]

All CoC-funded programs must establish and maintain policies and procedures for ensuring that CoC program funds are used in accordance with the recordkeeping requirements set forth in 24 CFR 578.103 and Notice CPD-16-11. This section provides an overview of those requirements and the Pasadena CoC's additional recordkeeping requirements.

## ESTABLISHING CHRONIC HOMELESS STATUS

To ensure each of the three conditions for chronic homeless status have been met (see Exhibit 1) and verified through the recordkeeping requirements detailed below, the Pasadena CoC has established a [Certification of Chronic Homeless Status form](#). This form is intended to be used as a cover sheet for staff to certify chronic homeless status and must be completed prior to program entry (see Appendix C or [www.pasadenapartnership.org](http://www.pasadenapartnership.org)).

### Evidence of Homeless Status and Length/Frequency of Homelessness

HUD has established four options to document homeless status (and any breaks), as well as an order of priority for documentation. To document the length/frequency of the homeless status, the start and end date must be included in the documentation. To help ensure compliance with HUD's requirements, the Pasadena Partnership has developed a set of recordkeeping forms to document each of these methods of verification. Homeless Status Recordkeeping Forms, available in Appendix C as well as on the CoC's website, [www.pasadenapartnership.org](http://www.pasadenapartnership.org).

These four options for documenting homeless status are as follows (in order of priority):

1. **HMIS data.** To document a client's homeless status through HMIS data (or a comparable database used by victim service or legal service providers), a program may print an exit report or screen shot that indicates a client's homeless status as described above.

**Required Form:** [Greater Los Angeles and Orange County Interagency Data Sharing Consent Form](#) (to obtain individual client records)

2. **Third party referral.** Evidence of current living situation may also be documented by a written referral by a housing or service provider (such as emergency shelters, institutional care facilities, police officers, business owners, etc) that demonstrates the individual or head of household's homeless status. Institutional stays may also be documented through an oral third party verification or discharge paperwork that indicates the dates of stay.

**Required Forms:** [Written Third Party Verification of Homeless Status](#) or [Oral Third Party Verification of Homeless Status](#) (for institutional stays only).

3. **A written observation by an outreach worker.** Evidence of the current living situation may be documented by a written observation of an outreach worker.

**Required Form:** [Observation of Homeless Status by Outreach Worker](#)

- 4. Self-declaration.** In addition, when a written observation by an outreach worker or third party referral is not available, three (3) of the (12) months, as well as all of the breaks, may be documented through a signed statement by the applicant verifying his or her homeless status. This self-declaration must include evidence of the efforts made to obtain third-party evidence as well as documentation of the severity of the situation in which the individual or head of household has been living.

**Required Form:** Self Declaration of Homeless Status

Please note that in the most rare and extreme cases, HUD would allow a certification from the individual or head of household seeking assistance in place of third-party documentation for up to the entire period of homelessness. HUD has set a maximum of 25 percent of chronically homeless individuals and families use self-declarations to document more than three (3) months of living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter.

Where third-party documentation could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and evidence of the efforts made to obtain third-party evidence (self-declaration of homeless status) as well as documentation of the severity of the situation in which the individual or head of household has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than 1 year and has not had any contact with anyone during that entire period.

Finally, in establishing the duration of homelessness, a single encounter with a homeless service provider on a single day within one (1) month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has and a break in homeless status during that month (e.g. evidence in HMIS of a stay in transitional housing).

**Evidence of Disabling Condition**

In addition being homeless for an extended period of time, to be considered chronically homeless, an individual or head of household must be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 103 of the Developmental Disabilities Assistance Bill of Rights Act of 2000, 42 U.S.C.15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability. Documentation of diagnosis must include one of the following:

**Written certification.** Written verification of the condition from a professional licensed by the State of California to diagnose and treat the condition.

**Required Form:** Certification of Disability

**Verification from SSA.** Written verification from the Social Security Administration.

**Disability check.** Copies of a disability check (e.g. Social Security Disability Insurance check or Veterans Disability Compensation)

**Written observation & written certification (45 days after).** Intake staff (or referral staff) observation that is confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days after the application for assistance and accompanied with one of the types of evidence above.

**Required Forms:** Observation of Homeless Status & Certification of Disability



### Evidence of Institutional Stay

Individuals residing in an institution for less than 90 days (including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility) must provide evidence of homeless status, length/frequency of homelessness and disability (see above requirements) as well as documentation of their stay. Acceptable evidence includes either:

**Discharge paperwork or a written or oral referral.** Discharge paperwork or a written or oral referral 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.

**Required Forms:** Written Third Party Verification of Homeless Status or Oral Third Party Verification of Homeless Status documenting their stay in the institution and evidence of homeless status as described above.

**Certification from the person seeking assistance.** 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.

**Required Form:** Self Declaration of Homeless Status documenting their stay in the institution and evidence of homeless status as described above.

### CLIENTS TRANSFERRING FROM RRH<sup>1</sup> OR PSH

For the purpose of transferring to a different CoC-PSH program, participants maintain their chronically homeless status during the time period that they are receiving rapid re-housing or permanent supportive housing assistance through other programs (so long as they met any other additional eligibility criteria for the new program prior to entering the original program). These additional permanent housing programs may include those funded by the Emergency Solutions Grants (ESG) Program, the CoC Program, the Supportive Services for Veterans Families (SSVF) Program, or the Veterans Homelessness Prevention Demonstration Program (VHPD).

Recordkeeping requirements for clients who transfer into a CoC-PSH from a rapid re-housing or PSH program includes the original chronic homeless documentation (prior to entering the original permanent housing), documentation of the reasons for the transfer, as well as documentation that it's the client's choice to switch programs.

### BRIDGE HOUSING & MAINTAINING CH STATUS<sup>2</sup>

The Pasadena Partnership understands that once a chronically homeless household has been determined eligible and accepted into a CoC-PSH program, a unit is not always immediately available. During this time, unless they have other options such as temporarily living with friends or family, the household will generally continue to reside in an emergency shelter or on the streets, prolonging their period of homelessness. Thus, after an individual or family has been accepted into a program but before an appropriate unit has been identified, a household may stay with a friend or family in a hotel or motel without losing their eligibility for a CoC-PSH program in which they have already been accepted. In

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1. HUD Ask a Question Frequently Asked Question ID 530  
2. HUD Ask a Question Frequently Asked Question ID 1913

In addition, the individual or family member may be temporarily housed in an available transitional housing bed while a permanent housing unit is identified. This allowance is only permitted in the circumstances described below and only applies to persons that were considered chronically homeless prior to entry into the program:

1. **Housing First.** Since the program participant has been accepted into a CoC-PSH program, the transitional housing provider cannot place any requirements on the program participant, including requiring a program participant to participate in additional services as a condition of occupancy or requiring the program participant to meet sobriety requirements.
2. **Active Housing Search.** The CoC-PSH provider must be actively assisting the program participant to identify a unit as quickly as possible and must be able to document attempts at locating a unit in the case file. Under no circumstance, should the placement in transitional housing slow down placement into permanent housing. This means that placing a program participant into a permanent housing unit should not take any longer than the time it would normally take to place someone in permanent housing who is residing on the streets or in an emergency shelter.
3. **No Duplication of Services.** There cannot be duplication in billing for the program participant. For example, both programs cannot provide and then seek reimbursement from HUD for housing search or other services. The CoC-PSH provider and the transitional housing provider must coordinate to ensure that the appropriate services are provided and the same services are not being paid for out of both grants.

## SERVICES PROVIDED

CoC-PSH grantees are required to document and keep records of services provided in HMIS. In addition, grantees are required to document that client records were reviewed at least annually and that the service package offered was adjusted as necessary.

## PARTICIPANT INCOME

To determine the amount of contribution towards rent, grantees must examine a program participant's income at entry and annually thereafter (as applicable). If there is a change in family composition (e.g., birth of a child) or a decrease in the resident's income during the year, the resident may request an interim reexamination, and the occupancy charge will be adjusted accordingly. To ensure proper evaluation of a participant's income, the grantee must keep the following documentation:

### Income Evaluation Form

Participants must complete an income evaluation form as specified by HUD to determine contribution towards rent.

### Verification of Income

In addition to completing an income evaluation form, participants must provide verification of income. The order of priority for verifying income is:

1. **Source Documents.** Source documents (e.g. most recent wage statement, unemployment compensation statement, public benefits statement, bank statement) for the assets held by the program participant and income received before the date of evaluation.
2. **Third-Party Verification.** To the extent that source documents are unobtainable, a written statement by



the relevant third party (e.g. employer, government benefits administrator) 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.

**Forms:** Written Third Party Verification of Income or Oral Third Party Verification of Income

- 3. Written Certification by the Program Participant.** To the extent that source documents and third-party verification are unobtainable, the written certification by the program participant of the amount of income that the program participant is reasonably expected to receive over the 3-month period following the evaluation.

**Form:** Written Self Declaration of Income

## RECORDS OF IMMINENT THREAT OF HARM

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.

### 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

### 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 of the 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

# [ Appendix A: Eligible Supportive Services ]

## 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

The costs of 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)

## Moving Costs

Reasonable one-time moving costs are eligible and include truck rental and hiring a moving company.

## 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. If the subrecipient is a legal services provider and performs the services itself, the eligible costs are the subrecipient's employees' salaries and other costs necessary to perform the services.

Legal services are subject to the following provisions:

### 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

### Ineligible Billing Arrangements

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

### 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.

### Ineligible Subject Matters

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

## Utility Deposits

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

## Food

The costs of providing program participants with meals or groceries is eligible.

## Education Services

The costs of improving knowledge and basic educational skills are eligible. Services include instruction or training in consumer education, health education, substance abuse prevention, literacy, English as a Second Language, and General Educational Development (GED).

Component services or activities are:

- Screening, assessment and testing
- Individual or group instruction
- Tutoring
- Provision of books, supplies, and instruction material
- Counseling
- Referral to community resources

## Child Care

The costs of establishing and operating child care and providing child care vouchers for children from families experiencing homelessness, including providing meals and snacks, and comprehensive and coordinated developmental activities, are eligible.

- The children must be under the age of 13, unless they are disabled children.
- Disabled children must be under the age of 18
- The child-care center must be licensed by the jurisdiction in which it operates in order for its costs to be eligible

## Employment Assistance & Job Training

The costs of establishing and operating employment assistance and job training programs are eligible, including classroom, online, and/or computer instruction, on-the-job instruction, services that assist individuals in securing employment, acquiring learning skills, and/or increasing earning potential. The cost of providing reasonable stipends to program participants in employment assistance and job training programs is also an eligible cost. Learning skills include those skills that can be used to secure and retain a job, including the acquisition of vocational licenses and/or certificates. Services that assist individuals in securing employment consist of:

- Employment screening, assessment, or testing
- Structured job skills and job-seeking skills
- Special training and tutoring, including literacy training and prevocational training
- Books and instructional material
- Counseling or job coaching
- Referral to community resources

### 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 are eligible. Components of life skills training include:

- Budgeting of resources and money management
- Household management
- Conflict management
- Shopping for food or other needed items
- Nutrition
- The use of public transportation
- Parent training

### Mental Health Services

The direct outpatient treatment of mental health conditions by licensed professionals are eligible costs. Components of mental health services include:

- Crisis interventions
- Counseling
- Individual, family, or group therapy sessions
- The prescription of psychotropic medications or explanations about the use and management of medications
- Combinations of therapeutic approaches to address multiple problems

### Outpatient Health Services

The direct outpatient treatment of medical conditions by licensed medical professionals are eligible including:

- Providing an analysis or assessment of an individual's health problems and the development of a treatment plan
- Assisting individuals to understand their health needs
- Providing directly or assisting individuals to obtain and utilize appropriate medical treatment
- Preventative medical care and health maintenance services, including in-home health services and emergency services
- Providing follow-up services
- Preventative and non-cosmetic dental care

## Outreach Services

Activities to engage persons for the purpose of providing immediate support and intervention and for identifying potential program participants are eligible. Eligible costs include the outreach worker's transportation costs and a cell phone to be used by the individual performing the outreach. The costs of program participant intake and assessment, outpatient treatment, group and individual counseling, and drug testing are eligible. Inpatient detoxification and other inpatient drug or alcohol treatment are ineligible. Component activities and services consist of:

- Initial assessment
- Crisis counseling
- Addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries
- Actively connecting and providing people with information and referrals to homeless and mainstream programs
- Publicizing the availability of housing and/or services provided within the geographic area covered by the Continuum of Care Substance abuse treatment services

## Transportation

Eligible costs are:

- The costs of program participant's travel on public transportation or in a vehicle provided by the grantee to and from medical care, employment, child care, or other services eligible under this section
- Mileage allowance for service workers to visit program participants and to carry out housing quality inspections
- The costs of purchasing or leasing a vehicle in which staff transports program participants and/or staff serving program participants
- The cost of gas, insurance, taxes, and maintenance for the vehicle

The costs of grantee staff to accompany or assist program participants to utilize public transportation. If public transportation options are not sufficient within the area, the recipient may make a one-time payment on behalf of a program participant needing car repairs or maintenance required to operate a personal vehicle, subject to the following:

- Payments for car repairs or maintenance on behalf of the program participant may not exceed 10 percent of the Blue Book value of the vehicle
- Payments for car repairs or maintenance must be paid by the grantee directly to the third-party that repairs or maintains the car
- The grantee may require program participants to share in the cost of car repairs or maintenance as a condition of receiving assistance with car repairs or maintenance

## [ Appendix B: Property Related Forms ]

## 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.

<b>Gross Rent Calculation</b>				
Proposed Contract Rent + Utility Allowance = Proposed Gross Rent				
<b>Comparable Units</b>				
	<b>Proposed Unit</b>	<b>Unit #1</b>	<b>Unit #2</b>	<b>Unit #3</b>
<b>Address</b>				
<b>Number of Bedrooms</b>				
<b>Square Feet</b>				
<b>Type of Unit/Construction</b>				
<b>Housing Condition</b>				
<b>Location/Accessibility</b>				
<b>Amenities:</b>				
<b>Unit:</b>				
<b>Site:</b>				
<b>Neighborhood:</b>				
<b>Age in Years</b>				
<b>Utilities (type)</b>				
<b>Unit Rent</b>				
<b>Utility Allowance</b>				
<b>Gross Rent</b>				
<b>Handicap Accessible?</b>				
<b>Staff Certification</b>				
Based upon a comparison with rents for comparable units, I have determined that the proposed rent for the unit:				
<input type="checkbox"/> is reasonable				
<input type="checkbox"/> is not reasonable.				
<b>Name:</b> _____		<b>Signature:</b> _____		<b>Date:</b> _____



## Los Angeles County Fair Market Rent Guidelines

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### 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](http://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

## CoC Housing Quality Standards Inspection Guidelines

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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.

# [ Appendix C: Intake & Assessment Forms ]

### Certification of Chronic Homelessness

This checklist may be used for staff persons to assess a client's chronic homeless status. It should be accompanied by supporting documentation of both disability and time homeless. Together, these documents must be maintained in the client's file.

**APPLICANT NAME:** \_\_\_\_\_

**DIAGNOSIS WITH DISABILITY**  
 Individual or adult head of household (or if there is no adult, a minor head of household) has been diagnosed with one (or more) of the following disabilities (check all that apply). Disability is of long, continued, and indefinite duration, substantially impedes the individual's ability to live independently, and could be improved by more suitable housing conditions:

Substance use disorder  
 Serious mental illness  
 Developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000)  
 Post-traumatic stress disorder  
 Cognitive impairments resulting from brain injury  
 Chronic physical illness or disability

**Evidence of Disability**  
 Certification of Disability form; or  
 Written verification from the Social Security Administration; or  
 Copies of a disability check (e.g. Social Security Disability Insurance or Veterans Disability Compensation); or  
 Outreach Worker observation confirmed by a Certification of Disability form < 45 days after application for assistance

**12 MONTHS CONTINUOUS OR CUMULATIVE HOMELESSNESS**  
 Individual or adult head of household (or if there is no adult, a minor head of household) is homeless and has been living in a place not meant for human habitation, a safe haven, or an emergency shelter:

Continuously for at least 12 months; or  
 On at least 4 separate occasions in the last 3 years, where the combined occasions equal to at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described above.

**Notes:**  
*Individuals residing in institutional care facilities < 90 days who were homeless (as described above) immediately prior to entering that facility are considered homeless. Institutional care facilities include jails, substance abuse or mental health treatment facilities, hospitals, or other similar facilities. Stays in these facilities for < 90 days do not constitute as a break in homelessness, and are included in the 12-month total, as long as the individual was homeless immediately before entering the facility.*  
*A place not meant for human habitation is defined as a place not designated for or ordinarily used as a regular sleeping accommodation for human beings, including car, park, abandoned building, bus/train station, airport, or camping ground. This does not include persons living in housing that is substandard and in need of repair or housing is crowded.*

**Evidence of Homeless Status**  
 To certify duration of homelessness, please complete the table below and attach documentation, which may include: HMIS records; a Written 3rd Party Verification form (institutional stays may also be documented through an Oral 3rd Party Verification Form or discharge paperwork that includes the dates of stay); or an Outreach Worker Observation form. In addition, 3 of the 12 months of continuous or cumulative homelessness, as well as all of the breaks, may be documented with a Self-Certification form.

Location of Stay (Breaks >7 days must be documented)	Verification Type (HMIS/3rd Party/Observation/Self-Cert.)	Begin Date	End Date	Duration
Total Months Homeless (must be >12 months)				

**Note:** A single encounter with a homeless service provider on a single day within 1 month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g. evidence in HMIS of a stay in transitional housing).

**EVIDENCE OF SEVERITY OF SERVICE NEEDS**  
 To establish prioritization due to severe service needs, needs must be identified and verified through VI-SPDAT

**STAFF CERTIFICATION**  
 I certify that the above applicant meets both of the criteria above (diagnosis with disability and 12 months continuous homelessness or 4 or more episodes of homelessness in the past 3 years that cumulatively totals 12+ months) on his or her own.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Los Angeles & Orange County Homeless Management Information System (LA/OC HMIS)  
Greater Los Angeles and Orange County  
Interagency Data Sharing Consent Form**

Client Name: \_\_\_\_\_

SSN/Client ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Originating Organization: \_\_\_\_\_

Name of Organization with which to extend Client Data Sharing:

\_\_\_\_\_

Client Information to Share (**Client: please INITIAL all forms you want to share**):

- Program Entry Required Questions
- Services Provided
- Case Notes
- Assessment (Client Profile)
- Savings Record
- Program Exit Information
- Group Meetings
- Any information as necessary

---

Client 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.

<b>Applicant Name:</b> _____			
<b>Applicant/Tenant Release Authorization:</b>			
I hereby authorize release to _____ the specific information requested below. <small>(name of organization)</small>			
Signature of Applicant: _____		Date: _____	
<b>Verifying Agency or Person:</b>			
Agency Name: _____		Contact Name: _____	
Agency Address: _____		Telephone: _____	
<b>Facility Type:</b>			
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): _____			
_____			
<b>Dates of Stay:</b>			
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			
<b>Prior Residence:</b>			
I further certify that immediately prior to entering this facility the person named above was residing at/in: _____			
<b>Verifying Agency/Person Certification</b>			
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><b>Applicant Name</b></p>
<p><b>Family Type</b></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><b>Living Situation</b></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><b>Duration of Homelessness</b></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><b>Outreach Worker Certification</b></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: \_\_\_\_\_





## Certification of Disability

Dear Physician / Qualified Health Personnel:

The applicant listed below has claimed eligibility for a federally funded housing program due to a disability. A professional licensed by the State of California to diagnose and treat the condition must certify the claim. For the purpose of this program, a disabled person is one who is diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability. This disability must be expected to be of a long-continued and indefinite duration, substantially impede his/her ability to live independently, and is of such a nature that the disability could improve under more suitable housing conditions. This disability may also be developmental.

To certify disability, please provide the information requested below.

Thank you for your prompt reply.

<b>Applicant Name:</b> _____	
<b>Applicant/Tenant Release Authorization:</b> I hereby authorize release to the City of Pasadena Housing Department the specific information requested below.	
Signature of Applicant: _____	Date: _____
<b>Certification of Disability:</b> In my opinion, as a professional licensed by the State of California to diagnose and treat such conditions the applicant as the following disability(s) ( <u>check all that apply</u> ):	
<input type="checkbox"/> Substance use disorder	
<input type="checkbox"/> Serious mental illness	
<input type="checkbox"/> Developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002))	
<input type="checkbox"/> Post-traumatic stress disorder	
<input type="checkbox"/> Cognitive impairments resulting from brain injury	
<input type="checkbox"/> Chronic physical illness or disability	
<b>Medical Certification by Professional:</b>	
Signature of Licensed Professional: _____	Print Name: _____
Professional Title: _____	Telephone: _____
License Number: _____	Name of Medical Group: _____
Address: _____	Date: _____

## 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)

<b>Applicant Name</b>	
<b>Third Party Verifier Information</b>	
Name: _____	Position/Title: _____
Agency Name: _____	Phone: _____
Address: _____	City, State, Zip: _____
<b>Verification Type</b>	
<input type="checkbox"/> Over the phone <input type="checkbox"/> In person	
<b>Income Information</b>	
Pay Amount _____	Pay frequency _____
Average hours worked per week _____	Amount of any additional compensation _____
<b>Additional Details</b>	
Please provide any additional details discussed about the client's income.	
_____	
_____	
<b>Efforts to Obtain Third Party Verification</b>	
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:	
_____	
_____	
_____	
<b>Staff Certification</b>	
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><b>Applicant Name:</b></p> <p>_____</p>
<p><input type="checkbox"/> <b>I certify, under penalty of perjury, that I currently receive the following income:</b></p> <p>Source: _____ Amount: _____ Frequency: _____</p> <p>Source: _____ Amount: _____ Frequency: _____</p> <p>Source: _____ Amount: _____ Frequency: _____</p>
<p><input type="checkbox"/> <b>I certify, under penalty of perjury, that I do not have any income from any source at this time.</b></p>
<p><b>Applicant Verification</b></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><b>Staff Verification</b></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 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	
<b>A. General Information</b>					
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					
Name of Owner or Agent Authorized to Lease Unit Inspected _____ Telephone of Owner or Agent _____					
Address of Owner or Agent _____					
				<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:(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		
<b>1.1 Living Room Present</b>	Is there a living room?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>1.2 Electricity</b>	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"/>		
<b>1.3 Electrical Hazards</b>	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>1.4 Security</b>	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>1.5 Window Condition</b>	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"/>			
<b>1.6 Ceiling Condition</b>	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>1.7 Wall Condition</b>	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>1.8 Floor Condition</b>	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>1.9 Lead-Based Paint</b>	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		
<b>2.1 Kitchen Area Present</b>	Is there a kitchen?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>2.2 Electricity</b>	Are there at least one working outlet and one working, permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2.3 Electrical Hazards</b>	Is the kitchen free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2.4 Security</b>	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>2.5 Window Condition</b>	Are all windows free of signs of deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>2.6 Ceiling Condition</b>	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>2.7 Wall Condition</b>	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>2.8 Floor Condition</b>	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>2.9 Lead-Based Paint</b>	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	
<b>2.10 Stove or Range with Oven</b>	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"/>		
<b>2.11 Refrigerator</b>	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"/>		
<b>2.12 Sink</b>	Is there a kitchen sink that works with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2.13 Space for Storage, Preparation, and Serving of Food</b>	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		
<b>3.1 Bathroom Present</b> (See description)	Is there a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>3.2 Electricity</b>	Is there at least one permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>3.3 Electrical Hazards</b>	Is the bathroom free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>3.4 Security</b>	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>3.5 Window Condition</b>	Are all windows free of signs of deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>3.6 Ceiling Condition</b>	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>3.7 Wall Condition</b>	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>3.8 Floor Condition</b>	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>3.9 Lead-Based Paint</b>	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	
<b>3.10 Flush Toilet in Enclosed Room in Unit</b>	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"/>		
<b>3.11 Fixed Wash Basin or Lavatory in Unit</b>	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"/>		
<b>3.12 Tub or Shower</b>	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"/>		
<b>3.13 Ventilation</b>	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		
<b>4.2 Electricity/Illumination</b>	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"/>		
<b>4.3 Electrical Hazards</b>	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.4 Security</b>	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.5 Window Condition</b>	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"/>		
<b>4.6 Ceiling Condition</b>	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.7 Wall Condition</b>	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.8 Floor Condition</b>	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.9 Lead-Based Paint</b>	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	
<b>4.10 Smoke Detectors</b>	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		
<b>4.2 Electricity/Illumination</b>	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"/>		
<b>4.3 Electrical Hazards</b>	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.4 Security</b>	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.5 Window Condition</b>	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"/>			
<b>4.6 Ceiling Condition</b>	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.7 Wall Condition</b>	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.8 Floor Condition</b>	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.9 Lead-Based Paint</b>	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	
<b>4.10 Smoke Detectors</b>	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		
<b>4.2 Electricity/Illumination</b>	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"/>		
<b>4.3 Electrical Hazards</b>	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.4 Security</b>	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.5 Window Condition</b>	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"/>			
<b>4.6 Ceiling Condition</b>	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.7 Wall Condition</b>	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.8 Floor Condition</b>	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.9 Lead-Based Paint</b>	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	
<b>4.10 Smoke Detectors</b>	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		
<b>4.2 Electricity/Illumination</b>	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"/>		
<b>4.3 Electrical Hazards</b>	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.4 Security</b>	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.5 Window Condition</b>	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"/>		
<b>4.6 Ceiling Condition</b>	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.7 Wall Condition</b>	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.8 Floor Condition</b>	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.9 Lead-Based Paint</b>	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	
<b>4.10 Smoke Detectors</b>	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		
<b>5.1</b>	<b>None</b> <input type="checkbox"/> <b>Go to Part 6</b>					
<b>5.2</b>	<b>Security</b> Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>5.3</b>	<b>Electrical Hazards</b> Are all these rooms free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5.4</b>	<b>Other Potentially Hazardous Features</b> 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"/>		
<b>6.0</b>	<b>Building Exterior</b>					
<b>6.1</b>	<b>Condition of Foundation</b> Is the foundation sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.2</b>	<b>Condition of Stairs, Rails, and Porches</b> Are all the exterior stairs, rails, and porches sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.3</b>	<b>Condition of Roof and Gutters</b> Are the roof, gutters, and downspouts sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.4</b>	<b>Condition of Exterior Surfaces</b> Are exterior surfaces sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.5</b>	<b>Condition of Chimney</b> Is the chimney sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.6</b>	<b>Lead-Based Paint: Exterior Surfaces</b> 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	
<b>6.7</b>	<b>Manufactured Homes: Tie Downs</b> 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		
<b>7.1 Adequacy of Heating Equipment</b>	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"/>		
<b>7.2 Safety of Heating Equipment</b>	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"/>		
<b>7.3 Ventilation and Adequacy of Cooling</b>	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"/>		
<b>7.4 Water Heater</b>	Is the water heater located, equipped, and installed in a safe manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>7.5 Water Supply</b>	Is the unit served by an approvable public or private sanitary water supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>7.6 Plumbing</b>	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"/>		
<b>7.7 Sewer Connection</b>	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		
<b>8.1 Access to Unit</b>	Can the unit be entered without having to go through another unit?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>8.2 Exits</b>	Is there an acceptable fire exit from this building that is not blocked?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>8.3 Evidence of Infestation</b>	Is the unit free from rats or severe infestation by mice or vermin?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>8.4 Garbage and Debris</b>	Is the unit free from heavy accumulation of garbage or debris inside and outside?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>8.5 Refuse Disposal</b>	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"/>		
<b>8.6 Interior Stairs and Common Halls</b>	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"/>		
<b>8.7 Other Interior Hazards</b>	Is the interior of the unit free from any other hazard not specifically identified previously?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>8.8 Elevators</b>	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	
<b>8.9 Interior Air Quality</b>	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"/>			
<b>8.10 Site and Neighborhood Conditions</b>	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"/>			
<b>8.11 Lead-Based Paint: Owner Certification</b>	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

<b>A. General Information</b>		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
<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	
Full Address (including Street, City, County, State, Zip)		
Number of Children in Family Under 6		
<b>Owner</b>		
Name of Owner or Agent Authorized to Lease Unit Inspected		Phone Number
Address of Owner or Agent		

<b>B. Summary Decision On Unit</b> (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		

<b>Inspection Checklist</b>						
Item No.		Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
<b>1.</b>	<b>Living Room</b>					
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	
<b>2. Kitchen</b>						
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					
<b>3. Bathroom</b>						
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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
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					
<b>7. Heating and Plumbing</b>						
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					
<b>8. General Health and Safety</b>						
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."

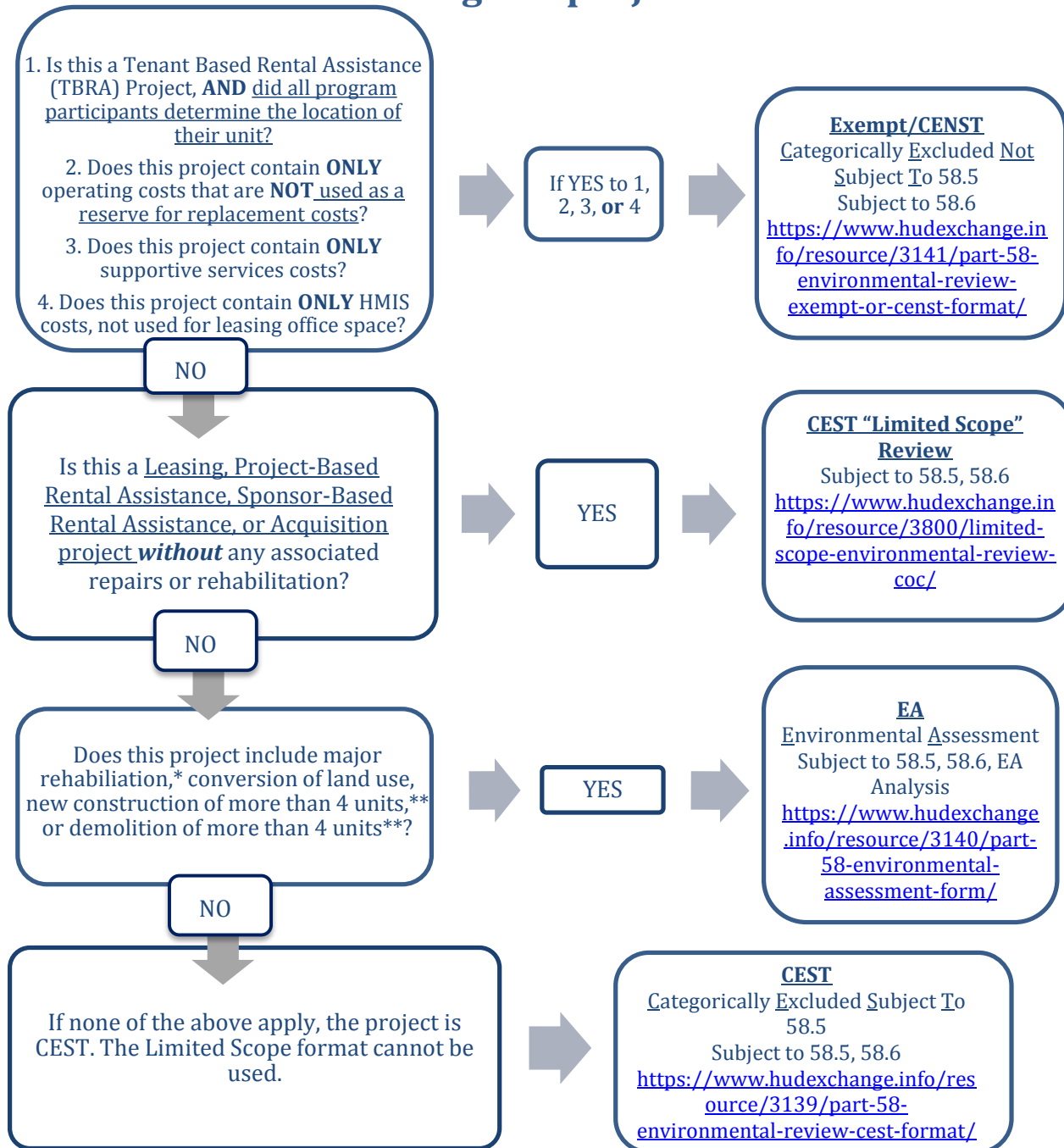
Tenant ID Number	Inspector	Date of Inspection (mm/dd/yyyy)	Address of Inspected Unit
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>
Item Number	Reason for "Fail" or "Pass with Comments"		Rating

Continued on additional page  Yes  No

Previous editions are obsolete

## [ Appendix F: Environmental Review Flowchart ]

## 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."