

Name of Applicant:	Voucher #
Present Address:	Telephone Number:

APARTMENT INSPECTED			OWNER OR AGENT	
DEVELOPMENT	ADDRESS	APT.	NAME	
			ADDRESS	PHONE

**INSTRUCTIONS:** One of the requirements of this program is that housing into which an applicant moves be clean, in good repair and free from any conditions that could be dangerous or unhealthy for the family. This inspection sheet will help you determine if the house or apartment being inspected is likely to meet this requirement. It is possible that the unit may be good housing but might require some repairs. If these are made before rental, the unit may be acceptable.

The Housing Authority will inspect the unit and reserves the right to require further repairs or replacement of fixtures, or to reject the unit if it does not meet the standards of the program or if it has major deficiencies which the landlord does not propose to correct.

**APPLICANT:** Answer questions for building and all rooms in apartment to be inspected.

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
<b>1. STREET &amp; EXTERIOR OF BUILDING</b>			<b>3. LIVING ROOM</b>		
1.1 Are SITE & immediate NEIGHBORHOOD free from conditions which endanger health & safety of tenants, including open vacant or fire gutted buildings?	<input type="checkbox"/>	<input type="checkbox"/>	3.1 Are there at least 2 WORKING OUTLETS or 1 working outlet & 1 WORKING LIGHT FIXTURE? Is room free from electrical HAZARD?	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Is building free from high levels of AIR POLLUTION from vehicular exhaust, sewer/fuel gas, dust or other pollutants?	<input type="checkbox"/>	<input type="checkbox"/>	3.3 Is there at least one window and are all WINDOWS in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
1.3 Are EXTERIOR SURFACES sound and hazard free?	<input type="checkbox"/>	<input type="checkbox"/>	3.4 Are all WINDOWS & DOORS accessible from the outside LOCKABLE?	<input type="checkbox"/>	<input type="checkbox"/>
1.4 Are the ROOF, GUTTERS & DOWNSPOUTS sound & free of hazards?	<input type="checkbox"/>	<input type="checkbox"/>	3.5 } Are the CEILING, WALLS & FLOOR 3.6 } sound and free from hazardous defects? 3.7 }	<input type="checkbox"/>	<input type="checkbox"/>
1.5 Are all exterior surfaces accessible to children under 7 years old free of cracking, peeling & loose PAINT or adequately covered to prevent exposure to LEAD BASE PAINT?	<input type="checkbox"/>	<input type="checkbox"/>	3.8 Are all interior surfaces free of cracking, peeling & loose PAINT or adequately covered to prevent tenant exposure to LEAD BASE PAINT?	<input type="checkbox"/>	<input type="checkbox"/>
1.6 Are there adequate covered facilities for GARBAGE approved by local agency?	<input type="checkbox"/>	<input type="checkbox"/>	<b>4. KITCHEN</b>		
1.7 Are all EXTERIOR STAIRS, RAILS & PORCHES sound & hazard free?	<input type="checkbox"/>	<input type="checkbox"/>	4.1 Is there at least one WORKING ELECTRICAL OUTLET & one permanently installed LIGHT FIXTURE? Is kitchen free from ELECTRICAL HAZARD?	<input type="checkbox"/>	<input type="checkbox"/>
1.8 Is FOUNDATION sound & hazard free?	<input type="checkbox"/>	<input type="checkbox"/>	4.3 Are all WINDOWS & DOORS accessible from the outside LOCKABLE?	<input type="checkbox"/>	<input type="checkbox"/>
1.9 Is CHIMNEY sound & hazard free?	<input type="checkbox"/>	<input type="checkbox"/>	4.4 Is there a SINK with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. INTERIOR OF BUILDING &amp; UNIT</b>			4.5 Are WINDOWS in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
2.1 INTERIOR STAIRS & HALLS hazard free?	<input type="checkbox"/>	<input type="checkbox"/>	4.6 Is there a SPACE TO STORE AND PREPARE FOOD?	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Are ELEVATORS working & do they have current inspection certificate?	<input type="checkbox"/>	<input type="checkbox"/>	4.7 Are all interior surfaces free of cracking, peeling & loose PAINT or adequately covered to prevent exposure to LEAD BASE PAINT?	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Unblocked FIRE EXIT from building?	<input type="checkbox"/>	<input type="checkbox"/>	4.8 } Are the CEILING, WALLS & FLOOR 4.9 } sound and free from hazardous defects? 4.10 }	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Is there ACCESS TO UNIT without going through another unit?	<input type="checkbox"/>	<input type="checkbox"/>			
2.5 Unit/bldg. free of RATS, MICE, VERMIN?	<input type="checkbox"/>	<input type="checkbox"/>			
2.6 Unit/bldg. free of GARBAGE OR DEBRIS?	<input type="checkbox"/>	<input type="checkbox"/>			

**REMARKS:** (Refer only to items shown on this side of page.)

**4. KITCHEN (continued)**

- 4.11 Is there a working OVEN & RANGE with working top burners?  YES  NO
- 4.12 Is there appropriate size REFRIGERATOR in working order.  YES  NO

**5. BATHROOM**

- 5.1 Is there at least one permanently installed LIGHT FIXTURE?  YES  NO
- 5.2 Is room free from ELECTRICAL HAZARD?  YES  NO
- 5.3 Are all WINDOWS & DOORS accessible from the outside LOCKABLE?  YES  NO
- 5.4 Are all WINDOWS in good condition?  YES  NO
- 5.5 } Are the CEILING, WALLS & FLOOR sound  
5.6 } and free from hazardous defects?  
5.7 }
- 5.8 Are all interior surfaces free of cracking, peeling & loose PAINT or adequately covered to prevent exposure to LEAD BASE PAINT?  YES  NO
- 5.9 Is there a private TOILET in working order?  YES  NO
- 5.10 Are there private BATH OR SHOWER &  
5.11 WASH BASIN, with hot and cold running WATER?  YES  NO
- 5.12 Is there an operable WINDOW OR EXHAUST FAN?  YES  NO

**6. HEATING & PLUMBING**

- 6.1 Is the HEATING EQUIPMENT capable of providing ADEQUATE heat?  YES  NO
- 6.2 Is the apartment free of any UNSAFE HEATING EQUIPMENT?  YES  NO
- 6.3 Does apartment have adequate VENTILATION?  YES  NO
- 6.4 Is HOT WATER HEATER located, equipped and installed in a safe manner?  YES  NO
- 6.5 Is PLUMBING free from major leaks or corrosion causing rust or contamination of drinking water?  YES  NO

**7. BEDROOMS & OTHER ROOMS FOR LIVING**

- 7.1 Room Code  1. Bedroom  
2. Dining Room or Area  
**Location**  
Right/Left \_\_\_\_\_ 3. 2nd Living Room & Den  
Front/Rear \_\_\_\_\_ 4. Halls, Staircase  
Floor Level \_\_\_\_\_ 5. Additional Bathroom  
6. Other \_\_\_\_\_
- 7.2 If room code 1, are there 2 WORKING OUTLETS or 1 working outlet & 1 working permanently installed LIGHT FIXTURE? If not code 1, is there means of illumination?  YES  NO
- 7.3 Is room free from ELECTRICAL HAZARD?  YES  NO
- 7.4 Are all WINDOWS in good condition? If code 1, is there at least 1 window?  YES  NO
- 7.5 Are all WINDOWS & DOORS accessible from the outside LOCKABLE?  YES  NO
- 7.6 } Are the CEILING, WALLS & FLOOR  
7.7 } sound and free from hazardous defects?  
7.8 }
- 7.9 Are all interior surfaces free of peeling, cracking & loose PAINT or adequately covered to prevent exposure to LEAD BASE PAINT?  YES  NO

**7. BEDROOMS & OTHER ROOMS FOR LIVING**

- 7.1 Room Code  Location \_\_\_\_\_
- 7.2 If room code 1, are there 2 WORKING OUTLETS or 1 working outlet & 1 working permanently installed LIGHT FIXTURE? If not code 1, is there means of illumination?  YES  NO
- 7.3 Is room free from ELECTRICAL HAZARD?  YES  NO
- 7.4 Are all WINDOWS in good condition? If code 1, is there at least 1 window?  YES  NO
- 7.5 Are all WINDOWS & DOORS accessible from the outside LOCKABLE?  YES  NO
- 7.6 } Are the CEILING, WALLS & FLOOR  
7.7 } sound and free from hazardous defects?  
7.8 }
- 7.9 Are all interior surfaces free of peeling, cracking & loose PAINT or adequately covered to prevent exposure to LEAD BASE PAINT?  YES  NO

**8. SMOKE DETECTORS**

Is there at least one battery-operated or hard-wired smoke detector in proper working condition on each level of unit?  YES  NO

If apartment is occupied by hearing-impaired persons, is there an alarm system for hearing-impaired in each bedroom occupied by a hearing-impaired person?  YES  NO

**9. LEAD PAINT**

If owner is required to cover any interior or exterior surface, has compliance certification been obtained?

If not required, check box.  
 Not Required

**OWNER CERTIFICATION**

*I certify that above property has had applicable surfaces covered as required.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Total Rooms  # Bedrooms  Family Size  Complete on This Page  Continued on Next Page

**REMARKS:**

TENANT'S SIGNATURE		DATE	Does unit meet Housing Quality Standards?	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
INSPECTED BY (Signature)	DATE	REVIEWED BY (Signature)	DATE	