TAB 3 – HOUSING INSPECTION

|  |  |  |
| --- | --- | --- |
| **Participant Name:**  | **Date Completed** | **Initials of Staff Person Completing**  |
| **Participant Move in Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Must be tracked in HMIS (through Entry pencil as Interim/Update)** |  |  |
| Unit Lease |  |  |
| Lease Review (must be completed before financial assistance requested) |  |  |
| Inspection Forms:Housing Stability Standards/ChecklistLead Screening Worksheet |  |  |
| Rent Reasonableness Comparison and Certification |  |  |
| Documentation from the Auditor’s website |  |  |

**Lease Review**

 **Participant Name:**

**About this Tool:**

This tool allows participants/tenants to summarize, in their own words, specific requirements listed in their lease that are essential to follow in order to fulfill their lease successfully and avoid eviction.

**Case Managers:** please assist RRH program participants in completing this form to help interpret the lease language if needed.

Directions: Participant/tenant must complete this form about their lease. Once completed, a copy of this form should be given to participant. It is important that participants understand their lease, because if anyone in the home (including guests), violates terms of the lease, participants can be charged extra fees or even evicted due to lease violations.

PAYING FOR MY HOME

1. How much rent do I pay each month?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How much is the security/damage deposit?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. When is my rent due each month?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Is there a grace period for my rent payment?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. If the rent is late, is there a late fee? If so, how much is the late fee & when does it start?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Where do I send my rent payment?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. What forms of payment are accepted by the landlord? (i.e. cash, check, money order, electronic payment)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. If my rent check doesn’t clear & is returned for insufficient funds, what extra fees will be added to my rent payment?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. When will the landlord begin the eviction process if rent is not paid?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. What utilities am I responsible to pay?

11. Are there any additional fees I am responsible to pay? (for example: storage, garage use fee, key deposit fee, pet deposit or monthly pet fee)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RULES FOR MY HOME

1. Who is allowed to live in my unit?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How long can someone visit me (person/s not on my lease)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Are pets allowed? If so, what kind & how many? Is there an additional fee or deposit, how much?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

4. What are the terms about noise in my unit?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Are there rules for unit cleanliness? Do I have to do any yard work?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. If something breaks in the unit, or damage is done to the unit, what am I required to do?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Can the landlord enter my unit anytime s/he wants to?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. What happens if the police are called to my unit, or someone in my household is arrested?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. What happens if someone uses illegal drugs in my unit?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. How long is my lease?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. When does my lease expire?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. What happens if I want to move before my lease is up?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. If I want to move out, how soon do I need to tell my landlord?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. I am NOT eligible to receive the security deposit if I complete the lease. Why?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing below, I attest that I have reviewed my signed lease completely and received a copy of it for my records.*

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Housing Habitability Standards**

|  |
| --- |
| About this Tool:**The standards for housing unit inspections apply only when a program participant is receiving financial assistance and moving into a new (different) unit. Inspections must be conducted upon initial occupancy and then on an annual basis for the terms of program assistance.****Habitability Standards are different from Housing Quality Standards (HQS) used for other HUD programs. HQS element criteria is a more stringent inspection criteria than Habitability Standards, thus, a grantee may use either standard. In contrast to HQS inspections, Habitability Standards do not require a certified inspector. Housing program staff may conduct housing unit inspections, using this form to document compliance.**  |

# CERTIFICATION STATEMENT

I certify that I am not a HUD certified inspector.

I have completed HUD’s online visual assessment training and am a HUD-certified visual assessor. As such, I have evaluated the property located at the address below to the best of my ability, and find the following:

[ ]  Property meets all of the element standards.

[ ]  Property does not meet all of the element standards.

Therefore, I make the following determination:

[ ]  Property is approved.

[ ]  Property is not approved.

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit #: \_\_\_\_\_ (if applicable)

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_ \_

Evaluator’s Name (PRINT): Date: \_\_\_\_\_ \_\_\_\_\_

Evaluator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Approved or Deficient** | **Element** |
| --- | --- |
|  | 1. *Structure and materials*: The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.
 |
|  | 1. *Access*: The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.
 |
|  | 1. *Space and security*: Each resident must be afforded adequate space and security for themselves and their belongings. Each resident must be provided with an acceptable place to sleep.
 |
|  | 1. *Interior air quality*: Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
 |
|  | 1. *Water Supply*: The water supply must be free from contamination.
 |
|  | 1. *Sanitary Facilities*: Residents must have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste.
 |
|  | 1. *Thermal environment*: The housing must have adequate heating and/or cooling facilities in proper operating condition.
 |
|  | 1. *Illumination and electricity*: The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire.
 |
|  | 1. *Food preparation and refuse disposal*: All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
 |
|  | 1. *Sanitary condition*: The housing and any equipment must be maintained in sanitary condition.
 |
|  | 1. *Fire safety*: Both conditions below must be met to meet this standard.
 |
|  | * 1. Each unit must include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom. If the unit is occupied by hearing-impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.
 |
|  | * 1. The public areas of all housing must be equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.
 |

**Housing Habitability Standards Inspection Checklist**

**Instructions:** Mark each statement as ‘A’ for approved or ‘D’ for deficient. The property must meet all element standards in order to be approved. A copy of this checklist should be placed in the participants file.

(Source: U.S. Department of Housing and Urban Development, Docket No. FR-5307-N-01, Notice of Allocations, Application Procedures, and Requirements for Homelessness Prevention and Rapid Re-Housing Grantees under the Recovery Act)

Lead Screening Worksheet

|  |
| --- |
| About this Tool: **This tool is intended to guide grantees through the lead-based paint inspection process to ensure compliance with the rule. Housing staff can use this worksheet to document any exemptions that may apply, whether any potential hazards have been identified, and if safe work practices and clearance are required and used. A copy of the completed worksheet, along with any additional documentation, should be kept in each program participant’s case file.**  |

# Instructions

To prevent lead-poisoning in young children, housing grantees must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. Under certain circumstances, a visual assessment of the unit is not required. This screening worksheet will help housing program staff determine whether a unit is subject to a visual assessment, and if so, how to proceed.

# Basic Information

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Program Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

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

# Part 1: Determine Whether the Unit is Subject to a Visual Assessment

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

If the answer to both of the following questions is ‘yes,’ then a visual assessment is triggered for this unit and program staff must continue to Part 2. \*\*

1. Was the leased property constructed before 1978?

[ ]  Yes [ ]  No

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

[ ]  Yes [ ]  No

\*\* If visual assessment was triggered for this unit, was a Lead Paint Brochure provided?

 [ ]  Yes Participant Initials: \_\_\_\_\_\_\_\_\_ Staff Initials: \_\_\_\_\_\_\_\_\_

# Part 2: Document Additional Exemptions

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

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

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

[ ]  Yes [ ]  No

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

[ ]  Yes [ ]  No

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

[ ]  Yes [ ]  No

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

[ ]  Yes (Obtain documentation for the case file.) [ ]  No

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

[ ]  Yes [ ]  No

 If Yes, Please describe the exemption and provide appropriate documentation of the exemption:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Part 3: Determine the Presence of Deteriorated Paint

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

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

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

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

[ ]  Yes [ ]  No

1. Were any problems with paint surfaces identified in the unit during the visual assessment?

[ ]  Yes [ ]  No (Complete Attachment A – Lead-Based Paint Visual Assessment Certification Form)

# Part 4: document the level of identified problems

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

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

1. Does the area of paint to be stabilized exceed any of the de minimus levels below?
	* 20 square feet on exterior surfaces [ ]  Yes [ ]  No
	* 2 square feet in any one interior room or space [ ]  Yes [ ]  No
	* 10 percent of the total surface area on an interior or exterior component with a small surface area, like window sills, baseboards, and trim [ ]  Yes [ ]  No

If *any* of the above are ‘yes,’ then safe work practices and clearance are required prior to clearing the unit for assistance.

# Part 5: Confirm all identified deteriorated paint has been stabilized

Program staff should work with property owners/managers to ensure that all deteriorated paint identified during the visual assessment has been stabilized. If the area of paint to be stabilized does not exceed the de minimus level, safe work practices and a clearance exam are not required (though safe work practices are always recommended). In these cases, the HCRP program staff should confirm that the identified deteriorated paint has been repaired by conducting a follow-up assessment.

If the area of paint to be stabilized exceeds the de minimus level, program staff should ensure that the clearance inspection is conducted by an independent certified lead professional. A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician. Note, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint.

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

[ ]  Yes [ ]  No

1. Have all identified problems with the paint surfaces been repaired?

[ ]  Yes [ ]  No

1. Were all identified problems with paint surfaces repaired using safe work practices?

[ ]  Yes [ ]  No

[ ]  Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

1. Was a clearance exam conducted by an independent, certified lead professional?

[ ]  Yes [ ]  No

[ ]  Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

1. Did the unit pass the clearance exam?

[ ]  Yes [ ]  No

[ ]  Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

 Note: A copy of the clearance report should be placed in the program participant’s file.

RENT REASONABLENESS COMPARISON AND CERTIFICATION

**Comparison:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Proposed Unit | **Unit #1** | **Unit #2** | **Unit #3** |
| **Address** |  |  |  |  |
| **Number of Bedrooms** |  |  |  |  |
| **Type of Unit/Construction** |  |  |  |  |
| **Housing Condition** |  |  |  |  |
| **Location/Accessibility** |  |  |  |  |
| **Utilities (type)** |  |  |  |  |
| **Unit Rent** |  |  |  |  |
| **Handicap Accessible?** |  |  |  |  |

**CERTIFICATION:**

1. **Compliance with Payment Standard:**

**Payment Standard Computation-**

 **\_\_\_\_\_\_\_\_\_\_\_\_ + \_\_\_\_\_\_\_\_\_\_\_\_ + \_\_\_\_\_\_\_\_\_\_\_\_ ÷ 3 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Unit #1 Rent Unit #2 Rent Unit #3 Rent Payment Standard**

**Proposed unit rent of $\_\_\_\_\_\_\_\_\_\_\_\_\_does not exceed applicable Payment Standard of $\_\_\_\_\_\_\_\_\_\_\_\_.**

 **B. Rent Reasonableness**

Based upon a comparison of rents for comparable units, I have determined that rent for the proposed unit [ ] is [ ] is not reasonable.

|  |  |  |
| --- | --- | --- |
| **Staff Name:** | **Signature:** | **Date:** |