

**Economic Security Corporation of Southwest Area dba
The Jasper County Public Housing Agency
Referred to as "JCPHA"**

HOUSING CHOICE VOUCHER (HCV)



Please remember this is for **YOU!** ASK Questions, if you don't understand something. This is why we are here to help you understand this housing opportunity

Rental Assistance Opportunity

Briefing Information and Pertinent Information for Housing
Choice Voucher Customers

EQUAL HOUSING OPPORTUNITY STATEMENT

We are pledged to the letter and spirit of U.S. Policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, or national origin.

JASPER COUNTY PUBLIC HOUSING AGENCY'S HOUSING CHOICE VOUCHER (HCV) PROGRAM BRIEFING INFORMATION PACKET

The contents of this packet contain all the necessary information for your convenience. It is your responsibility to read and understand it thoroughly as it contains information about the program rules, guidelines & forms that you will need to use complete and return to the JCPHA at different times during your family's participation. You will sign an acknowledgement at the end of this briefing session that states we have covered this information and that you understand what is contained in the JCPHA HCV briefing packet.

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If you want to move to another home, you will need to follow the process on the "Green to Go". Moving Takes about 60 to 90 days to complete this process, please allow extra time when wanting to move from your home to a new place.

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The process from moving from JCPHA to another housing authority
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The JCPHA staff will send out a HCV Landlord move-out verification form to ensure the HCV participant has followed the moving with Continued Assistance process.
- Page 20 Move Out Verification Form
- Page 21 Housing Quality Standards (HQS) Inspection Booklet
The HQS Inspection Booklet is a self-explanatory process for how a house needs to meet these minimal Housing Quality Standards (HQS) criteria in order to pass a HQS inspection. All housed must be able to pass an HQS inspection before a HCV participant may receive any rental assistance or move-in to a new home. If a HCV participant moves into a home before the home passes a HQS inspection and they have been notified by the JCPHA staff that they may move-into the home, then they would be responsible for the rent of that home until the HCV rental assistance has been approved.

Left Side of Pocket Folder

Think About This ...Is Fraud Worth It?

Failure to report income, number of family members or the collection of side-payments by the landlord is fraud!

Head of Household's required signatures & other adults as noted, these forms must be signed at the Briefing in order for the JCPHA to issue your family a Housing Choice Voucher.

1. JCPHA Housing Choice Voucher Program, Obligations of the Family – **All adults** must sign this form.
2. JCPHA Housing Choice Voucher Program Acknowledgement – **Head of Household Signature only.**
3. Lead Base Paint Notification – **Head of Household Signature only**
KEEP the Protect Your Family From Lead in Your Home printed Booklet
4. Family Self-Sufficiency program -- **Head of Household Signature only**
KEEP the brochure
5. Acknowledgement of Receipt – **Head of Household Signature only**
KEEP Jasper County Public Housing Agency Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

handout and U.S. Department of Housing and urban Development Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternative Documentation handout

6. RHIIP – “What You Should Know about EIV” – **Head of Household Signature only** – **KEEP** the brochure

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Utility Assistance/ Weatherization & Energy Audits brochure

Save Energy ...It Makes Cents! brochure

Head Start brochure

Early Head Start brochure

Know Your Rights booklet

Following documents stapled together:

1. JCPHA's Payment Standards {maximum amount of rent allowed} (Handout)
The rent including utilities (except telephone, cable, internet) as established by the JCPHA Board of Commissioners which sets payment standards based on 90% to 110% of HUD's published Fair Market Rent, but in no case can it exceed established Fair Market Rent as established annually by HUD.
2. Schedule of Utility Allowances (Handout)
If the home that you have chosen to lease does not pay all utilities, then you must add the total dollar amount of the utility allowance, chart provided, in order to figure out the amount of allowable rent that would determine the Total Gross Rent (see definition). The Total Gross Rent cannot be more than the applicable JCPHA Payment Standard for your issued voucher bedroom size.

A Good Place to Live! Booklet

US Department of Housing & Urban Development (FHEO) Fair Housing Booklet

Housing Choice Voucher Extension Request Form & I'm on the Lookout for housing Form (required for extension request)

Request for Change Form (Handout)

Informal Hearing Request Form -- handout

Request for a Reasonable Accommodation form -- handout

Foreclosure Rights for Renters -- handout

Income Guidelines -- handout

Maximum income limits per number of family members

Housing Assistance Payment (HAP) Contract -- handout

The written contract between the Owner and the JCPHA for the purpose of providing housing assistance payment to the owner on behalf of the tenant. This is the last document to be executed prior to actually beginning the Housing Assistance Payment.

Tenancy Addendum (Attached to Lease Agreement) -- handout

Reminder of the rules and guidance for the HCV participant.

Housing Discrimination Complaint Form (HUD 903) -- handout

To be completed by the Housing Choice Voucher applicant or participant if you feel that you were refused housing because of discrimination by a landlord with respect to race, creed, sex, national origin, handicap, equal access or familial status.

How Portability Works -- handout

Housing Choice Voucher has a unique feature to allow for HCV Participants to move to another Housing Choice Voucher Public Housing Agency in another area of the country or state, it is referred to "Portability" of an HCV voucher.

Jasper County Public Housing Agency's Service Area

Barton, Jasper, Newton and McDonald Counties only, we DO NOT house persons in the City Limits of Joplin (they have their own Public Housing Agency). There is a Map of the City of Joplin in the packet to help you see where you may NOT lease up in.

Missouri Landlord-Tenant Law booklet

US Department of Housing & Urban Development (FHEO) Fair Housing booklet

Rental Options List -- handout

Housing Choice Voucher Program Owner/Landlord Information handout

Before You Sign Your Lease Checklist handout

Things To Remember From This Day Forward! handout

PACKET INSERT: SLIDE PRESENTATION -- handout

This is a copy of the presentation that is conducted during the briefing so you can make notes and refer back in the future.

The Jasper County Public Housing Agency would like to inform you of the Housing Choice Voucher Program which is designed to assist low-moderate income individuals/families with rental subsidy of standard, moderately priced, and privately owned housing.

**VOUCHER ISSUED IS BASES ON THE FOLLOWING
BEDROOM SIZE CRITERIA**

1. The bedroom size assigned should not require more than two (2) persons to occupy the same bedroom.

<u>No. of Bedrooms</u>	<u>No. in Family</u>
1	1 to 2
2	2 to 4
3	4 to 6
4	5 to 8

Rental property requirements are as follows:

1. The unit must meet required housing cost.
2. The units must not exceed Permanent Housing payment standard.
3. The unit must be maintained by the owner so as to provide decent, safe and sanitary housing in compliance with the minimum Housing Quality Standards as defined by HUD.

INFORMAL HEARING PROCEDURES

The following informal review process for applicants and informal hearing process for participants will be adhered to by the Jasper County Public Housing Agency.

- A. Applicant to the HCV Program. The Jasper County Public Housing Agency will provide prompt written notice of a decision affecting an applicant's participation including a brief statement of the reason for the decision in the following situations.
 1. If an applicant for the program is denied assistance including placement on the waiting list.
 2. If an applicant on the waiting list is denied issuance of a Housing Choice Voucher.
 3. If an applicant is denied participation in the HCV program.

Such notices will include the following statement: "Should you feel this decision is incorrect, you may request an informal hearing of the matter by writing the Jasper County Public Housing Agency Office within ten (10) days of the date of this letter."

If the applicant requests an informal hearing the request will be forwarded to the person or persons designated by the JCPHA to conduct such meetings. (Note: The hearing may be conducted by any persons designated by the JCPHA other than a person who made or approved the decision under review or a subordinate of such person.) A time and location for the hearing will be forwarded to the applicant and will include a statement conveying the following statement: "at the hearing you and the JCPHA shall be given an opportunity to present evidence and may question any witnesses. Evidence may be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings. In addition, at your own expense, you may be represented by a lawyer or other representative."

Factual determinations relating to the individual circumstances of the applicant shall be based on the evidence presented at the hearing. A copy of the hearing decision shall be furnished promptly to the applicant and the JCPHA with a brief statement listing the reasons for the decision.

B. Participants. The JCPHA is also required to offer participation in the Housing Choice Voucher Program an opportunity for an informal hearing to consider whether decisions relating to individual circumstances of the family are in accordance with law, HUD regulations, and the JCPHA rules in the following cases:

1. If a determination is made that the participation family is residing in a unit with a large number of bedrooms than appropriate under the JCPHA subsidy standards and the JCPHA has denies the Family's request for an exception from the payment standards or a reasonable accommodation.
2. A determination of the amount of Total Tenant Payment or Tenant Rent (not including determination of the JCPHA's schedule of Utility Allowances for Families in the PHA's Housing Choice Voucher Programs.)
3. Any decision to terminate HCV assistance on behalf of a current participant.

The JCPHA will provide prompt written notice to the participant with a brief statement of the reason for the decision and will included the following statement: "Should you feel this decision is incorrect, you may request an informal hearing of the matter by writing the Jasper County Public Housing Agency Office within ten (10) days of the date of this letter."

If the decision involves terminating a participant's HCV assistance, the JCPHA will mail the notice by Certified Mail approximately 30 days prior to the anticipated termination date. The JCPHA may verbally notify a participant in the HCV program of their right to request an informal hearing and how to request one. This verbal notice may be used in the following situation. A determination of the number of bedrooms entered on the HCV subsidy standards established by the JCPHA in the case of an assisted family that wants to move to another dwelling unit with continued participation in the program.

If any participant requests an informal hearing on the above matters, the following actions will be taken:

1. The request will be forwarded to the person or persons designated by the JCPHA to conduct such hearings. (Note: The hearing may be conducted by any persons designated by the JCPHA other than a person who made or approved the decision under review or a subordinate of such person).
2. A letter from the hearing office indicating the time and location for the hearing will be forwarded to the participant and will include the following statement: "at the hearing you and the JCPHA shall be given an opportunity to present evidence and may question any witnesses. Evidence may be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings. In addition, at your own expense, you may be represented by a lawyer or other representative."
3. Factual determinations relating to the individual circumstances of the applicant shall be based on the evidence presented at the hearing. A copy of the hearing decision shall be furnished promptly to the applicant and the JCPHA with a brief statement listing the reasons for the decision.

If the informal hearing upholds the JCPHA's decision to terminate the HCV's participant's assistance, the JCPHA will provide the owner a written notice of its decision to terminate the Housing Assistance Program Contact and advise that all payments pursuant to the contract

shall terminate at the end of the calendar month which follows the calendar month in which the JCPHA gives the written notice. In addition, the participant shall be provided a copy of the letter to the Owner.

The JCPHA is not required to provide an opportunity for an informal review for applicants or participants in the following circumstances:

1. To review discretionary administrative determinations by the JCPHA or to consider general policy issues or class grievances.
2. To review the JCPHA's determination of the number of bedrooms entered on a HCV Voucher under the standards established by the JCPHA.
3. To review the JCPHA's determination that a unit located by a HCV participant does not comply with the JCPHA's Housing Quality Standards established in accordance with 882.109, or the PHA's determination not to approve the lease for the unit.
4. To review the JCPHA's decision not to approve a request by a HCV participant for an extension of the term of the HCV Voucher.
5. To review the JCPHA's determination that a unit does not comply with the JCPHA's Housing Quality Standards established in accordance with 24 CAR 882.109 that the landlord has failed to maintain or operate a contract unit to provide decent, safe and sanitary housing in accordance with HQS (including all services, maintenance, and utilities required under the lease), or that the contract unit is not decent, safe and sanitary because of an increase in family size or change in family composition.
6. To review a decision by the JCPHA to exercise any remedy against the owner under an outstanding contract, including the termination of housing assistance payments to the owner.
7. To review the JCPHA's decision not to approve a family's request for an extension of the term of the HCV voucher issued to an assisted family which wants to move to another dwelling unit with continued participation in the JCPHA's HCV Program.
8. All Hearings and informal reviews must receive written notice within 10 days of the tenant's notification. All correspondence must be sent to the JCPHA, attention: Housing Department.

OTHER AREA EDUCATION, EMPLOYMENT OR SPECIAL NEEDS RESOURCES

School District Information:

If you are unclear about the School District that your child (ren) would be attending, please contact your Housing Assistance Coordinator (card is attached to the folder) for assistance in this matter.

Employment Opportunities through the Workforce Board or the local Community Action

Agency:

Please contact our office for directions and contact information to the Joplin or Monett Career Center. You will need to contact the Housing Assistance Coordinator (card is attached to the folder) for assistance in this matter.

For the Community Action Agency:

McDonald County (Anderson): 417-548-6011

Newton County (Neosho): 417-451-2206

Barton County (Lamar): 417-682-5591
Jasper County (Joplin): 417-781-0352, ask for the Community Development Department

Special Needs Requirements:

Independent Living Center: 417-649-8086

Joplin Regional Center: 417-629-3020

DEFINITION OF HOUSING TERMS

Housing Assistance Payment Contract (HAP Contract) A written contract between the JCPHA and Owner for the purpose of providing housing assistance payments to the Owner on behalf of an eligible family.

Housing Assistance Payment on Behalf of Eligible Family The amount of housing assistance payment on behalf of an eligible family determined in accordance with schedules and criteria established by HUD for the Housing Choice Voucher Program.

HUD The Department of Housing and Urban Development that funds the SHP-CH Program.

Income: income from all sources of each member of the household as determined in accordance with criteria established by HUD.

Income for Eligibility The anticipated total annual income of a family for the 12 month period following the date of determination of income.

Landlord, Owner or Lessor The term means either the owner of the property or their representative or the managing agent or representative, as shall be designated by the owner.

Lease A written agreement between the Owner and a HCV family for the leasing of an existing housing unit in accordance with the Housing Assistance Program (HAP) Contract.

Lower Income Family A family who's Annual Income does not exceed 50% of the median income for the area, as determined by HUD with adjustments for smaller and larger families. HUD may establish income limits higher or lower than 50% of the median income for the area on the basis of its finding that such variation is necessary because of the prevailing levels of construction cost or unusually high or low family incomes.

Medical Expenses Those medical expenses, including medical insurance premiums that are anticipated during the period for which annual income is computed, and that are not covered by insurance.

Minor A member of the family household (excluding foster children) other than the family head or spouse who is under 18 years of age or a full-time student.

Monthly Adjusted Gross Income One twelfth of Adjusted Gross Income.

Monthly Income One twelfth of the Annual Income

Mutual Rescission of Lease An early termination of the lease with written agreement between the tenant and landlord, after tenant has completed an initial 12 month lease.

Owner Any person or entity, including a cooperative, having the legal right to lease or sublease Existing Housing.

Public Assistance Income a family receives from the Family Support Division (FSD). TA (Temporary Assistance), SSI (Supplement Security Income), General Assistance (Relief), or Tribal Welfare. **Note: Non-cash public assistance is not counted as income.**

Recertification Sometimes called reexamination. The process of securing documentation to show that tenants meet the eligibility requirements for continued housing assistance payments. This is completed annually.

Remaining Member of the Tenant Family Person left in assisted unit who may or may not normally qualify for assistance on own circumstances.

Rent Reasonableness Limitation The JCPHA is required to certify for each Housing Choice Voucher unit assisted that the contract rent is reasonable in relation to comparable units on the private unsubsidized market and not in excess of rents currently being charged for comparable unassisted units.

Security Deposit An amount deposited with the owner equal to less than two month's rent unless the family was in residence in the unit prior to the HCV assistance. Security deposits must be promptly returned to tenants. If damage or back rent is owed, tenant must receive an itemized list identifying damages and actual costs for repair. Abandonment of unit without notice by tenant permits landlord to retain security deposit in full.

Tenant Rent The amount payable monthly by the family as rent to the owner where all utilities (except telephone) and other essential housing services are not supplied by the owner. Tenant rent equals Total Tenant Payment (TTP). Where some or all utilities (except telephone) and other essential housing services are not supplied by the owner and the cost thereof is not included in the amount paid as rent to the owner. Tenant rent equals the Total Tenant Payment less the utility allowances.

Total Tenant Payment (TTP) The portion of the Gross Rent payable by an eligible family participating in the Permanent Housing Program.

Maximum initial rent burden The maximum amount the family is allowed to pay for rent and utilities at the initial leasing of a unit under the voucher program. If rent for the unit exceeds the PHA payment standard, this figure is 40 percent of monthly adjusted income.

Maximum subsidy The maximum amount the PHA will pay the owner on the family's behalf. This figure is obtained by subtracting the TTP from the payment standard.

Unit (Home) Residential space for the private use of a family such as an apartment, house, or mobile home, which contains a living room, kitchen area and bedroom area(s). The size of a unit is based on the number of bedrooms contained within the unit and ranges from 1 to 5 bedrooms or as funding is provided for.

**Economic Security Corporation of Southwest Area's dba
Jasper County Public Housing Agency (JCPHA),
referred to as JCPHA**

Housing Choice Voucher (HCV) Program's Basic Guidelines:

The JCPHA expects you to immediately and aggressively search for adequate housing. We have many people on the waiting list that are just as anxious as you have been to get into the program. Finding safe, clean and sanitary housing that will fit into the fair market rents isn't an easy task but it is one that can be tackled. The average time to find a suitable home with an aggressive approach is 30 days.

After finding housing and you are settled into your housing please pay close attention to all JCPHA mailings. Some HCV participants have been lost their housing assistance because they didn't take the necessary action that was requested of them.

Subsidized Rent (Participant pays 30% & JCPHA pays a portion)

The Housing Choice Voucher Program is a subsidized rent program. You have qualified according to the U.S. Department of Housing and Urban Development's (HUD) average gross median income (AGMI), low-income limits. HUD will subsidize your rent according to your income. Every participant is required to pay 30 percent of their household's income toward rent and utilities. Regardless of income, every participant is required to pay a minimum of \$50.00 toward rent and utilities.

Eviction by Landlord

It is the HCV participant's responsibility to notify your Housing Assistance Coordinator when you have received an eviction notice from your landlord. In addition, you must provide the JCPHA with a copy of the written eviction notice that your landlord has provided to you. You must follow your lease agreement, the HCV rules, regulations, and tenant obligations in order to remain on the HCV program. If you are evicted by your landlord for violation of your lease, you may lose your housing assistance and then be responsible for paying all of your rent to your landlord.

Household Income or Composition Change(s) (10 days to report to the JCPHA)

You must report ALL changes in your household, income, or family composition within 10 days of the change (i.e., income increases, birth of a child, etc.). Failure to report these changes will result in you having to repay to the JCPHA any overpayment made on your behalf and you will be terminated from the program for failing to report these changes. It is your responsibility to ensure that the JCPHA receives all documentation related to these changes. Any loss of income must be reported before the 20th of the month in order for the changes to be effective the 1st of the following month. If you have an increase in your household income, you will have at least 30 days before your portion of rent increases. This allows time to adjust your budget for the increased rent.

You must respond to any correspondence (10 day request, Housing Jeopardy or Housing Termination letters) from this office in the time allotted to avoid loss of your HCV rental assistance.

The JCPHA does perform Enterprise Income Verifications (EIV), which allows all housing programs to access, IRS, employee wages and Social Security information within 90 days of your participation. It is vital that your family always provide changes in income to this office within 10 working days. All information that the participant provides must match the EIV database. (Please refer to brochure in your briefing packet: RHIP "What you should know about EIV")

Policy on Housing Choice Voucher Extension

Your Housing Choice Voucher can be issued for up to 60 days. You may receive up to an additional 60 days to find suitable housing. Only in extreme cases, with a Housing Supervisor grant an additional extension. To request an extension you will use the Housing Choice Voucher Extension Request Form found in this packet. In addition, you must attach the "I'm on the lookout for housing" form completed with dates, time, landlord/property name, Landlord's phone number and comments about what happened when you called or visited the property. **You must submit these two forms to the JCPHA office on or before the date of your Housing Choice Voucher issued expiration date by 5 p.m., if you are unable to provide this to the JCPHA, this will result in your voucher expiring, and the participant will have to reapply.**

The new landlord may request information about you

The JCPHA may report current landlord's name, address and telephone number to the prospective landlord. The participant must provide this information during the pre-eligibility appointment.

Granting an Exception to the JCPHA's Payment Standard (Maximum Rent)

An exception to the JCPHA's payment standard (amount of rents that is acceptable) are granted to persons with disabilities whose selected home exceeds the JCPHA's current payment standards. The Housing Supervisor grants these on a case-by-case basis based on a written "a reasonable accommodation" request. Please see "Request for A Reasonable Accommodation" form found in this packet.

In cases, where the HCV Participant has received a Housing Termination Letter, Informal Hearing Requests and Requirements

If you receive a Housing Termination letter in the mail, you will receive an informal hearing request form. Please note there is one in your briefing packet as well. You have 10 days to request an informal hearing. Please refer to Informal Hearing Procedures in the briefing packet. All requests for an informal hearing must be received within the 10 days and in writing (or use the form attached to the letter or in this briefing packet) to the ESCSWA dba Jasper County Public Housing Agency: 302 Joplin, Joplin MO or P.O. Box 207, Joplin, MO 64802.

Legal Issues Regarding Evictions, landlord issues, etc.

Legal Aide of Western MO ~ (417) 782-1650

Frequently Asked Questions Concerning Fraud...What You Should Watch Out For!?

You must notify the Jasper County Public Housing Agency....

1. When/If your Landlord requests a side-payment for rent or to make repairs.
2. When/If your Landlord requests extra or additional charges for anything.
3. If you feel there has been a violation of your tenant's rights.
4. If the Landlord fails to repair a Housing Quality Standard violation in your unit.

JOPHA

Jasper County Public Housing Agency
Administered by Economic Security Corporation of Southwest Area

P.O. Box 207 • 302 South Joplin • Joplin, Missouri 64802

(417)781-0352 • fax (417)781-1234

Dear Applicant/Tenant:

When you are looking for housing and you are refused housing for one of the following reasons, you have been discriminated against and you are entitled to file a Housing Discrimination Complaint against the owner/landlord.

You cannot be refused housing for any of the following reasons:

1. Race
2. Religion
3. Sex
4. Handicap (physical or mental)
5. Familial Status (If you have children under the age of 18 years or you are a pregnant female)
6. National Status (Hispanic, Asian or Pacific Islander, American Native/Indian or Alaskan Native, or other)

If you have been refused housing for any of the above, you need to contact our office as soon as possible and we will schedule an appointment for you to come in so we can assist you with filing a complaint with the Department of Housing and Urban Development (HUD).

Contact: Jasper County Public Housing Agency, Administered by: Economic Security Corporation of SW Area at (417) 781-0352

THE DANGER OF LEAD POISONING TO RENTERS

If the housing or apartment was built before 1978, then there is a possibility that it may contain lead paint. Lead paint is poisonous if eaten. Many children that eat paint flakes frequently become very sick. You as a parent are in the best position to safeguard your child's health by preventing him or her from eating paint or paint chips. This pamphlet will answer some of your questions about how to know if your child has been eating lead paint and what to do about it.

Lead poisoning is a serious health problem in this country. Each year thousands of children under 7 years of age are poisoned when they eat bits of paint containing lead. Children who eat lead can become mentally retarded, blind, paralyzed, or even die. You can safeguard your child's health by preventing him/her from eating paint chips which may contain lead. The Department of Housing and Urban Development has prepared this pamphlet to make you aware of the problem of lead poisoning in the home.

As a parent, you need to know what to do to prevent the sickness lead paint can cause. You need to know what to do if your child had lead poisoning.

Your child can get lead poisoning by eating paint, dirt, dust, newspaper or other non-food items containing lead. The most common cause of lead poisoning is lead-based paint. Children can get dangerous amounts of lead from eating even very small amounts of paint. Unfortunately, usually there are no obvious signs of lead poisoning. Often lead poisoning can seem like a number of other childhood diseases, but if your child has stomachaches and vomiting, has headaches, a loss of appetite, is cranky or is frequently too tired to play, he may have lead poisoning. Often there are no symptoms at all. If anyone tells you that your child has eaten paint chips or plaster, or if you see any of these signs in your child, he should be tested for lead in his blood as soon as possible. Do not wait too long! Your doctor, local clinic, hospital, or public health department can test your child for lead poisoning. Blood samples can be taken and may be tested to tell if your child has eaten enough lead to be harmful. In many communities there are blood-screening programs operated by local health departments, but screening is usually conducted in older areas of cities where lead-based paint and poisoning is most common. Testing for lead takes only a matter of minutes.

Blood screening programs are usually free and will test children for lead even if they show no symptoms of poisoning and have not been seen eating paint. A number of blood screening programs are supported by the Department of Health, Education and Welfare, and local health departments. If you are unaware of a screening program in your area, call your public health nurse or social worker at the local health department. If there are no screening programs in your city and you cannot afford testing, the Medicaid program may pay for screening children both below 6 years of age and above the age of six if the doctor says that the testing is necessary.

If tests show that your child has a high level of lead in his blood he will need medical supervision and possibly treatment. If treatment is necessary, your doctor, a local clinic, or hospital will be able to remove the lead from your child's blood. If testing shows that your child has a lot of lead in his blood, your local health department may send someone to measure the lead paint in your home, and may require treatment by the owner of the unit of the lead paint hazards on walls or woodworks. Such work is often messy and inconvenient, but is necessary to prevent the possibility of further sickness from lead. Cooperate with any workmen who are sent to correct the lead condition in your home.

Lead paint is not the only cause of lead poisoning. Your child can be poisoned by eating paint, dirt, or other non-food substances containing lead. Young children put many things besides food in their mouths, but if those objects contain lead, poisoning is possible. A child can get lead poisoning from eating or chewing on non-food items, which contain lead including dirt, newspaper, and even some pottery and furniture. The common household dust sometimes contains high levels of lead. Lead paint, which has weathered and fallen to the ground, can collect in dust and soil. Exhaust from automobiles which use leaded gasoline also contains lead, which can collect in dust and soil. Children should be discouraged from playing in dust and dirt near busy street where the lead content in soil is likely to be heaviest.

You should stop your child from eating or chewing paint and other objects that may contain lead. Warn your child of the dangers of eating anything other than food if he is old enough to understand. Make sure that the rest of your family and anyone who baby-sits for you are aware of the lead paint problem and will prevent your child from eating paint. Often children will eat things if they are bored or hungry. Children are safer if they have activities or toys to keep them busy. If your child is not eating properly, you may want to take him to a doctor.

The best way to prevent lead paint poisoning is to keep your home in good shape. The primary source of lead paint hazards is peeling and flaking paint. Water leaks from faulty plumbing or defective roofs often cause paint to peel or flake from walls and ceilings. Repair of such leaks can prevent future peeling or flaking. If you have such leaks, or if you have peeling, flaking paint in your apartment, notify the management or landlord and PHA.

To prevent peeling paint, most apartments should be repainted every three to five years. It is important to cooperate with the management office when repainting time comes. If your apartment has not been repainted within this period of time, inform the management office, resident manager, or landlord and PHA.

You may have a lead paint hazard now if your walls are cracking or peeling. If you have small children, there are some things you should do immediately to protect them: (1) notify the management office or resident manager or landlord immediately. As an emergency measure, you might also move heavy furniture against walls with peeling paint.

Remember that you play a major role as a parent in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a big difference.

NOTE: Your landlord is required to take appropriate actions to protect all residents from any hazards that are associated with lead based paint hazards or procedures.

Moving with Continued Housing Choice Voucher Assistance "Green to GO!"

Any tenant who has not been in residence at an address while also being on the Housing Choice Voucher (HCV) program for one year cannot move unless there is some type of violent behavior going on in the household.

Any tenant who wants to move to another address, even it is at the same apartment complex, must follow this procedure to maintain their Housing Choice Voucher Assistance.

Tenants who have resided at an address for one year while also being on the Housing Choice Voucher program and wish to move and continue on the HCV program, must give their landlord a 45-day written notice stating that they plan to move and MUST provide this office with a copy. Notices should be from the first of the month to the first of the month whenever possible. If you meet this criteria, you should start this process about 90 days before your lease is getting ready to expire, so you will have plenty of time.

Once you have given your written 30-45 day notice to move to your landlord and to the Jasper County Public Housing agency (JCPHA). You must:

1. Contact this office for an appointment so you will be re-issued your voucher and a new Request for Tenancy Approval Form
2. A new Request for Tenancy Approval form must be given to your new landlord before move-in
3. A move-in inspection will not be scheduled until we receive a complete Request for Tenancy Approval.
4. No payment will be made until the "new" unit passes a Housing Quality Standards Inspection (HQS).
5. A "new" Lease must be signed by both landlord and tenant.
6. A "new" Housing Assistance Program (HAP) contract must be signed by the landlord, JCPHA and tenant.
7. When the Request for Tenancy Approval is received the JCPHA calculates for rent reasonableness and then the unit is scheduled for an HQS inspection.
8. **ONLY** after all of this is completed, will YOU be notified of when you may move-in to the new unit.

Moving into an unapproved unit and not following moving with continued assistance procedures will result in termination from the HCV program.

If you have any questions, please contact the JCPHA at 417-781-0352 and ask for the housing assistance department.

Thinking about moving to another Public Housing Authority? This process is called PORTABILITY

Housing Authorities have no jurisdictional lines, however, with the new funding changes, we must determine if we can afford to pay for you to reside in another location. To do this you must ID the PHA you want to move. We are requiring that the Housing Authority complete information for us to determine our affordability for you to move to their jurisdiction. *The first question we will ask of the Housing Authority is will they be absorbing or billing us for your assistance.*

To **absorb** means the Housing Authority will accept you into their program and cut off all programmatic ties with Jasper County Housing Authority. If a Housing Authority agrees to absorb you, you will be allowed to proceed with your request to move into their jurisdiction.

To **bill us for your assistance** means the Housing Authority will lease you in a unit in their jurisdiction but send a bill for the amount of assistance they pay on your behalf to an owner plus an administrative fee for assisting you. If a Housing Authority bills us for your assistance, you may or may not be able to move to that area. We must first determine what the payment amount would be for the area and if it is comparable to the payment you would receive if you remain in this area. If the amount of funding needed to maintain your housing exceeds the amount it would cost for this area, we will not be able to proceed with your request. Your Manager will contact you upon receipt of the information from the Housing Authority and let you know if you are eligible to move forward with your plans to relocate.

If you have any questions regarding portability, please contact the Case Manager who is currently working with you.

Under no conditions are you to contact any public housing agency, until we give you permission, about “porting out.”

These are some of the local public housing agencies in the area:

- City of Springfield Public Housing Authority, service area: City limits of City of Springfield. Their phone number is: 417-866-4329. This organization will not absorb any port-in Section 8 Housing Choice Vouchers.
- Ozark Action Community Action Agency, service area: Barry, Christian, Dade, Dallas, Greene, Lawrence, Polk, Stone, Taney and Webster. They do not serve the City of Springfield. Their phone number is: 417-862-4314. Web site: www.oacac-cao.org. This organization will not absorb any port-in Section 8 Housing Choice Vouchers.
- City of Joplin Housing Authority, service area: City limits of Joplin. Their phone number is 417-624-4514.
- West Central Community Action Agency, service area: Bates, Benton, Cass, Cedar, Henry, Hickory, Morgan, St. Clair and Vernon. Their phone number is: 660-476-5529. Email: www.wcmca.org.

Jasper

Jasper County Public Housing Agency
Administered by Economic Security Corporation of Southwest Area

P.O. Box 207 • 302 South Joplin • Joplin, Missouri 64802
(417)781-0352 • fax (417)781-1234

Date: _____

Dear Property Owner:

Enclosed is a "Landlord Move Out Verification Form" requesting information on a tenant that is currently living in a rental property that you own. This tenant is requesting to transfer to a different unit. In order for them to receive continuing assistance, this tenant must be in good standing. Therefore, please fill out the attached questionnaire and return to me within 10 days of the date of this letter.

One of the things requested on this form, is that the property owner do a general inspection of the unit to look for possible damages. Ideally, a move-out inspection occurs after the unit has been vacated, however, the family in question is low income and does not have another unit in which to move their belongings, nor the funds available to rent a storage unit.

Please conduct a thorough walk-thru of the unit and complete the attached form. We ask this because this tenant will not be allowed to receive a voucher to move until the form is returned or after 10 days of the form being sent out.

This form will help landlord and tenants with the moving out process and keep those incidents of tenants in bad standing from moving on to another landlord with housing assistance.

Thank you for your cooperation.

Sincerely,

Housing Department
Jasper County Public Housing Agency

Jasper

Jasper County Public Housing Agency
Administered by Economic Security Corporation of Southwest Area

P.O. Box 207 • 302 South Joplin • Joplin, Missouri 64802
(417)781-0352 • fax (417)781-1234

LANDLORD MOVE-OUT VERIFICATION FORM

TENANT NAME: _____

TENANT CURRENT ADDRESS: _____

THIS SECTION TO BE COMPLETED BY CURRENT LANDLORD

Please Print and Circle Answers

Has the tenant given a proper 30 day written notice? Yes or No

Does this tenant owe for any back rent, utilities,
security/cleaning deposit, or damages? Yes or No

If so, how much? \$ _____

During their residency, did the tenant comply with
all lease provisions? Yes or No

Voucher Tenants should have their current Landlord personally inspect the property
before they can enter into a contract with a new Landlord.

Have you inspected the unit at the above mentioned address? Yes or No

If so, please give the date of the inspection: _____

Is the tenant leaving the home in an acceptable condition? Yes or No

Property Owner's Signature

Date

Property Owner's Printed Name

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. 04/30/2018)

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

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

Assurances of confidentiality are not provided under this collection.

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

PHA		Tenant ID Number	Date of Request (mm/dd/yyyy)
Inspector		Date Last Inspection (mm/dd/yyyy)	Date of Inspection (mm/dd/yyyy)
Neighborhood/Census Tract		Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Project Number
A. General Information			Housing Type (check as appropriate)
Street Address of Inspected Unit			<input type="checkbox"/> Single Family Detached
City	County	State	Zip
Name of Family		Current Telephone of Family	
Current Street Address of Family			<input type="checkbox"/> Duplex or Two Family Row
City	County	State	Zip
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"/> 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:(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 non hazardous 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, specially if badly worn, soiled or peeling (for peeling paint, see 1.9).

1.9 Lead-Based Paint

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

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

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

1. Living Room

For each numbered item, check one box only.

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

Additional Comments: (Give Item Number)

Comments continued on a separate page Yes No

2. Kitchen

2.1 Kitchen Area Present

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

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

2.2 Electricity

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

2.5 Window Condition

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

2.10 Stove or Range with Oven

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

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

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

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

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

2.11 Refrigerator

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

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

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

2.12 Sink

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

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

2.13 Space for Storage, Preparation, and Serving of Food

Some space must be available for the storage, preparation, and serving of food. If there is no built-in space for food storage and preparation, a table used for food preparation and a portable storage cabinet will satisfy the requirement. If there is no built-in space, and no room for a table and portable cabinet, check "Inconclusive" and discuss with the tenant. The tenant makes the final determination as to whether or not this space is acceptable.

If there are some minor defects, check "Pass" and make notes to the right. Possible defects include: marked, dented, or scratched surfaces; broken shelving or cabinet doors; broken drawers or cabinet hardware; limited size relative to family needs.

2. Kitchen

For each numbered item, check one box only.

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

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

Comments continued on a separate page Yes No

3. Bathroom

3.1 Bathroom Present

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

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

3.2 Electricity

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

3.3 Electrical Hazards

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

3.5 Window Condition

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

3.7 Wall Condition

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

3.8 Floor Condition

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

3.10 Flush Toilet in Enclosed Room in Unit

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

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

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

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

3.11 Fixed Wash Basin or Lavatory in Unit

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

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

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

3.12 Tub or Shower in Unit

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

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

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

3.13 Ventilation

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

3. Bathroom

For each numbered item, check one box only.

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

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

Comments continued on a separate page Yes No

4. Other Room Used for Living and Halls

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

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

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

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

4.1 Room Code and Room Location

Enter the appropriate room code given below:

Room Codes:

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

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

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

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

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

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

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

4.2 Electricity/Illumination

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

4.5 Window Condition

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

4.6 Smoke Detectors

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

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

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

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

Additional Notes

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

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

4.1 Room Location

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

Room Code

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

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

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

Comments continued on a separate page Yes No

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

4.1 Room Location

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

Room Code

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

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

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

Comments continued on a separate page Yes No

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

4.1 Room Location

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

Room Code

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

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

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

Comments continued on a separate page Yes No

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

4.1 Room Location

Room Code

- 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.

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

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

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

Comments continued on a separate page Yes No

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

5. Secondary Rooms (Rooms not used for living)

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

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

5.1 None

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

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

Additional Note

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

6. Building Exterior

6.1 Condition of Foundation

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

6.2 Condition of Stairs, Rails, and Porches

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

6.3 Condition of Roof and Gutters

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

6.4 Condition of Exterior Surfaces

See definition above for roof, item 6.3.

6.5 Condition of Chimney

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

6.6 Lead-Based Paint: Exterior Surfaces

Housing Choice Voucher Units If the unit was built January 1, 1978 or after, no child under age six will occupy or currently occupies, is a 0-BR, elderly or handicapped unit with no children under age six on the lease or expected, has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead), check NA and do not inspect painted surfaces. Visual assessment for deteriorated paint applies to all exterior painted surfaces (building components) associated with the assisted unit including windows, window sills, exterior walls, floors, porches, railings, doors, decks, stairs, play areas, garages, fences or other areas if frequented by children under age six. All deteriorated paint surfaces **more than 20 sq. ft. on exterior surfaces** must be stabilized (corrected) in accordance with all safe work practice requirements. **If the painted surface is less than 20 sq. ft., only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities except for *de minimis level* repairs.

6.7 Manufactured Homes: Tie Downs

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

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

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

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

Comments continued on a separate page Yes No

7. Heating and Plumbing

7.1 Adequacy of Heating Equipment

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

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

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

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

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

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

7.2 Safety of Heating Equipment

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

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

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

7.3 Ventilation and Adequacy of Cooling

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

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

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

7.4 Water Heater

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

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

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

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

Obtain verification of safety of system from owner or manager.

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

7.5 Water Supply

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

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

7.6 Plumbing

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

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

7.7 Sewer Connection

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

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

7. Heating and Plumbing

For each numbered item, check one box only.

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

Additional Comments: (Give Item Number)

Comments continued on a separate page Yes No

8. General Health and Safety

8.1 Access to Unit

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

8.2 Exits

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

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

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

Fire escape, fire ladder, or fire stairs.

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

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

8.3 Evidence of Infestation

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

8.4 Garbage and Debris

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

8.5 Refuse Disposal

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

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

8.6 Interior Stairs and Common Halls

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

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

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

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

This requirement applies to all painted surfaces (building components) within the unit. (Do not include tenant belongings). Surfaces to receive a visual assessment for deteriorated paint include walls, floors, ceilings, built in cabinets (sink bases), baseboards, doors, door frames, windows systems including

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

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

8.7 Other Interior Hazards

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

8.8 Elevators

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

8.9 Interior Air Quality

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

8.10 Site and Neighborhood Conditions

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

other buildings on, or near the property, that pose serious hazards (e.g., dilapidated shed or garage with potential for structural collapse),

evidence of flooding or major drainage problems,

evidence of mud slides or large land settlement or collapse,

proximity to open sewage,

unprotected heights (cliffs, quarries, mines, sandpits),

fire hazards,

abnormal air pollution or smoke which continues throughout the year and is determined to seriously endanger health, and continuous or excessive vibration of vehicular traffic (if the unit is occupied, ask the tenant).

8.11 Lead-Based Paint: Owner Certification

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

8. General Health and Safety

For each numbered item, check one box only.

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

Additional Comments: (Give Item Number)

Comments continued on a separate page Yes No

