



**HOUSING**  
**AUTHORITY of**  
**BALTIMORE CITY**

**COMMUNITY CUSTOMER SERVICE COLLABORATION**  
**COMMUNICATION**



**HOUSING QUALITY STANDARDS (HQS)**  
**REFERENCE GUIDE**  
**FOR HCV OWNERS**  
**2021**

# Welcome

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Dear Owner/Agent,

On behalf of the Housing Authority of Baltimore City (HABC), I want to personally thank you for participating in the Housing Choice Voucher Program (HCVP). Because of property owners like you, over 17,000 families, seniors and people with disabilities in the City of Baltimore have safe, decent, sanitary and affordable housing.

HABC relies on partnerships with property owners like you to make the HCV Program work for our clients and our communities. I hope you find HABC's Housing Quality Standards (HQS) Reference Guide helpful.

This HQS Reference Guide is designed to increase your understanding of how the HQS Inspection process works, your responsibilities as a participating HCV owner, and how to maintain your unit while under contract with HABC.

Please also visit and take advantage of the Landlord Partner Portal at <https://partners.ourpha.com/baltimorecity>, where you can access all HQS inspection data for your HCV Program units. The portal provides you with upcoming inspection dates, the status of the inspections and any HQS failure reports.

If you have any questions about HQS inspections please contact our Inspections Department at (443) 984-2219 or via email at [S8Landlord@habc.org](mailto:S8Landlord@habc.org).

Sincerely,

*Corliss Alston*

Corliss Alston, Senior Vice President  
Housing Choice Voucher Program  
Housing Authority of Baltimore City

## DISCLAIMER

The information provided in this packet is for general information purposes only and are subject to change. The information provided may not be all inclusive, and HCVP cannot be held responsible for any errors or omissions hereby providing this informational packet in good faith.

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# Overview

The Housing Choice Voucher Program (HCVP) assists low income families in leasing decent, safe, and sanitary housing at an affordable cost.

The U.S. Department of Housing and Urban Development (HUD), as authorized by law, developed Housing Quality Standards (HQS) that establish the minimum requirements housing units must meet before assistance is provided under the HCV Program.

These HQS represent the minimum requirements for determining that the housing is decent, safe and sanitary. The Housing Authority of Baltimore City (HABC) is responsible for ensuring that each unit occupied by an HCV Program Participant meets the HQS.

This HCVP HQS Reference Guide has been created to support and assist HCVP Owners with conducting pre-inspections prior to the scheduled HCVP HQS inspection. The items listed in this document do not represent all possible failures, however, they do cover items that fail frequently.

It is the owner, landlord, or property manager's responsibility to ensure that HQS repairs have been completed sufficiently and timely. Repairs determined to be insufficient, incomplete, or repairs completed with improper material will result in a failed inspection.

## HQS Reference Guide

This guide includes the general requirements that apply to each unit, room-by-room. These requirements are included in the HCVP HQS Inspection Checklist Guide (Appendix A) which owners can follow to complete a pre-HQS Inspection on their unit(s). Also included in this guide is an Inspection Result Descriptions table which will assist owners in identifying the code for the specific HQS item, along with a description, responsible party and whether or not the issue results in a pass, fail, no entry or cancelled outcome.

The general requirements include:

- A. Electrical Hazards
- B. Doors
- C. Windows
- D. Ceilings
- E. Walls
- F. Floors
- G. Lead-Based Paint

The HQS checklist includes:

- 1. Living Room
- 2. Kitchen
- 3. Bathroom
- 4. All Other rooms used for Living (dining rooms, bedrooms)
- 5. All Secondary Rooms **not** used for Living (basements, utility rooms)
- 6. Heating and Plumbing
- 7. Building Exterior
- 8. General Health and Safety

At the end of this document are appendices containing key forms and information, including:

- A. **Appendix A:** HCVP Owner HQS Inspection Checklist Guide. Owners can use this

document to complete a pre-inspection of their unit, If you have any questions about any item on the checklist please contact our Inspections Department at (443) 984-2219 or via email at [S8Landlord@habc.org](mailto:S8Landlord@habc.org).

- B. **Appendix B: Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards.** Owners can use this form to disclose any knowledge about lead-based paint hazards in their rental unit.
- C. **Appendix C: Lead-Based Paint Owner Guidance.** Information for Owner's to use as a guide to ensure that their property is in compliance with all HQS requirements related to lead-based paint.
- D. **Appendix D: Excerpts from HABC Inspection Policies and Procedures.** This section highlights key policy information about inspections and making repairs.
- E. **Appendix E: HQS Owner Self-Certification Form.** Owners in good standing can use this form to self-certify when non-emergency repairs are made. HCVP will notify owners when their inspections qualify for owner self-certification.
- F. **Appendix F: HUD Inspection Forms.** Owners can use these documents to see the details of items that will be inspected in each unit.
- G. **Appendix G: Reinspection Fee Policies.** Under certain circumstances, owners will be charged a reinspection fee. Included in this appendix are HABC's basic reinspection fee policies.

## General Requirements

### A. Electrical Hazards

The unit should be free of electrical hazards. Unacceptable conditions include (but are not limited to):

#### *Wiring and Connections*

- ✓ Exposed, uninsulated, frayed, or broken wires.
- ✓ Loose or improper electrical connections.
- ✓ Improper insulation or grounding of any component of the system, including:
  - Exposed or bare metal or copper wire(s) not covered by rubber or plastic insulation.
  - Rubber or plastic-coated electrical wiring mounted on the exterior surface of a wall or ceiling in a manner that could result in the wire being broken, cut, or otherwise damaged (wiring should be securely mounted).
  - Wiring in traffic areas that is not in a conduit.
- ✓ Electrical cords running under rugs or carpet.
- ✓ Extension cords permanently being used in any room.

#### *Outlets and Switches*

- ✓ Malfunctioning outlet that is not permanently covered.
- ✓ Missing or broken outlet or switch that has exposed electrical connections or wires.
- ✓ Missing or badly cracked outlet or switch cover plates.
- ✓ Improperly wired receptacles.

### ***Light Fixtures and Fans***

- ✓ Light fixtures or fans not securely mounted to the wall or ceiling.
- ✓ Light fixture with a missing or broken bulb, readily accessible to the tenant during the day to day use of the unit.
- ✓ Outlets wired with a lamp cord.
- ✓ Non-working light fixtures.

### ***Circuits and Fuses***

- ✓ Overloaded or over-fused circuits.
- ✓ Exposed fuse box connections.
- ✓ Open circuit breaker position not appropriately blanked off in a panel board, main panel board, or other electrical box that contains circuit breakers or fuses.
- ✓ Missing cover to any electrical device box, panel box, gear switch box, control panel, etc. where exposed electrical connections are also present.
- ✓ Any condition resulting in openings in electrical panels or electrical control device enclosures.

### ***Other Electrical Hazards***

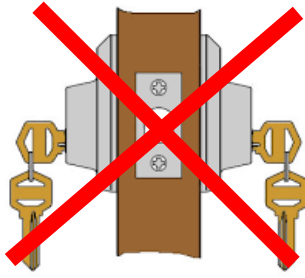
- ✓ Water leaking or ponding near any electrical device.
- ✓ Outlet or electrical heating appliance very close to a bathtub.
- ✓ Any other electrical hazard that could result in shock, fire, or immediate life-threatening condition.



## **B. Doors**

- ✓ Door hinges must work properly and not present a danger of door collapse.
- ✓ All exterior doors that provide access to/egress from the unit must be lockable.
- ✓ Door surfaces (including frames and strike plates) must be in sufficient condition to allow the door to close securely; they must also support the installation and proper operation of locks.
- ✓ No double cylinder deadbolt locks (key-in, key-out locks) will be allowed on any dwelling unit door or gate, as they do not qualify as a means of egress for HQS purposes.
- ✓ All entry doors (doors from the exterior or common areas) must be weather-tight, lockable, have no holes, and have all trim intact.
- ✓ Storm doors are not required; however, if present, they must open and close properly.
- ✓ All doors leading to the outside, common hallways, fire escapes, and porches or are otherwise accessible from the ground must have locks.
  - Note that all exterior doors (including the door from the garage to the living area) must have a doorknob and a deadbolt lock. Chain or bolt locks alone are not acceptable.





## C. Windows

- ✓ Window surfaces (including frames) must be in sufficient condition to support the installation and proper operation of locks.
- ✓ Damaged or deteriorated sashes must be replaced.
- ✓ All windows on the first floor, at basement level, on a fire escape, porch, or other outside space that can be reached from the ground (that is, windows with sills less than six feet from the ground) must have a working locking device.
  - Note that any windows leading to a fire escape or required to meet ventilation requirements or to be openable for sleeping room purposes may not be permanently nailed shut.
  - A lockable combination storm/screen window with a non-lockable inside window is acceptable.
- ✓ Any window security bars must be equipped with a quick release system; security bars that require a key will not be approved.
- ✓ Any skylights present must close, and lock as designed.
- ✓ Windows must be weather tight. Dangerously loose, cracked, or missing/broken panes are not acceptable if they present a safety hazard or cause drafts.
- ✓ Windows that open must be able to stay up on their own and close completely.
- ✓ Storm windows are not required; however, if present, they must open and close properly.
- ✓ If screens are present, they must be in good condition without large holes or cutting hazards.



## D. Ceilings

- ✓ Ceilings should not show signs of bulging, buckling, or cracking.
- ✓ Large holes or falling material are not acceptable.
- ✓ Ceilings should be free of major leaks. Related damage causing the decay of the ceiling material must be corrected.
- ✓ All tiles in drop ceiling must be in place and properly secured.
- ✓ Ceilings must be clean, dry, and free from mold, mildew, and/or fungus.



## E. Walls

- ✓ Exterior walls must be weather tight. Holes large enough to cause the unit not to be weather tight are not acceptable.
- ✓ Gaps, including around pipes, must be appropriately filled to prevent entrance by pests.
- ✓ In areas where plaster or drywall is sagging, severely cracked or otherwise damaged, it must be repaired or replaced.
- ✓ Walls must be free from any serious defects such as large holes or cracks; severe bulging, leaning, sagging, and/or buckling, loose or damaged structural members; and falling or missing pieces of masonry.
  - The resident is responsible for damages to the unit or premises caused by a household member or guest beyond normal wear and tear.
- ✓ Walls must be clean, dry and free from mold, mildew, and/or fungus.
- ✓ Doorstops are recommended to protect walls but not required.



## F. Floors

- ✓ Floors must be free of any serious defects including large holes, loose surface materials, buckling, or other serious damage (including major movement under walking stress).
- ✓ Floors must be free of any tripping hazards such as raised edges or open seams.
- ✓ Any loose or warped boards must be secured and made level.
- ✓ All living areas must have a standard floor and covering; all floors must be in a finished state (no plywood).



## G. Lead-Based Paint

- ✓ Known lead-based paint hazards must be disclosed to prospective tenants before the lease is signed. **Appendix B: Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**
- ✓ Stabilize deteriorated painted surfaces and conduct hazard reduction activities within 30 days when identified by HABC.
  - Notify tenants each time such an activity is performed.
  - Conduct all work in accordance with HUD safe practices.
- ✓ Maintain housing without deteriorated paint.
  - Ask the family to report any deteriorated paint.
- ✓ Complete the Lead-Based Paint Owner's Certification.
- ✓ Lead-based paint requirements may be found at:
  - [24 CFR 35, Subpart A](#),
  - [24 CFR 35, Subpart B](#),
  - [24 CFR 35, Subpart M](#), and
  - [24 CFR 35, Subpart R](#).

## H. Asbestos

- ✓ An HCVP Inspector conducts a visual assessment of the unit and its common areas for any signs of asbestos or other observable deficiencies.
- ✓ Initial Inspections – if asbestos is detected in a unit that is undergoing an initial inspection, the owner is given 15 days to have the asbestos removed. HABC will inspect the unit and prepare a Removal Report and Air Testing Report to verify that the asbestos has been removed.
  - Existing HCV Unit: If asbestos is detected, a 24hr notice is issued to the owner. The owner is responsible for hiring a licensed professional asbestos removal company to conduct removal and air testing in the unit. The Removal Report and the Air Testing Report must be sent to the HCVP Inspections office upon completion.

## Room-by-Room Guide

### 1. Living Room

#### *1.1 Living Room*

##### *Is there a living room?*

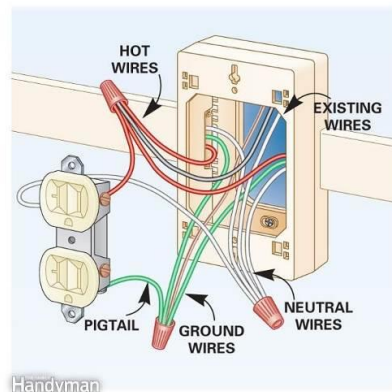
- ✓ If the unit is an efficiency apartment, owners can consider that the living space is a living room. Otherwise, living room must be present.



## 1.2 Living Room Electricity

*Are there at least two working outlets or one working outlet and one working light fixture? If additional outlets are present, do they work properly and, if not, are they permanently covered?*

- ✓ There must be at least two working, properly installed outlets or one working, properly installed outlet and one permanently installed light fixture that is securely mounted on the wall or ceiling.
- ✓ If additional outlets are present in the room, they must be properly installed and either work correctly or be permanently covered.



## 1.3 Living Room Electrical Hazards

*Is the room free from electrical hazards?*

- ✓ See General Requirements, Electrical Hazards for unacceptable conditions.

## 1.4 Living Room Security

*Are all windows and doors that are accessible from the outside lockable? If storm doors are present, do they open and close properly?*

- ✓ See General Requirements, Doors.
- ✓ See General Requirements, Windows.

## 1.5 Living Room Window Condition

*Is there at least one window? If the living room is to be used as a sleeping room, is the*

*window operable and unblocked? Are all windows free of signs of severe deterioration or missing or broken out panes? If designed to do so, do windows open and close correctly?*

- ✓ See General Requirements, Windows.

**Additionally:**

- ✓ A living room must have at least one window.
- ✓ If the room is to be used as a sleeping room, the window must be operable and unblocked. *An emergency escape must be provided.*

**1.6 Living Room Ceiling Condition**

*Is the ceiling sound and free from hazardous defects? Is the ceiling free of leaks and/or leak damage?*

- ✓ See General Requirements, Ceilings.

**1.7 Living Room Wall Condition**

*Are the walls sound and free from hazardous defects?*

- ✓ See General Requirements, Walls.

**1.8 Living Room Floor Condition**

*Is the floor sound and free from hazardous defects? Is the room free of any tripping hazard present (loose carpet, raised floors, missing tiles etc.)?*

- ✓ See General Requirements, Floors.

**1.9 Living Room Lead-Based Paint**

*Are all painted surfaces free of deteriorated paint? If no, do the deteriorated surfaces exceed De Minimis levels: two square feet and/or more than 10% of a small component (door frame, windowsills, handrail, etc.)?*

- ✓ See General Requirements, Lead-Based Paint.



## 2. Kitchen

### 2.1 Kitchen Area Present

*Is there a kitchen in the unit?*

- ✓ 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).
- ✓ For units that have additional amenities that are not required (dishwasher, garbage disposal, etc.) *amenities will still be required to be operational.*



### 2.2 Kitchen Electricity

*Is there at least one working outlet and one working, permanently installed light fixture? If additional outlets are present, do they work properly, and if not, are they permanently covered?*

- ✓ There must be at least one properly installed and working outlet.
- ✓ There must be at least one working, permanently installed light fixture that is securely mounted to the ceiling or wall.
- ✓ Outlets cannot be substituted for a permanently installed light fixture.
- ✓ If additional outlets are present in the room, they must be properly installed and either work correctly or be permanently covered.

### 2.3 Kitchen Electrical Hazards

*Is the kitchen free from electrical hazards?*

- ✓ See General Requirements, Electrical Hazards for unacceptable conditions.

**Additionally:**

- ✓ Outlets located in a wet area (within six feet of a water source) must be GFCI protected.

### 2.4 Kitchen Security

*Are all windows and doors that are accessible from the outside lockable? If storm doors are present, do they open and close properly?*

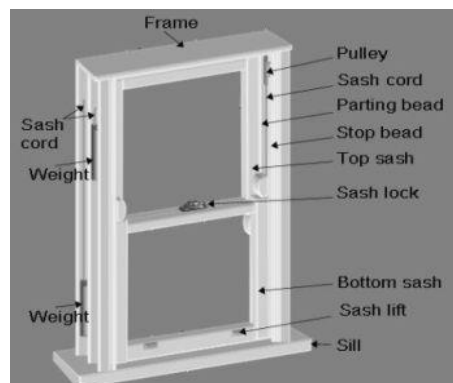
- ✓ See General Requirements, Doors.
- ✓ See General Requirements, Windows.



### 2.5 Kitchen Window Condition

*If there are windows, are they free of signs of deterioration or missing or broken out panes?*

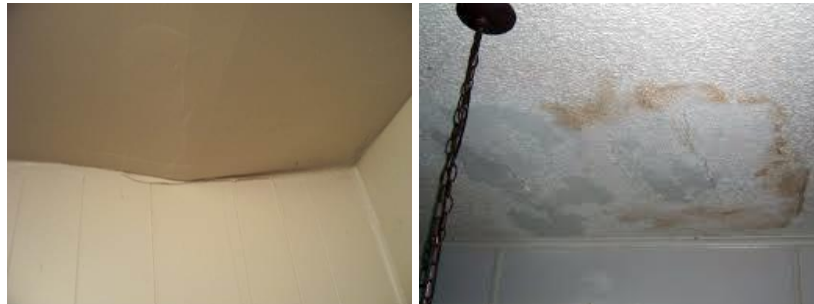
- ✓ A kitchen window (or vent) is not required to pass HQS; however, if present, it must meet the criteria under General Requirements, Windows.



## **2.6 Kitchen Ceiling Condition**

*Is the ceiling sound and free from hazardous defects? Is the ceiling free of leaks and/or leak damage?*

- ✓ See General Requirements, Ceilings.



## **2.7 Kitchen Wall Condition**

*Are the walls sound and free from hazardous defects?*

- ✓ See General Requirements, Walls.

## **2.8 Kitchen Floor Condition**

*Is the floor sound and free from hazardous defects? Is the room free of any tripping hazard present (loose carpet, raised floors, missing tiles, etc.)?*

- ✓ See General Requirements, Floors.

## **2.9 Kitchen Lead-Based Paint**

*Are all painted surfaces free of deteriorated paint? If no, do the deteriorated surfaces exceed De Minimis levels: two square feet and/or more than 10% of a small component (door frame, windowsills, handrail, etc.)?*

- ✓ See General Requirements, Lead-Based Paint.



## **2.10 Stove or Range with Oven**

*Is there a working stove or range with oven with top burners that work? If no stove or range with oven 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)? Is the stove or range with oven free from missing parts and/or hazards?*

- ✓ All stove burners and the oven must work.
- ✓ Any gas oven or burner that requires a match to light due to soil, grease, or need of



repair will not pass.

- ✓ The stove cook top, range hood filter, venting system and areas surrounding the oven must be clean and free from grease.
- ✓ Stove or range is free of gas leaks, hazardous gas hook-ups (evidenced by a strong gas smell), and/or electrical hazards.
- ✓ Hot plates are not acceptable.
- ✓ All operating knobs must be present.
- ✓ Stove or range is not missing door handles.
- ✓ Oven seals must be present, intact, and in working order.



## 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? Is the refrigerator free from electrical hazards?*

- ✓ The refrigerator must be provided by the owner or resident.
- ✓ It must work, be an adequate size relative to the needs of the family and maintain a temperature low enough so that food does not spoil over a reasonable period of time (including some capability for storing frozen goods).
- ✓ It must not present an electrical hazard.
- ✓ Refrigerator seals/gasket must be present and intact, allowing the doors to close fully.



## 2.12 Kitchen Sink

*Is there a kitchen sink that works with hot and cold running water? Is the sink properly connected with a working drain that has a gas trap? Is the sink and hardware free from major defects?*

- ✓ There must be a permanently attached sink in the kitchen area.
- ✓ The sink must have running hot and cold water that is properly connected with a working drain (connected to an approved water and sewer system) that has a gas trap.

- ✓ The sink must be free of major leaks which can result in water loss and damage to the unit.
- ✓ The sink must have a water shut off valve unless faucets are wall mounted.



### ***2.13 Kitchen Space for Storage, Preparation and Serving of Food***

*Is there space to store, prepare, and serve food? Do the countertops and cabinets have finished surfaces that are free from defect?*

- ✓ The unit provides space for storage and preparation of food.
- ✓ Space is defined as pantries or cabinets with shelving.
- ✓ If there is no built-in space, a portable storage cabinet and table can be provided.
- ✓ The space is adequate based on family size.
- ✓ Countertops and cabinets must have finished surfaces that are free from major defects.



## **3. Bathroom**

### ***3.1 Bathroom Present***

*Is there a bathroom? Is it in proper working condition and adequate for personal cleanliness and disposal of human waste? Are the sanitary facilities usable in privacy?*

- ✓ At a minimum each unit must have a toilet, washbasin (with a gas trap), and tub/shower.

- The toilet must be a flush toilet and in operating condition;
- Both the washbasin and the tub/shower must have running hot and cold water and be connected to an approvable disposal system.
- ✓ The bathroom must be in the unit, free of health and sanitary problems, afford privacy (generally a door, but no lock is required) and be for the exclusive use of the unit's occupants.
- ✓ Most units have easily identifiable bathrooms (i.e., a separate room with toilet, washbasin and tub or shower). In some cases, units may have scattered bathroom facilities (i.e., toilet, washbasin, and tub or shower located in separate parts of the unit).



### 3.2 Bathroom Electricity

*Is there at least one permanently installed light fixture? If additional outlets are present, do they work properly, and if not, are they permanently covered?*

- ✓ There must be at least one working, permanently installed light fixture that is securely mounted to the ceiling or wall. No separate outlet is required.
- ✓ Outlets cannot be substituted for a permanently installed light fixture.
- ✓ Any outlet present in the room must be properly installed and either work correctly or be permanently covered.

### 3.3 Bathroom Electrical Hazards

*Is the bathroom free from electrical hazards?*

- ✓ See General Requirements, Electrical Hazards for unacceptable conditions.
- ✓ Additionally, outlets located in a wet area (within six feet of a water source) must be GFCI protected.
  - This includes bathroom light fixtures with an outlet.



### **3.4 Bathroom Security**

*Are all windows and doors that are accessible from the outside lockable? If storm doors are present, do they open and close properly?*

- ✓ See General Requirements, Doors.
- ✓ See General Requirements, Windows.

### **3.5 Bathroom Window Condition**

*Is there at least one window or properly working ventilation system, and if present, are all windows free of signs of severe deterioration or missing or broken out panes? Do windows open and close properly?*

- ✓ Absence of a window in a bathroom does not fail unless there is no other working ventilation system; however, if it is present, it must meet the criteria under General Requirements, Windows.



### **3.6 Bathroom Ceiling Condition**

*Is the ceiling sound and free from hazardous defects? Is the ceiling free of leaks and/or leak damage?*

- ✓ See General Requirements, Ceilings.

### **3.7 Bathroom Wall Condition**

*Are the walls sound and free from hazardous defects?*

- ✓ See General Requirements, Walls.

### **3.8 Bathroom Floor Condition**

*Is the floor sound and free from hazardous defects? Is the room free of any tripping hazards (raised floors, missing tiles, etc.)? Is the room free from severe floor damage caused by water from the tub, shower, or toilet?*

- ✓ See General Requirements, Floors.

### 3.9 Lead-Based Paint

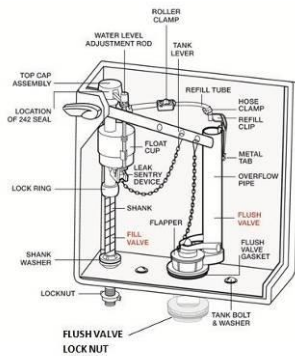
*Are all painted surfaces free of deteriorated paint? If no, do the deteriorated surfaces exceed De Minimis levels: two square feet and/or more than 10% of a small component (door frame, windowsills, handrail, etc.)?*

- ✓ See General Requirements, Lead-Based Paint.



### 3.10 Flush Toilet in Enclosed Room

*Is there a working toilet in the unit for the exclusive, private use of the tenant?*



- ✓ Toilet is located in a separate room inside the unit.
- ✓ Tenant has exclusive use of the toilet. Shared facilities, which are used by other occupants are not acceptable.
- ✓ Toilet is free of clogging.
- ✓ Toilet properly flushes and shows no signs of leakage.
- ✓ Toilet is connected to an acceptable drainage system and water supply.
- ✓ Toilet is free of chips or broken pieces that can result in a cutting hazard.
- ✓ Toilet is secured to the floor.
- ✓ All worn or cracked toilet seats and tank lids must be replaced, and toilet tank lid must fit properly.
- ✓ Must have a water shut off valve.

### 3.11 Fixed Wash Basin

*Is there a working, permanently installed wash basin with hot and cold running water in the unit? Is the sink properly connected with a working drain that has a gas trap? Does the sink show no signs of severe leakage?*



- ✓ Must be permanently installed.
- ✓ Can be located separate from bathroom facilities but is present within the unit; however, a kitchen sink is not acceptable for this purpose.
- ✓ Must be connected to a system that delivers hot and cold water and properly connected to a drainage system.
- ✓ Must contain a gas trap.
- ✓ Show no signs of severe leakage.
- ✓ Must have a water shut off value unless faucets are wall mounted.

### ***3.12 Tub and Shower***

*Is there a working tub or shower with hot and cold running water in the unit? Is the tub or shower properly connected to a drainage system and gas trap? Is the tub or shower surface free of deterioration? Are the faucets free of leaks, and do they work properly?*



- ✓ Unit must contain tub or shower.
- ✓ If the unit features both shower and tub, all features must work correctly.
- ✓ Tub/shower must be connected to a system that delivers hot and cold water and properly connected to a drainage system and gas trap.
- ✓ Tub/shower can be located outside the bathroom facilities but must be private.
- ✓ Tubs are free of chips, breaks or any cutting hazards.
- ✓ Faucets should be free of severe leaks and work properly.

### ***3.13 Ventilation***

*Are there operable windows or a working vent system? If a skylight is present, is it able to be opened?*



- ✓ If there are no operable windows or skylights, the bathroom must include a working ventilation system (non-mechanical vents, electric fans).
- ✓ Windows and skylights must meet the criteria under General Requirements, Windows.

## **4. Other Rooms Used for Living (Bedrooms, Dining Rooms, Dens)**

### ***4.1 Bedrooms (or other rooms used for sleeping)***

***Are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If additional outlets are present, do they work properly, and if not, are they permanently covered?***

- ✓ There must be at least two working, properly installed outlets or one working, properly installed outlet and one permanently installed light fixture that is securely mounted on the wall or ceiling.
- ✓ If additional outlets are present in the room, they must be properly installed and either work correctly or be permanently covered.
- ✓ Bedrooms must have a separate entrance (cannot pass through one room to reach another), accessible directly from the shared spaces of the unit, and be equipped with at least a passage lockset.
- ✓ Every bedroom in the unit must contain at least one operable window. Skylights are not considered windows for this purpose.
- ✓ Minimum bedroom ceiling height is 7'6" or as defined by local code.
- ✓ Bedrooms in attics are not allowed unless they meet local code requirements and must have adequate ventilation and emergency exit capability.
- ✓ A bedroom can be located in the basement only if it meets the following conditions:
  - There must be four-season controlled air through properly functioning HVAC system.
  - There must be an unobstructed window with allowable light through 75% of the masonry opening.
  - There must be a minimum ceiling height of 84in (or 7ft) clear headroom. Structural obstructions (beams, ventilation, piping, soffits, etc.) must be limited to less than 30% of the square footage of the ceiling and cannot protrude below 76in.

### ***4.2 Additional Rooms used for Living (walked through/lived in regularly): Illumination***

***Is there at least one means of natural or artificial illumination?***

- ✓ Other Rooms used for living may include:
  - Dining Room or Dining Area in center of the unit.
  - Second Living Room, Family Room, Den, Playroom, TV Room.
  - Entrance Halls, Corridors, Halls, Staircases.
- ✓ Acceptable means of illumination include a light fixture, a wall outlet to serve a lamp, a window in the room, or adequate light from an adjacent room.
- ✓ If outlets are present in the room, they must be properly installed and either work correctly or be permanently covered.



#### ***4.3 Other Rooms: Electrical Hazards***

*Is the room free from electrical hazards?*

- ✓ See General Requirements, Electrical Hazards for unacceptable conditions.

#### ***4.4 Other Rooms: Security***

*Are all windows and doors that are accessible from the outside lockable? If storm doors are present, do they open and close properly?*

- ✓ See General Requirements, Doors.
- ✓ See General Requirements, Windows.

**Additionally:**

- ✓ Please note closet doors are not required; however, if present, they must open and close properly.



#### ***4.5 Other Rooms: Window Condition***

*Are all windows free of signs of severe deterioration or missing or broken-out panes?*

- ✓ See General Requirements, Windows.



**Additionally:**

- ✓ There must be at least one window in each sleeping room.
- ✓ If there is only one window, it should be free of blockage.
- ✓ Sleeping room windows must open and close if designed to do so.



***4.6 Other Rooms: Ceiling Condition***

***Is the ceiling sound and free from hazardous defects? Is the ceiling free of leaks and/or leak damage?***

- ✓ See General Requirements, Ceilings.

***4.7 Other Rooms: Wall Condition***

***Are the walls sound and free from hazardous defects?***

- ✓ See General Requirements, Walls.



***4.8 Other Rooms: Floor Condition***

***Is the floor sound and free from hazardous defects? Is the room free of any tripping hazard present (loose carpet, raised floors, missing tiles, etc.)?***

- ✓ See General Requirements, Floors.



#### **4.9 Lead-Based Paint**

*Are all painted surfaces free of deteriorated paint? If no, do deteriorated surfaces exceed De Minimis levels: two square feet and/or more than 10% of a small component (door frame, windowsills, handrail, etc.)?*

- ✓ See General Requirements, Lead-Based Paint.



## **5. All Secondary Rooms Not Used for Living (Basements, Utility Rooms)**

### **5.1 Basements**

- ✓ Should be free of significant debris (i.e. an amount that cannot be picked up by an individual within one to two hours).
- ✓ If basement is accessed regularly, handrails must reach from top to bottom step (full length of the stairs).
- ✓ Smoke detectors should be placed on the bottom of any exposed beam, if applicable.
- ✓ Smoke detectors must be in close proximity to the stairway leading to the floor above.

### **5.2 Security**

*Are all windows and doors that are accessible from the outside lockable? If storm doors are present, do they open and close properly?*

- ✓ See General Requirements, Doors.
- ✓ See General Requirements, Windows.

### **5.3 Electrical Hazards**

*Are all these rooms free from electrical hazards?*

- ✓ See General Requirements, Electrical Hazards for unacceptable conditions.

**Additionally:**

- ✓ Owners should verify junction box or electrical boxes are not missing components, such as knockout plugs and connectors.
- ✓ Any outlet present in the room must be properly installed and either work correctly or be permanently covered.

#### ***5.4 Other Potential Hazards***

*Are all of these rooms free of any other potentially hazardous features?*

- ✓ Walk surfaces pose no tripping hazards.
- ✓ Space is free of large holes or entry points for pests.
- ✓ Space is free of major leaks or drain blockage.
- ✓ Space is free of standing water or flooding.
- ✓ Space is free of protruding nails or other objects in walls, floors, and/or ceilings.
- ✓ Any windows or doors are not in seriously deteriorated condition.
- ✓ There is no evidence of imminent structural collapse.



## **6. Building Exterior**

### ***6.1 Condition of the Foundation***

*Is the foundation sound and free from hazards?*



- ✓ Inspectors may ask for engineer's report for structural damage.
- ✓ The foundation must not have any serious defects such as serious leaning, buckling, sagging, large cracks or holes, or defects that may result in air infiltration or vermin infestation.
- ✓ Foundation has no large sections of crumbling brick, concrete, or stone.

- ✓ There are no signs of structural instability indicated by evidence of major recent settling.
- ✓ There is no undermining of footings, walls, posts, or slabs.
- ✓ There is no major deterioration of wood support members resulting from water damage or termites.
- ✓ Unit shows no signs of significant entry of ground water.

## **6.2 Conditions of Stairs, Rails, Porches**

### ***Are all the exterior stairs, rails, and porches sound and free from hazards?***

- ✓ Stairways: Handrails are required on sections of four or more consecutive steps. Handrails must be secure. No broken, rotting, or missing steps or boards.
- ✓ A balcony or porch 30 inches or more above the ground requires a railing around it.
- ✓ Porch Roof shows no signs of sagging.
- ✓ Handrails and guardrails are secured and graspable.
- ✓ Exterior stairs should be free of faults that can result in tripping or falling.
- ✓ Porch should be free of rotted joist.
- ✓ Porch columns must be sound and secure.



## **6.3 Condition of Roof and Gutters**

### ***Are the roof, gutters, and downspouts sound and free from hazards?***

- ✓ The roof must be structurally sound and weather-proof (no leaks or holes).
- ✓ The roof has no serious buckling or sagging, indicating the potential for structural collapse.
- ✓ The roof has no large holes or other defects that would allow significant amounts of water or air to enter the unit.
- ✓ There is no water damage to interior ceiling or walls (indicating leaks).
- ✓ Gutters and downspouts are not required to be present, however, if they are, they must work correctly and be free from hazards. If the unit shows signs of interior damage due to missing or damaged gutters or downspouts, they must be replaced or repaired.

- ✓ Bargeboards, fascia boards, soffits and other components are secured and free of decay, which can result in water infiltration.



#### ***6.4 Condition of Exterior Surfaces***

***Are exterior surfaces sound and free from hazards?***



- ✓ The exterior wall structure and surface must not have any serious defects such as serious leaning, buckling, sagging, large holes or cracks, falling or missing pieces of masonry, or defects that may result in air and/or water infiltration or vermin infestation.
- ✓ Exterior drain caps and vent caps are not missing.
- ✓ Concrete driveways, sidewalks, and patios should not have large cracks or uneven surfaces. Uneven surfaces are a tripping hazard. A gradual slope from the lower to the higher section, which effectively eliminates the tripping hazard, would normally be an acceptable remedy.
- ✓ Lighting: All public hallways, stairs, and exit ways must have adequate lighting at all times.

#### ***6.5 Condition of Chimney***

***Is the chimney sound and free from hazards?***



- ✓ Chimney shows no signs of leaning.
- ✓ Chimney is free of blockage.
- ✓ There are no missing bricks and/or mortar or deterioration of the chimney.
- ✓ Chimney should be free of falling bricks.
- ✓ Any metal chimney parts must fit tightly and/or be properly attached.

### ***6.6 Lead-Based Paint-Building Exterior***

*Are all painted surfaces free of deteriorated paint? If no, do deteriorated surfaces exceed 20 sq. ft. of total exterior surface area (De Minimis level)?*

- ✓ See General Requirements, Lead-Based Paint.



## **7. Heating and Plumbing**

### ***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?*



- ✓ Heating equipment must be capable of maintaining a room temperature of 70 degrees in all habitable rooms, directly or indirectly.
- ✓ Heat is required when the outside temperature is below 60 degrees, or when the temperature inside the unit is below 65 degrees.
- ✓ Example of acceptable indirect heating: Shared heating register between the living room and dining room with a large opening arch way connecting both.
- ✓ Portable space heaters or kitchen stoves with built-in heaters will not be approved as a primary heating source.
- ✓ Electric heat sources must be permanently installed and controlled by a separate thermostat.
- ✓ Furnace filters must be clean at the time of inspection.

## ***7.2 Safety of Heating Equipment***

***Is the unit free hazards that create the potential for fire, explosion, or the escape of gas fumes or unvented gases into the living area? Are the system, ducts, and fixtures free of damage that lead to heating being non-existent or inadequately distributed?***

- ✓ Improper operating conditions, including all conditions that may be unsafe, such as broken or damaged source vents, flues, exhausts, gas or oil lines that create a potential fire hazard or threats to health and safety are not permitted.
- ✓ There are no escaping gases from disconnected or broken vent pipes.
- ✓ There are no unvented fuel burning space heaters (electric heaters are acceptable).
- ✓ There are no improper fuel storage and supply lines.
- ✓ Fuel storage tanks must be raised off the floor and have a shut-off valve located at the base of the tank.
- ✓ Fuel lines running across floors must be protected.
- ✓ There are no fuel leaks (check for excessive fuel oil stains).
- ✓ Fuel tanks must be vented and filled from outside the unit.
- ✓ A gas burning furnace must have a manual shut-off device.
- ✓ There is no combustible material around furnace.
- ✓ There is a proper vent, and no improper flue or chimney.
- ✓ A flue pipe and collar fits tightly against the wall.
- ✓ There is adequate clearance of combustible materials around the flue.
- ✓ The flue properly directs from furnace to a chimney and is sealed where it enters the chimney.
- ✓ Heating equipment is properly installed and maintained.
- ✓ There is no heavy build-up of soot and creosote around the chimney or flue.
- ✓ There is an adequate source of clear return air in the forced warm air system.
- ✓ Return air must be drawn from an area separate from the furnace area.

- ✓ There are no major leaks in radiators or duct work that may promote heat loss and affect the heating device's capability to satisfactorily heat all habitable rooms in the unit. A gap in duct work of one inch or more would constitute a FAIL rating.
- ✓ There must be combustion air provisions for a gas water heater or gas furnace located in an enclosed space.



### **7.3 Ventilation and Cooling**

*Does the unit have adequate ventilation and cooling by means of openable windows or a working cooling system?*



- ✓ Any current cooling equipment (fan, air conditioning, central air) must work correctly and safely, and be free of leakage.
- ✓ Window air conditioners are not allowed in sleeping rooms with one window.
- ✓ If no cooling or ventilation system is present, all windows must open and meet the requirements under General Requirements, Windows.
- ✓ Air conditioning is not required but is considered an amenity. Owners are responsible to maintain any air conditioning they provide in working order throughout the term of the HAP contract.

### **7.4 Water Heater**

*Is the water heater accessible (required during inspection)? Is the water heater located, equipped, and installed in a safe manner? Does the water consist of a TPR and discharge pipe? Is the water heater free from leaks?*

**Whether gas or electric, a water heater must have:**

- ✓ A temperature pressure relief (TPR) valve.
- ✓ A discharge pipe constructed of an approved material, such as CPVC, copper, black iron, galvanized steel, or other material permitted by local code.
  - The discharge pipe shall extend from the valve downward to 6 inches from the



floor.

- The discharge pipe must be the same size as the TPR valve outlet, example ¾”.
- ✓ No valve, restriction or reducer coupling of any type should be installed between the TPR and the tank or in the discharge pipe.



### ***Gas water heater requirements:***



- ✓ No gas water heaters are allowed in bedrooms or other living areas unless properly enclosed; vented to code to supply combustion air; and have an enclosure door.
- ✓ Gas water heater closet doors must be in reasonably good condition, with tight hinges, and door must be properly vented.
- ✓ Water heater area must be free of debris and combustible material and liquids.
- ✓ Storage of any items in the gas heater closet is not allowed.
- ✓ Do not install insulation blankets at the bottom of gas water heaters or allow them to sag, restricting the combustion air to the bottom of the heater. This could result in an unsafe operating condition.
- ✓ There must be a sufficient clearance around the vent hood (vent connector) from combustible material, as established by local code.
- ✓ Water heater flue should be on an upward pitch.
- ✓ There must be no gas and/or water leakage.
- ✓ The water heater must not present a flooding danger.
- ✓ There must be no seriously cracked or broken vent pipes on gas-fired water heaters that allow by-products of combustion gases to escape into the unit.
- ✓ There must be proper flues (with clearance from combustible materials) for venting exhaust gases, sealed where they enter the chimney if applicable.
- ✓ There must be no tag by the utility company indicating an unsafe condition.

**Electric water heater requirements:**



- ✓ Water heater closet doors must be in reasonably good condition, with tight hinges.
- ✓ Storage of any items in the heater closet is not allowed unless the heater was designed and listed or approved for installation adjacent to combustible materials.
- ✓ There must be no water leakage or flooding danger.
- ✓ There must be no tag by the utility company indicating an unsafe condition.

**7.5 Water Supply**

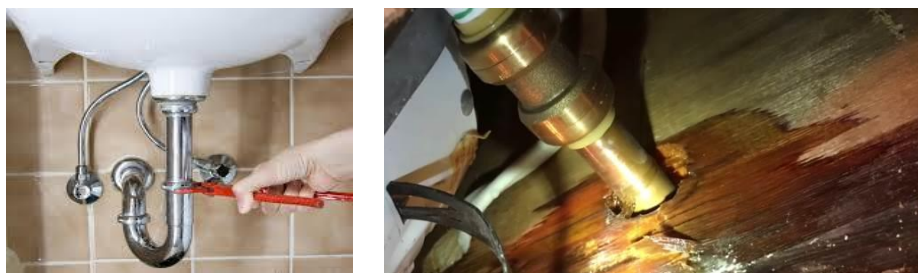
*Is the unit served by an approvable sanitary water supply?*

- ✓ The unit is connected to a municipal water system.



**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?*



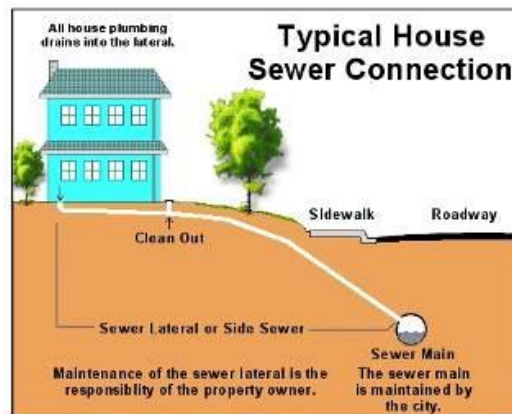
- ✓ Determine that the plumbing is free from major leaks or corrosion that causes serious

- and persistent levels of rust or contamination of the drinking water.
- ✓ There is no evidence of severe leaking from the water supply and waste lines (e.g., feed lines and drain lines).
- ✓ The water from the faucets is clear, indicating the absence of corrosion and rust.
- ✓ All plumbing fixtures (sinks, tubs, toilets, washers, etc.) must be equipped with a gas trap.

### 7.7 Sewer Connection

*Is plumbing connected to an approvable disposal system, and is it free from sewer back-up?*

- ✓ Verify the structure is connected to the city sewage system.
- ✓ Property shall be free of sewage backup.
- ✓ Owners shall check areas around the house to see if it shows signs of a backup.
- ✓ Strong gas or sewage odor is considered evidence of a backup.



## 8. General Health & Safety

### 8.1 Access to the Unit

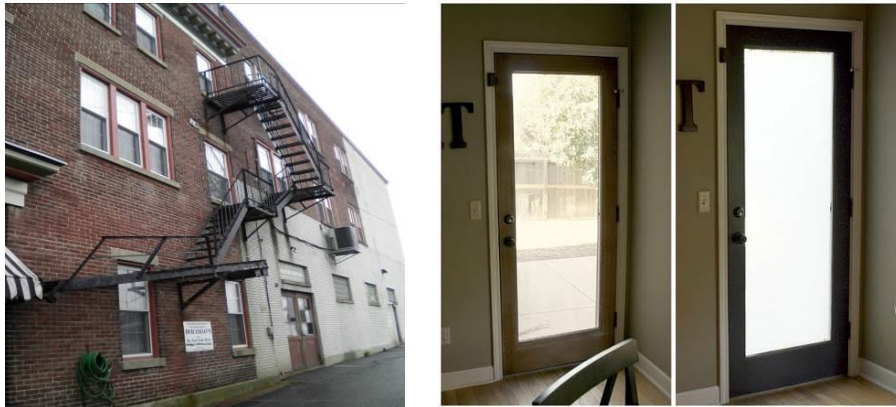
*Can the unit be entered without having to go through another unit?*



- ✓ The resident must have direct access to his/her own unit. Units which can only be accessed by passing through another dwelling unit will not pass an HQS inspection.
- ✓ “In-law” apartments (areas not separated from the main area of the dwelling unit) are not approvable.

## 8.2 Exits

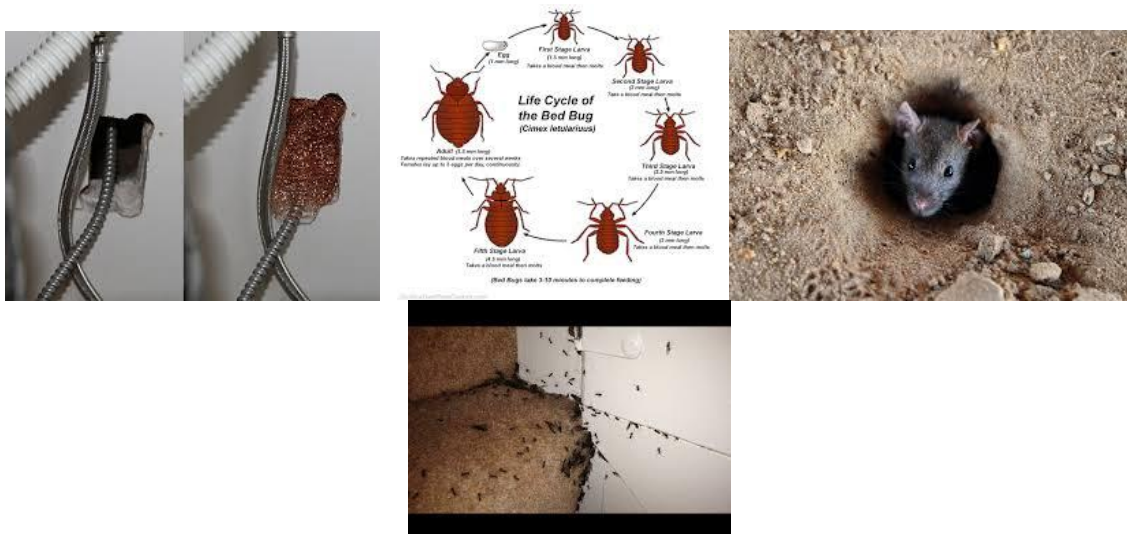
*Is there an acceptable fire exit from this building that is not blocked?*



- ✓ The building must have an alternative means of exit that meets local or state regulations in case of a fire, which can include:
  - An openable window if the unit is located on the first or second floor.
  - Back door opening on the porch that leads to the ground.
  - Bedrooms on the second floor or higher must have a fire escape, fire ladder, or fire stairs for multi-family buildings. These must be stable and secure.
  - If the unit has sleeping room(s) on third floor or higher, and the family is eligible to use the room(s) for sleeping, there must be a safe method of escape in the case of fire (i.e. chain ladder).
  - Access or passage through another unit (i.e., by balcony), may be acceptable if there is a complete firewall between the units.
- ✓ Blocked means of egress will fail. Ensure belongings do not block egresses (e.g., window air conditioning units, dressers, and/or headboards blocking windows).

## 8.3 Infestation

*Is the unit free from rats or severe infestation by mice or vermin?*



- ✓ The unit must be free from severe (i.e. serious and persistent) infestation of roaches or other vermin, and any infestation of rats.

- ✓ Evidence of infestation includes but is not limited to sightings, droppings, and large rat holes.
- ✓ The owner is responsible even if the infestation is caused by the family's living habits. However, if such infestation(s) are serious and/or repeated it may be considered a lease violation and the owner may terminate the lease agreement.
- ✓ If a unit fails due to bed bug infestation and/or rat infestation, a receipt from a licensed exterminator must be left to show proof of extermination.
- ✓ ***Rat infestation is considered an emergency failure and will have to be corrected within 24 hours of the inspection.***

#### ***8.4 Garbage and Debris***

***Is the unit free from heavy accumulation of garbage or debris inside and outside?***



- ✓ Whether inside or outside, any amount of heavy accumulation of garbage or debris that is designated by the Inspector as a hazardous condition must be removed. Heavy accumulations mean large piles of trash, garbage, discarded furniture, and/or debris which cannot be picked up by an individual within one to two hours.
- ✓ Certain types of materials are hazardous such as old batteries or containers of car oil; or items that could attract pests such as old tires, old appliances, unused oil tanks, and/or inoperative vehicles that the Inspector designates a blight or trash.

#### ***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?***



- ✓ Unit shall contain adequate cover facilities, such as trash cans with lids, garbage chutes, dumpsters with lids.

#### ***8.6 Interior Stairs and Common Halls***

***Are interior stairs and common halls free from hazards to the occupant (e.g. loose, broken, or missing steps on stairways; absent or insecure railings; inadequate lighting; or other hazards)?***

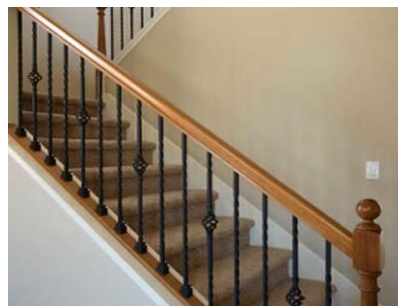


- ✓ There are no loose, missing or broken steps.
- ✓ Handrail is secure and extends from bottom step to top step where there are four or more consecutive steps, and guardrails/handrails are present on open side.
- ✓ The handrail does not have a large number of missing sections of vertical railing (balusters).
- ✓ There is no falling hazard (such as ripped, torn, or frayed stair coverings) or accumulation of objects or debris on stairs.
- ✓ The stairway has adequate lighting, including floor treads and risers.
- ✓ There are no electrical hazards.
- ✓ Floor surface is free of cutting and tripping hazards, including ripped, torn, or frayed stair coverings such as carpets or mats.
- ✓ Cracked or damaged stringers must be repaired or replaced.

### ***8.7 Interior - General***

***Is the interior of the unit free from any other hazard not specifically identified previously?***

- ✓ Walk surfaces pose no tripping hazards.
- ✓ Space is free of broken fixtures with jagged edges.
- ✓ Space is free of doors in danger of falling due to broken hinges.
- ✓ Space is free of holes or entry points for pests.
- ✓ Space is free of major leaks or drain blockage.
- ✓ Space is free of standing water or flooding.
- ✓ Space is free of protruding nails or other objects in walls, floors, and/or ceilings.
- ✓ Any windows or doors are not in seriously deteriorated condition.
- ✓ There is no evidence of imminent structural collapse.



### ***8.8 Elevators***

***If there are one or more elevators, do all elevators have a current inspection certificate? Are they working and safe?***

### ***8.9 Interior Air Quality***

*Is the unit free from abnormally high levels of air pollution from carbon monoxide, vehicular exhaust, sewer gas, fuel gas, dust, or other harmful pollutants?*



- ✓ An abnormally high level of pollutants is defined as a condition when pollutants are consistently present and constitute a health hazard.
- ✓ Owners should ensure that air is free of fumes and gases, as well as dangerous air pollution levels from carbon monoxide and other harmful pollutants.
- ✓ Smoke smells from past fires can result in failed HQS inspections.
- ✓ Adequate air circulation is required.

### ***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?*

- ✓ The site and neighborhood should be reasonably free from:
  - Disturbing noises and reverberations or other dangers to health, safety, and general welfare of the occupants.
- ✓ The site and neighborhood should not be subject to serious adverse environmental conditions such as:
  - Dangerous walks or steps
  - Instability
  - Flooding
  - Poor drainage
  - Evidence of mud slides or large land settlement or collapse
  - Septic tank back-ups or open sewage
  - Abnormal air pollution, smoke, or dust that seriously endangers health (“abnormal” is defined as continuing throughout the year)
  - Excessive noise, continuous or excessive vibration caused by vehicular traffic
  - Excessive accumulations of trash
  - Vermin or rodent infestations
  - Unprotected heights
  - Fire hazards
- ✓ The site should not be near other buildings, on or near the property, that pose serious health or safety hazards (e.g., a dilapidated shed or garage with a potential for collapse).
- ✓ In addition, neighboring homes that are abandoned, boarded or have trash accumulation may prevent your unit from being approved for the HCVP.

### ***8.11 Smoke Detectors***

*Is there a working smoke detector on each level and in the immediate vicinity of each separate sleeping area? Do the smoke detectors meet the requirements of National Fire Protection Association (NFPA) Standard 74 or its successors (currently NFPA 72)? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?*



- ✓ At least one battery-operated or hard-wired smoke detector must be present and working on each level of the unit, including the basement. In split-level units (i.e., adjacent levels with less than one full story separation), a smoke detector installed in the upper level will suffice for the adjacent lower level unless there is a door between one level and the adjacent lower level.
- ✓ Smoke detectors placed on wall must be placed between 4” to 12” from ceiling. If the wall or ceiling could be considerably warmer or colder than the room (such as a poorly-insulated ceiling below an unfinished attic or an exterior wall), the detector must be mounted on an interior wall.
- ✓ Smoke detectors on ceilings must be placed more than 4” from wall.
- ✓ Hardwired smoke detectors must be on an unswitched portion of a branch circuit or on a dedicated branch circuit.
- ✓ Do not place smoke detectors in or near kitchens, bathrooms, or supply registers of a forced air heating or cooling system.
- ✓ Do not install smoke detectors in areas subject to extreme hot or cold temperatures.
- ✓ Place smoke detectors in hallways adjacent to bedrooms.
- ✓ In rooms with ceiling slopes more than one foot of rise per eight feet, the detector must be on the high side of the room.
- ✓ A smoke detector in a stairwell must be placed to ensure that smoke rising in the stairwell cannot be prevented from reaching the detector because of an intervening door or obstruction.
- ✓ A smoke detector placed in a basement must be in close proximity to the stairway leading to the floor above.
- ✓ In areas where joists are exposed, smoke detectors must be placed on the underside of the joist, not in between.
- ✓ Unless specifically listed for this purpose, detectors may not be located closer than three feet from the door to a kitchen or bathroom containing a tub or shower, or supply registers of a forced air heating or cooling system.
- ✓ Each detector must make an alarm that is clearly audible in all bedrooms over background noise with all intervening doors closed. Audibility is based upon the noise created by all household equipment that would be in operation at night (such as window air conditioners and room humidifiers).
- ✓ In new construction, there must be a smoke detector in each sleeping room. If more than one detector is required, they must be arranged so that the operation of any detector will cause all other detectors to alarm.
- ✓ Detectors must have an alarm with a minimum dBA rating consistent with current NFPA requirements.
- ✓ If the unit is occupied by persons with hearing disabilities, smoke detectors must have an alarm system, designed for persons with hearing disabilities (strobe light smoke detector), in each bedroom occupied by persons with hearing disabilities. The visual alarm must comply with current NFPA illumination requirements.



## 8.12 Carbon Monoxide Detectors

*Is there a working carbon monoxide detector located on each level of the unit, and in the immediate vicinity of each sleeping area?*



- ✓ In Baltimore City, a carbon monoxide detector must be installed outside every sleeping area in all dwellings with fuel-burning appliances.
- ✓ A "dwelling" includes all rental units, houses, homeless shelters, hotels, and other places where people sleep.
- ✓ In rental units, it is the landlord's responsibility to install a carbon monoxide detector, but the resident's responsibility to maintain it.

## 8.13 Lead-Based Paint

*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 HABC?*

- ✓ See General Requirements, Lead-Based Paint.

## Inspection Result Descriptions

| Result                | Description   | Responsible Party | Classification |
|-----------------------|---|-------------------|----------------|
| F05                   | Owner - 1st Non-Life Threatening Violations             | Owner             | Fail           |
| F05/F08               | Owner/Tenant- 1st Non-Life Threatening Violations       | Owner/Tenant      | Fail           |
| F06                   | Owner - 1st Life Threatening Violations - 24 Hour       | Owner             | Fail           |
| F06/F09               | Owner/Tenant- 1st Life Threatening Violations - 24 Hour | Owner/Tenant      | Fail           |
| F08                   | Tenant - 1st Non-Life Threatening Violations            | Tenant            | Fail           |
| F09                   | Tenant - 1st Life Threatening Violations                | Tenant            | Fail           |
| F12                   | Owner - 2nd Non-Life & Life Threatening Violations      | Owner             | Fail           |
| F12/F13               | Owner/Tenant - 2nd Life Threatening Violations          | Owner/Tenant      | Fail           |
| F13                   | Tenant - 2nd Non & Life Threatening Violations          | Tenant            | Fail           |
| F16                   | Owner/Tenant - 1st Attempt No Entry                     | Owner/Tenant      | No Entry       |
| F17                   | Owner/Tenant - 2nd Attempt No Entry                     | Owner/Tenant      | No Entry       |
| F18                   | Site & Neighborhood fail                                | Owner             | Fail           |
| P01                   | 1st Pass  | Owner/Tenant      | Pass           |
| P03                   | Owner - 2nd Pass (re-inspection)                        | Owner             | Pass           |
| P04                   | Tenant - 2nd Pass (re-inspection)                       | Tenant            | Pass           |
| P05                   | Owner Pass - Self Certify                               | Owner             | Pass           |
| P06                   | Conditional Owner Pass - Winter Waiver                  | Owner             | Pass           |
| Vacant Unit           | Vacant Unit   | Owner/Tenant      | Fail           |
| Owner/Tenant Declined | USED FOR INITIAL INSPECTION ONLY                        | Owner             | Cancelled      |
| Tenant - No Entry     | USED FOR SPECIAL INSPECTION ONLY                        | Tenant            | No Entry       |
| Unit Not Ready        | USED FOR INITIAL INSPECTION ONLY                        | Owner             | Fail           |
| F05/F06               | Owner - 1st Non-Life & Life Threatening Violations      | Owner             | Fail           |
| F05/F06/F08           | Owner/Tenant 1st Non-Life Threatening Violations        | Owner/Tenant      | Fail           |
| F12/F24               | Owner 2nd Life & Non-Life Threatening Violations        | Owner             | Fail           |
| F12/P04               | Owner Fail 2nd Non-Life & Life - Tenant Pass            | Owner             | Fail           |
| F24                   | Owner 2nd Life Threatening Violation - 24 Hour          | Owner             | Fail           |
| P03/P04               | Owner/Tenant - 2nd Pass                                 | Owner/Tenant      | Pass           |
| P24                   | Owner - 24 Hour Pass Only                               | Owner             | Pass           |
| NCA                   | No Cause for Action - Special Inspection                |                   |                |

## Acronyms

| No | Acronym | Description                          |
|----|---------|--------------------------------------|
| 1. | EBLL    | Elevated Blood Lead Level            |
| 2. | HAP     | Housing Assistance Payment           |
| 3. | HCV     | Housing Choice Voucher               |
| 4. | HQS     | Housing Quality Standards            |
| 5. | LP      | Liquefied Petroleum                  |
| 6. | NFPA    | National Fire Protection Association |
| 7. | RFTA    | Request for Tenancy Approval (form)  |
| 8. | TPV     | Temperature Pressure Relief          |

## Glossary

1. **24-Hour Pass, 30-Day Notice:** For emergency items that have been corrected and approved, remaining repairs must be completed within 30 days of the initial fail.
2. **24-Hour Repair:** Items which endanger family health and well-being must be abated (housing assistance payments subsided/stopped) or repaired within 24 hours after notification. HABC will not grant an extension to this time frame. Once an HQS emergency violation has been abated (subsided/stopped), if further repair is still needed, the repair item will be treated as a non-emergency repair. If the emergency conditions are not abated or repaired within 24 hours, HABC will stop Housing Assistance Payments no later than the first of the month following the specified correction period or terminate the HAP contract, or in the case of family-caused HQS failures, take prompt and vigorous action to enforce the family's obligations.
3. **Abatement (rent):** The ending of housing assistance payments while a unit does not comply with HQS. No retroactive payments will be made to the owner for the period of time the **rent** was **abated**, and the unit did not comply with **HQS**. HAP abatements start the first day following a failed or inconclusive re-inspection.
4. **Above Minimal:** A paint failure where deterioration is above the De Minimis level.
5. **Annual/Biennial Inspection:** HABC will inspect each unit under lease at least biennially to confirm the unit continues to meet HQS. Biennial inspection frequency means that the unit must be inspected at least once in a 24-month period. Annual inspection means that the unit must be inspected at least once in a 12-month period. When the term "regular inspection" is used it refers to annual and biennial inspections.
6. **Bedroom:** A bedroom by definition is a private room or chamber to accommodate sleeping of at least one person. There is no minimum square foot requirement. However, as a general rule approximately 70 square feet is considered a base line, but no bedroom should be smaller than 60 square feet. All bedrooms must have access directly from public spaces through a door that has at a minimum a passage lockset. All bedrooms must have exposure to the exterior with a functioning window. Rooms with a skylight and no functioning window will not be considered bedrooms. All bedrooms must have adequate electrical service.
7. **Clearance Testing:** An activity conducted following lead-based paint hazard reduction activities to determine that the hazard reduction activities are complete and that no soil-lead hazards or settled dust-lead hazards exist in the dwelling unit or worksite. The clearance process includes a visual assessment and collection and analysis of environmental samples.
8. **Common Area:** A portion of a residential property that is available for use by occupants of more than one dwelling unit. Such an area may include, but is not limited to, hallways, stairways, laundry and recreational rooms, playgrounds, community centers, on-site day care facilities, garages, and boundary fences.
9. **Complaint Inspection:** A special inspection that may be requested by the owner, the family, or a third party as a result of problems identified between annual inspections.

10. **Den:** A den by definition is a public multi-purpose room and is not intended to be a private chamber or bedroom. Its uses are, but not limited to - family room, playroom, library, study or home office. The minimum square footage requirements are at the discretion of the HCVP Inspections Manager. Dens can have electrical service and direct exposure to sunlight by window and/or doors. Dens cannot be used interchangeably as bedrooms.
11. **De Minimis Levels:** Safe work practices are not required when maintenance or hazard reduction activities do not disturb painted surfaces that total more than:
  - a. 20 square feet (2 square meters) on exterior surfaces;
  - b. 2 square feet (0.2 square meters) in any one interior room or space; or
  - c. 10 percent of the total surface area on an interior or exterior type of component with a small surface area. Examples include windowsills, baseboards, and trim.
12. **Deteriorated Paint:** Any interior or exterior paint or other coating that is peeling, chipping, chalking, or cracking, or any paint or coating located on an interior or exterior surface or fixture that is otherwise damaged or separated from the substrate.
13. **Dwelling Unit:** A single-family dwelling, including attached structures such as porches and stoops, or a housing unit in a structure that contains more than one separate housing unit, and in which each such unit is used or occupied, or intended to be used or occupied, in whole or in part, as the home or separate living quarters of one or more persons.
14. **Elevated Blood Lead Level (EBLL):** A confirmed concentration of lead in whole blood of a child under age six (6) equal to or greater than the concentration in the most recent guidance published by the U.S. Department of Health and Human Services (HHS), which recommends the threshold at which an environmental investigation must be conducted.
15. **Housing Assistance Payments (HAP):** A housing subsidy is paid to the landlord directly by HABC on behalf of a family participating in the HCV Program. The family then pays the difference between the actual rent charged by the landlord and the amount subsidized by the program.
16. **Housing Assistance Payments Contract (HAP Contract):** The written agreement between HABC and the owner of a unit occupied by a Housing Choice Voucher Program participant.
17. **Housing Choice Voucher (HCV):** A document issued by HABC to a family selected for admission to the voucher program.
18. **Housing Choice Voucher Program (HCVP):** A federally funded program administered by HABC for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market.
19. **Housing Quality Standards (HQS):** Standards and criteria by which HABC determines that a rental unit is in decent, safe, and sanitary condition. All units must meet the standards before assistance can be paid on behalf of a family and at least biennially throughout the term of the assisted tenancy. HQS regulations provide performance requirements and acceptability criteria to meet each performance requirement.
20. **Initial Inspection:** An inspection conducted on an unoccupied unit, in response to a request from the family to approve a unit for participation in the HCV program. The unit must pass the HQS inspection before the effective date of the HAP Contract.

21. **Lead-Based Paint:** Paint or other surface coatings that contain a concentration of lead above the threshold established by Federal, State, or Local law.
22. **Liquefied Petroleum Gas (LP Gas):** Gas that is in liquid form when stored under pressure.
23. **National Fire Protection Association (NFPA) 72:** Code that covers the application, installation, location, performance, inspection, testing, and maintenance of fire alarm systems, supervising station alarm systems, public emergency alarm reporting systems, fire warning equipment and emergency communications systems (ECS), and their components.
24. **No Entry (NE):** Occurs when the inspector visits the subject unit but is unable to gain access to complete the inspection. Multiple NE's can result in abatement or termination of client assistance.
25. **Parging:** A thin coat of a cementitious or polymeric mortar applied to concrete or masonry for refinement of the surface.
26. **Temperature Pressure Relief (TPR) Valve:** Safety device installed on water heating appliances that is designed to automatically release water in the event that pressure or temperature in the water tank exceeds safe levels.
27. **Unit Not Ready:** A pre-contract initial inspection that has any of the following conditions will result in a "Unit Not Ready" result. HABC reserves the right to modify this definition as needed to for consistency with HUD regulations and HABC policy.
  - a. Unit under construction
  - b. No essential services (water, hot water, electricity, gas)
  - c. Major plumbing issues
  - d. Missing or non-working appliances (except in those cases where tenant supplies)
  - e. Rat infestation
  - f. Excessive violations (15 or more violations cited)
  - g. Boarded or missing windows
  - h. Mold, asbestos
  - i. Unauthorized Occupants / Squatters
28. **Work as Designed or Functions as Designed:** Equipment or features installed should operate the intended way of the manufacture. Aspects of the unit that are not functioning the way it was intended, will result in a failure. Example: *if a house window can only be left open by placing a book underneath because the window cannot otherwise stay open on its own, it does not operate as it was designed.*

## Appendix A: HCVP Owner HQS Inspection Checklist Guide

This checklist is a guide for owners who lease units through the Housing Authority of Baltimore City's Housing Choice Voucher (HCV) Program. Use of this checklist will help owners prepare their units to ensure that they meet HQS standards for the HCV Program.

| Room               | Description        | What to check?  | Yes / No / N/A   |
|--------------------|--------------------|---|--|
| <b>Living Room</b> |                    |   |  |
| 1.1                | Living Room        | Is there a Living Room?   | <input type="checkbox"/> <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"/> |
|                    |                    | If additional outlets are present, do they work properly and, if not, are they permanently covered?   | <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"/> <input type="checkbox"/> |
|                    |                    | If storm doors are present, do they open and close properly?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 1.5                | Window Condition   | Is there at least one window?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|                    |                    | If the living room is to be used as a sleeping room, is the window operable and unblocked?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|                    |                    | Are all windows free of signs of severe deterioration or missing or broken out panes?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|                    |                    | If designed to do so, do windows open and close correctly?  | <input type="checkbox"/> <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"/> <input type="checkbox"/> |
|                    |                    | Is the ceiling free of leaks and/or leak damage?  | <input type="checkbox"/> <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"/> <input type="checkbox"/> |
| 1.8                | Floor Condition    | Is the floor sound and free from hazardous defects?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|                    |                    | Is the room free of any tripping hazard present (loose carpet, raised floors, missing tiles etc.)?  | <input type="checkbox"/> <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"/> <input type="checkbox"/> |
|                    |                    | If no, do the deteriorated surfaces exceed two square feet and/or more than 10% of a small component (door frame, windowsills, handrail, etc.)? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <b>Kitchen</b>     |                    |   |  |
| 2.1                | Kitchen Area       | Is there a kitchen?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 2.2                | Electricity        | Is there at least one working outlet and one working, permanently installed light fixture?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|                    |                    | If additional outlets are present, do they work properly, and if not, are they permanently covered?   | <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"/> |
|                    |                    | Are outlets located in a wet area (within six feet of a water source) GFCI protected?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

| Room            | Description   | What to check?  | Yes / No / N/A   |
|-----------------|---|---|--|
| 2.4             | Security  | Are all windows and doors that are accessible from the outside lockable?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|                 |   | If storm doors are present, do they open and close properly?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 2.5             | Window Condition                                    | If there are windows, are they free of signs of deterioration or missing or broken out panes?   | <input type="checkbox"/> <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"/> <input type="checkbox"/> |
|                 |   | Is the ceiling free of leaks and/or leak damage?  | <input type="checkbox"/> <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"/> <input type="checkbox"/> |
| 2.8             | Floor Condition                                     | Is the floor sound and free from hazardous defects?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|                 |   | Is the room free of any tripping hazard present (loose carpet, raised floors, missing tiles, etc.)?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 2.9             | Lead-Based Paint                                    | Are all painted surfaces free of deteriorated paint?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|                 |   | If no, do deteriorated surfaces exceed two square feet and/or less than 10% of a small component (door frame, windowsills, handrail, etc.)? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 2.10            | Stove or Range with Oven                            | Is there a working stove or range with oven with top burners that work?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|                 |   | If no stove or range with oven are present, is there a microwave oven?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|                 |   | If microwave is owner-supplied, do other tenants have microwaves instead of a stove or range with oven?                                     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|                 |   | Is the stove or range with oven free from missing parts and/or hazards?   | <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"/> |
|                 |   | Is the refrigerator free from electrical hazards?   | <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"/> |
|                 |   | Is the sink properly connected with a working drain that has a gas trap?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|                 |   | Is the sink and hardware free from major defects?   | <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"/> |
|                 |   | Do the countertops and cabinets have finished surfaces that are free from defect?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <b>Bathroom</b> |   |   |  |
| 3.1             | Bathroom  | Is there a bathroom?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|                 |   | Is it in proper working condition and adequate for personal cleanliness and disposal of human waste?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|                 |   | Are the sanitary facilities usable in privacy?  | <input type="checkbox"/> <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"/> |
|                 |   | If additional outlets are present, do they work properly, and if not, are they permanently covered?   | <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"/> |
|                 |   | Are outlets located in a wet area (within six feet of a water source) GFCI protected?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |



| Room  | Description                           | What to check?   | Yes / No / N/A   |
|---|---------------------------------------|--|--|
| 3.4   | Security                              | Are all windows and doors that are accessible from the outside lockable?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|   |                                       | If storm doors are present, do they open and close properly?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 3.5   | Window Condition                      | Is there at least one window or properly working ventilation system, and if present, are all windows free of signs of severe deterioration or missing or broken out panes? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|   |                                       | Do windows open and close properly?  | <input type="checkbox"/> <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"/> <input type="checkbox"/> |
|   |                                       | Is the ceiling free of leaks and/or leak damage?   | <input type="checkbox"/> <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"/> <input type="checkbox"/> |
| 3.8   | Floor Condition                       | Is the floor sound and free from hazardous defects?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|   |                                       | Is the room free of any tripping hazard present (loose carpet, raised floors, missing tiles, etc.)?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 3.9   | Lead-Based Paint                      | Are all painted surfaces free of deteriorated paint?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|   |                                       | If no, do the deteriorated surfaces exceed two square feet and/or more than 10% of a small component (door frame, windowsills, handrail, etc.)?                            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 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"/> |
|   |                                       | Is the toilet free of clogging and leaking?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|   |                                       | Does the toilet flush properly, and is it connected to an acceptable drainage system and water supply with a shut off valve?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|   |                                       | Is the toilet free of other hazardous conditions?  | <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"/> |
|   |                                       | Is the sink properly connected with a working drain that has a gas trap?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|   |                                       | Is the sink free of leaking?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 3.12  | Tub or Shower in Unit                 | 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"/> |
|   |                                       | Is the tub or shower properly connected to a drainage system and gas trap?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|   |                                       | Is the tub or shower surface free of deterioration?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|   |                                       | Are the faucets free of leaks, and do they work properly?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|   |                                       | If faucets are not wall mounted, is a water shut-off valve present?  | <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"/> |
|   |                                       | If a skylight is present, is it able to be opened?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <b>Supplemental: Other Rooms Used for Sleeping/Living and Halls</b>               |                                       |  |  |
| <b>NOTE: Recommended to use a copy of this page for each sleeping/living room</b> |                                       |  |  |
|   | <b>Other Rooms</b>                    | <b>Other Room Being Evaluated</b>  |  |
|   |                                       | <input checked="" type="checkbox"/> Dining Room or Dining Area<br><input checked="" type="checkbox"/> Second Living Room, Family Room, Den, Playroom, TV Room              | <input type="checkbox"/> <input type="checkbox"/>                          |
|   |                                       |  | <input type="checkbox"/> <input type="checkbox"/>                          |

| Room   | Description   | What to check?   | Yes / No / N/A   |
|--|---|--|--|
|  |   | <input checked="" type="checkbox"/> Entrance Halls, Corridors, Halls, Staircases<br><br>Other: _____   | <input type="checkbox"/> <input type="checkbox"/>  |
| 4.1  | <b>Bedrooms (or any room used for sleeping)</b>             | Are there at least two working outlets or one working outlet and one working, permanently installed light fixture?<br><br>If additional outlets are present, do they work properly, and if not, are they permanently covered?<br><br>Is there at least one openable window (not a skylight)?<br><br>Is there a separate entrance, accessible from the shared spaces of the unit and equipped with a passage lockset?<br><br>NOTE: Bedrooms located in attics or basements are subject to additional requirements. Please see Section 4.1 of this document for details. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 4.2  | <b>Other Rooms: Electricity/Illumination</b>                | Is there a means of illumination?<br><br>If additional outlets are present, do they work properly, and if not, are they permanently covered?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 4.3  | <b>Other Rooms: Electrical Hazards</b>                      | Is the room free from electrical hazards?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 4.4  | <b>Other Rooms: Security</b>                                | Are all windows and doors that are accessible from the outside lockable?<br><br>If storm doors are present, do they open and close properly?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 4.5  | <b>Other Rooms: Window Condition</b>                        | 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  | <b>Other Rooms: Ceiling Condition</b>                       | Is the ceiling sound and free from hazardous defects?<br><br>Is the ceiling free of leaks and/or leak damage?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 4.7  | <b>Other Rooms: Wall Condition</b>                          | Are the walls sound and free from hazardous defects?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 4.8  | <b>Other Rooms: Floor Condition</b>                         | Is the floor sound and free from hazardous defects?<br><br>Is the room free of any tripping hazard present (loose carpet, raised floors, missing tiles, etc.)?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 4.9  | <b>Lead-Based Paint</b>                                     | Are all painted surfaces free of deteriorated paint?<br><br>If no, do deteriorated surfaces exceed two square feet and/or more than 10% of a small component (door frame, windowsills, handrail, etc.)?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| <b>All Secondary Rooms (Rooms not used for living, i.e., basement)</b> |   |  |  |
|  | <b>None</b> <input type="checkbox"/><br><b>Go to Part 6</b> |  |  |
| 5.1  | <b>Basement</b>   | Is the basement free of significant debris (i.e. an amount that cannot be picked up by an individual within one to two hours)?<br><br>If basement is accessed regularly, do handrails reach from top to bottom step (full length of the stairs)?<br><br>Is basement free of any other potentially hazardous features?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 5.2  | <b>Security</b>   | Are all windows and doors that are accessible from the outside lockable?<br><br>If storm doors are present, do they open and close properly?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 5.3  | <b>Electrical Hazards</b>                                   | Are all these rooms free from electrical hazards?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |

| Room                               | Description                                   | What to check?  | Yes / No / N/A   |
|------------------------------------|---|---|--|
| 5.4                                | <b>Other Potentially Hazardous Features</b>   | Are all of these rooms free of any other potentially hazardous features?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| <b>Building Exterior</b>           |   |   |  |
| 6.1                                | <b>Condition of Foundation</b>                | Is the foundation sound and free from hazards? (Large holes, crumbling bricks, structural instability, etc.)  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 6.2                                | <b>Condition of Stairs, Rails and Porches</b> | Are all the exterior stairs, rails, and porches sound and free from hazards?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 6.3                                | <b>Condition of Roof and Gutters</b>          | Are the roof, gutters, and downspouts sound and free from hazards?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 6.4                                | <b>Condition of Exterior Surfaces</b>         | Are exterior surfaces sound and free from hazards?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 6.5                                | <b>Condition of Chimney</b>                   | Is the chimney sound and free from hazards?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 6.6                                | <b>Lead-Based Paint: Exterior Surfaces</b>    | Are all painted surfaces free of deteriorated paint?<br><br>If no, does deteriorated surfaces exceed 20 sq. ft. of total exterior surface area?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| <b>Heating &amp; Plumbing</b>      |   |   |  |
| 7.1                                | <b>Adequacy of Heating Equipment</b>          | Is the heating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 7.2                                | <b>Safety of Heating Equipment</b>            | Is the unit free from unvented fuel burning space heaters or any other types of unsafe heating conditions?<br><br>Are all flues free of deterioration?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 7.3                                | <b>Ventilation and Adequacy of Cooling</b>    | Does the unit have adequate ventilation and cooling by means of openable windows or a working cooling system?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 7.4                                | <b>Water Heater</b>                           | Is the water heater accessible (required during inspection)?<br><br>Is the water heater located, equipped, and installed in a safe manner?<br><br>Does the water consist of a TPR and discharge pipe?<br><br>Is the water heater free from leaks? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 7.5                                | <b>Water Supply</b>                           | Is the unit served by an approvable sanitary water supply?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 7.6                                | <b>Plumbing</b>                               | Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 7.7                                | <b>Sewer Connection</b>                       | Is plumbing connected to an approvable public or private disposal system, and is it free from sewer back-up?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| <b>General Health &amp; Safety</b> |   |   |  |
| 8.1                                | <b>Access to Unit</b>                         | Can the unit be entered without having to go through another unit?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 8.2                                | <b>Exits</b>                                  | Is there an acceptable fire exit from this building that is not blocked?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 8.3                                | <b>Evidence of Infestation</b>                | Is the unit free from rats or severe infestation by mice or vermin?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 8.4                                | <b>Garbage and Debris</b>                     | Is the unit free from heavy accumulation of garbage or debris inside and outside?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 8.5                                | <b>Refuse Disposal</b>                        | Are there adequate covered facilities for temporary storage and disposal of food wastes, and are they approvable by a local agency?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 8.6                                | <b>Interior Stairs and Common Halls</b>       | Are interior stairs and common halls free from hazards to the occupant (e.g. 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                                | <b>Other Interior Hazards</b>                 | Is the interior of the unit free from any other hazard not specifically identified previously?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |

| Room | Description                                  | What to check?   | Yes / No / N/A   |
|------|--|--|--|
| 8.8  | <b>Elevators</b>                             | If there is a one or more elevators, do all elevators have a current inspection certificate?<br><br>Are they working and safe?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 8.9  | <b>Interior Air Quality</b>                  | Is the unit free from abnormally high levels of air pollution from carbon monoxide, vehicular exhaust, sewer gas, fuel gas, dust, or other harmful pollutants?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 8.10 | <b>Site and Neighborhood Conditions</b>      | Are the site and immediate neighborhood free from conditions which would seriously and continuously endanger the health or safety of the residents?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 8.11 | <b>Smoke Detectors</b>                       | Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74 (See Section 8.11 for details)?<br><br>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"/><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 8.12 | <b>Carbon Monoxide Detectors</b>             | Is there a working carbon monoxide detector installed on every level of the unit, including the basement?<br><br>Are working detectors located outside of each sleeping area?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 8.13 | <b>Lead-Based Paint: Owner Certification</b> | If the owner of the unit is required to correct any deteriorated paint or lead-based paint hazards at the property, has the Lead-Based Paint Owner's Certification been completed, and received by HABC?<br><br>If the owner was not required to correct any deteriorated paint or lead-based paint hazards, check "no". | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |

## **Appendix B: Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

The [Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards](#) appears on the following page.

**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

**Lead Warning Statement**

*Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.*

**Lessor's Disclosure**

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) \_\_\_\_\_ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Lessee's Acknowledgment (initial)**

(c) \_\_\_\_\_ Lessee has received copies of all information listed above.

(d) \_\_\_\_\_ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

**Agent's Acknowledgment (initial)**

(e) \_\_\_\_\_ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

|                 |               |                 |               |
|-----------------|---------------|-----------------|---------------|
| _____<br>Lessor | _____<br>Date | _____<br>Lessor | _____<br>Date |
| _____<br>Lessee | _____<br>Date | _____<br>Lessee | _____<br>Date |
| _____<br>Agent  | _____<br>Date | _____<br>Agent  | _____<br>Date |

## Appendix C: Lead-Based Paint Owner Guidance

The guidance below is for information purposes only and can be used to assist owners in better understanding housing quality standard (HQS) requirements related to lead-based paint. For more information on lead-based paint, please refer to Maryland's Department of the Environment website on *Lead Information for Rental Owners* which can be found at <https://mde.maryland.gov/programs/LAND/LeadPoisoningPrevention/Pages/rentalowners.aspx>. The website includes important lead-based paint notices, information on compliance and FAQ for rental property owners.

**The statements below include various unit conditions and outcomes which owners may claim regarding lead-based paint at their respective properties.**

- The described property, including dwelling units, common areas and exterior painted surfaces, has been found to be free of lead-based paint by a certified lead-based paint inspector. The lead-based paint inspector's report is either attached or has already been provided to HABC.
- The described property was inspected by a certified lead-based paint inspector and lead-based paint was identified. All identified lead-based paint has been removed from the property, and the reports of the lead-based paint inspector and the certified lead-based paint abatement supervisor are attached or have already been provided to HABC.
- Ongoing lead-based paint maintenance activities have been incorporated into regular building operations in accordance with 24 CFR 35.1355(a).
- Corrective action to address lead-based paint hazards at the described property that were required by HABC to meet HQS have been completed in accordance with all requirements established by 24 CFR Part 35.
- Owner is compliant with the applicable requirements under the Maryland Lead Law, Title 6, Subtitle 8, of the Environment Article, Annotated Code of Maryland.

**The statements below do not apply when paint stabilization is below de minimus levels.**

- The work was completed by person(s) trained to conduct lead-based reduction activities or was supervised by a certified lead-based paint abatement supervisor.
- Occupants of the dwelling unit(s) and their belongings were protected during the course of the work.
- The lead hazard worksite was properly prepared and maintained during the course of their work.
- A person certified to conduct clearance testing performed a clearance test and the results indicate that clearance was achieved.
- Occupants have been properly notified of the results of any lead-based paint hazard evaluation and reduction, including the results of the clearance testing.

## Appendix D: Excerpts from HABC Inspection Policies and Procedures

### TYPES OF INSPECTIONS

There are six types of inspections HABC will perform:

- **Pre-Contract:** Conducted upon HABC's receipt of a Request for Tenancy Approval form.
- **Annual/Biennial:** Is conducted on an annual or biennial basis to confirm the unit continues to meet HQS. Biennial inspection frequency means that the unit must be inspected at least once in a 24-month period. Annual inspection means that the unit must be inspected at least once in a 12-month period.
- **Follow-Up or Re-Inspection:** Follow-up for failed, incomplete or an unable-to-conduct inspections; not required on self-certified items.
- **Special/Complaint:** At request of the owner, family or an agency or third-party.
- **Move-out/Vacate:** At the request of the landlord to document tenant damages.
- **Quality Control:** Concurrent or within 45 calendar days of the previously completed inspection.

### SELF-CERTIFICATION

HABC will allow owners to self-certify units which have a record of meeting inspection standards, for minor non-health and safety related violations remedied and documented within a restricted timeframe.

Self-certification is the process by which a landlord remedies a violation and obtains the voucher holder's signature as confirmation that the violation was corrected without the need for an inspector to return to the property for a second inspection.

HABC will determine if a unit is eligible for self-certification. Health and safety violations will not be considered for self-certification. Units that are not under contract will not be eligible for self-certification until their first post-contract inspection. Owners must request to self-certify that violations have been corrected. The HQS Owner Self-Certification Form must be submitted to HABC and can be downloaded through the Landlord Portal or by visiting HABC's Website:

- Visit [www.HABC.org](http://www.HABC.org);
- Click on the HCVP Link at the top of the page;
- Scroll down to the bottom and click the Landlords link;
- Click the Relevant Forms link at the bottom;



- Click on the second link listed, for the Self-Certification of HQS Inspection Form.

The completed form must be sent to and received by HABC within five business days of the re-inspection date.

## **TIME STANDARDS FOR REPAIRS**

**Emergency items** which endanger the family's health or safety must be corrected by the owner **within 24 hours** of notification. Emergency repair items may include, but are not limited to:

- Waterlogged ceiling in imminent danger of falling;
- Major plumbing leaks or flooding;
- Natural gas leak or fumes;
- Electrical problem which could result in shock or fire;
- No heat when outside temperature is below 60 degrees Fahrenheit and temperature inside unit is below 65 degrees Fahrenheit;
- Utilities not in service;
- No running water;
- No hot water;
- Obstacle which prevents entrance or exit;
- Lack of functioning toilet;
- Inoperable smoke detectors/carbon monoxide detectors;
- Rat infestations;
- Unsecure or broken exterior doors or windows;
- Severe mold-like citations;
- Asbestos-like citations.

For **non-emergency items**, repairs must be made **within 30 calendar days**.

## **ENFORCING OWNER COMPLIANCE**

When the owner is responsible for repairs:

- If **emergency repair items** are not corrected in the time period required by HABC, and the owner is responsible, the housing assistance payment will be abated, and the HAP contract will be terminated.

- If **non-emergency repairs** are not completed within the time period specified, the assistance payment to the owner will be abated. If all of the deficiencies cited are not corrected, the owner will be sent an Abatement Letter and the voucher holder will be issued a voucher to move.

If repairs are completed before the voucher holder locates a new unit, HABC will re-inspect and allow the voucher holder to remain in the unit if the inspection passes. Only one housing quality standard inspection will be conducted after the unit is abated.

HABC may impose a fee for performing this inspection.

## **ENFORCING FAMILY COMPLIANCE**

When the family is responsible for repairs:

- If the **emergency repair items** are not corrected in the time period required by HABC and it is an HQS breach that is a family obligation, HABC may terminate the assistance to the family.
- If **non-emergency repair(s) or correction(s)** are not made in the time period required by HABC, HABC may terminate assistance to the family.

The owner's HAP will not be abated for items that are the family's responsibility. If the voucher holder is responsible and corrections are not made, the HAP contract will terminate when assistance is terminated.

## **Appendix E: HQS Owner Self-Certification Form**

The HQS Owner Self-Certification Form appears on the following pages.

## HOUSING CHOICE VOUCHER PROGRAM

### Housing Quality Standards Owner Self-Certification

This form is for owners to certify that Housing Quality Standards (“HQS”) deficiencies listed on an HQS Inspection Summary for a property assisted under the Housing Authority of Baltimore City (“HABC”) Housing Choice Voucher Program (“HCVP”) have been corrected. Units are eligible for owner self-certification when there are five (5) or less non-health or safety violations, or at HABC’s discretion. HABC reserves the right to modify the process of self-certification on a case-by-case basis. Both the property owner/manager and the Head of Household of the subject property must sign this form to certify in writing that the repairs have been completed to meet HQS. Owners that have a record of HQS noncompliance as determined by HABC based on the nature of the noncompliance, will not be eligible for self-certification.

#### **CERTIFICATION**

I, \_\_\_\_\_, the Property Owner/Manager of the unit located at

*Print Name (Property Owner/Manager)*

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

*Property Address*

*City*

*State*

*Zip*

hereby certify that all deficiencies listed below and cited on the HQS Inspection Summary based on

an inspection of the property conducted on \_\_\_\_\_ have been remedied to meet HQS.

*Inspection Date*

The Property Owner/Manager understands and agrees that if at any time after the execution of this certification, HABC determines that repairs were not completed in a satisfactory manner, all Housing Assistance Payments (“HAP”) will be abated, and payments made to the Property Owner since the scheduled re-inspection date will be recaptured. Following is a list all corrected deficiencies:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The Property Owner/Manager understands and agrees that failure to correctly make repairs may result in the Property Owner/Manager’s exclusion from participation in the self-certification program.

In consideration of the opportunity to participate in the owner self-certification program, the Property Owner/Manager agrees to indemnify and hold harmless, and does hereby indemnify and holds harmless, HABC and its departments and employees, for and against any and all claims, demands, awards, suits, judgments, liabilities, losses, damages and, sums, including attorney’s fees and costs,

arising out of or in any way related to this self-certification and/or the Property Owner/Manager's failure to properly repair the deficiencies.

**Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a Property Owner may be subject to penalties that include fines and/or imprisonment.**

---

Signature (Property Owner/Manager)

Date

---

Printed Name

---

Signature (HCVP Participant/Head of Household)

Date

---

Printed Name

**NOTICE**

Please complete and submit this form along with the subject HQS Inspection Summary and supporting documentation (if applicable) by email to [S8landlord@habc.org](mailto:S8landlord@habc.org) or by hand delivery to the HABC HCVP Office located at 1225 W. Pratt Street, Baltimore, Maryland 21223, **a minimum of five (5) business days prior to the scheduled re-inspection date.** If you have any questions, please contact the HCVP Inspections Unit at (443) 984-2219, or by emailing [S8landlord@habc.org](mailto:S8landlord@habc.org).

If this form is not received by HABC at least five (5) business days prior to the next scheduled re-inspection date, and approved, the re-inspection will take place as scheduled. Submission of this form with required signatures certifies that all deficiencies that are the responsibility of the owner listed on the HQS Inspection Summary have been repaired and the unit is now in compliance with HQS.

HABC reserves the right to require a re-inspection on any and all units with deficiencies. As a condition of approval, HABC may request receipts or photographs on a case-by-case basis. HABC will not accept self-certification of repairs for emergency violations or health and safety items. Quality Control Inspections will be conducted randomly on any approved self-certified inspection.

---

Office Use Only:

Date Received: \_\_\_\_\_

Approved

Denied

Reason for Denial: \_\_\_\_\_

---

Reviewer (Print Name and Title)

---

Reviewer Signature

## **Appendix F: HUD Inspection Forms**

Forms [HUD-52580](#), Inspection Checklist and [HUD-52580-A](#), Inspection Form appear on the following pages. HABC HQS inspectors will utilize form 52580-A (longer form) when conducting HQS inspections.

# Inspection Checklist

Housing Choice Voucher Program

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

OMB Approval No. 2577-0169  
(Exp. 07/31/2022)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number

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.

**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 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.

|                    |                                      |                           |                                 |
|--------------------|--------------------------------------|---------------------------|---------------------------------|
| Name of Family     |                                      | Tenant ID Number          | Date of Request (mm/dd/yyyy)    |
| Inspector          |                                      | Neighborhood/Census Tract | Date of Inspection (mm/dd/yyyy) |
| Type of Inspection | Date of Last Inspection (mm/dd/yyyy) |                           | PHA                             |
| Initial            | Special                              | Reinspection              |                                 |

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

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

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

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

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



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

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

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

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

**C. Special Amenities (Optional)**

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

**D. Questions to ask the Tenant (Optional)**

**1. Living Room**

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

**2. Kitchen**

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

**3. Other Rooms Used for Living**

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

**4. Bath**

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

**5. Overall Characteristics**

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

**6. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability

1. Does the owner make repairs when asked? Yes ~~XXXXXXXXXX~~ [ ~~AAA~~
2. How many people live there? \_\_\_\_\_
3. How much money do you pay to the owner/agent for rent? \$ \_\_\_\_\_
4. Do you pay for anything else? (specify) \_\_\_\_\_
5. Who owns the range and refrigerator? (insert O = Owner or T = Tenant) Range \_\_\_\_\_ Refrigerator \_\_\_\_\_ Microwave \_\_\_
6. Is there anything else you want to tell us? (specify) Yes ~~XXXXXXXXXX~~ [

**E. Inspection Summary/Comments** (Optional)

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

|                  |           |   |
|------------------|-----------|---|
| Tenant ID Number | Inspector | Date of Inspection (mm/dd/yyyy) Address of Inspected Unit |
|------------------|-----------|---|

|                    |         |         |              |
|--------------------|---------|---------|--------------|
| Type of Inspection | Initial | Special | Reinspection |
|--------------------|---------|---------|--------------|

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page Yes No

# 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. 07/31/2022)

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).  
a unit meets the housing quality standards of the section 8 rental assistance program.

The information is used to determine if

|                           |  |   |                                 |
|---------------------------|--|---|---------------------------------|
| 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<br><input type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection | Project Number                  |

### A. General Information

|   |        |                             |     |
|---|--------|-----------------------------|-----|
| Street Address of Inspected Unit                          |        |                             |     |
| City  | County | State                       | Zip |
| Name of Family  |        | Current Telephone of Family |     |
| Current Street Address of Family                          |        |                             |     |
| 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                                 |        |                             |     |

Housing Type (check as appropriate)

- Single Family Detached
- Duplex or Two Family Row
- House or Town House
- Low Rise: 3,4 Stories, Including Garden Apartment
- High Rise; 5 or More Stories
- Manufactured Home
- Congregate
- Cooperative
- Independent Group Residence
- Single Room Occupancy
- Shared Housing
- 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<br>2. Kitchen<br>3. Bathroom<br>4. All Other Rooms Used for Living<br>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).

## 1. Living Room

### 1.1 Living Room Present

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

### 1.2 Electricity

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

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

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

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

### 1.3 Electrical Hazards

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

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

### 1.4 Security

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

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

### 1.5 Window Condition

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

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

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

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



## 1.6 Ceiling Condition

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

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

## 1.7 Wall Condition

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

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

## 1.8 Floor Condition

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

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

## 1.9 Lead-Based Paint

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

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

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

# 1. Living Room

For each numbered item, check one box only.

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

**Additional Comments:** (Give Item Number)

Comments continued on a separate page Yes  No

## 2. Kitchen

### 2.1 Kitchen Area Present

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

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

#### 2.2 Electricity

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

#### 2.5 Window Condition

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

### 2.10 Stove or Range with Oven

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

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

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

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

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

### 2.11 Refrigerator

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

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

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

### 2.12 Sink

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

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

### 2.13 Space for Storage, Preparation, and Serving of Food

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

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

## 2. Kitchen

For each numbered item, check one box only.

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

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

Comments continued on a separate page Yes  No

## 3. Bathroom

### 3.1 Bathroom Present

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

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

#### 3.2 Electricity

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

#### 3.3 Electrical Hazards

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

#### 3.5 Window Condition

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

#### 3.7 Wall Condition

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

#### 3.8 Floor Condition

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

### 3.10 Flush Toilet in Enclosed Room in Unit

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

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

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

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

### 3.11 Fixed Wash Basin or Lavatory in Unit

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

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

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

### 3.12 Tub or Shower in Unit

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

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

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

### 3.13 Ventilation

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

### 3. Bathroom

For each numbered item, check one box only.

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

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

Comments continued on a separate page Yes  No

## 4. Other Room Used for Living and Halls

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

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

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

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

### 4.1 Room Code and Room Location

Enter the appropriate room code given below:

#### Room Codes:

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

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

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

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

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

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

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

#### 4.2 Electricity/Illumination

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

#### 4.5 Window Condition

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

#### 4.6 Smoke Detectors

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

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

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

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

### Additional Notes

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

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

**4.1 Room Location**

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

**Room Code**

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

| Item No.                            | Description  | Decision                 |                          |                          | If Fail, what repairs are necessary?<br>If Inconclusive, give details.<br>If Pass with comments, give details. | If Fail or Inconclusive, date (mm/dd/yyyy) of final approval |
|-------------------------------------|--|--------------------------|--------------------------|--------------------------|--|--|
|                                     |  | Yes, Pass                | No, Fail                 | Inconclusive             |  |  |
| <b>4.2 Electricity/Illumination</b> | If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture?<br>If Room Code is not a 1, is there a means of illumination?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>4.3 Electrical Hazards</b>       | Is the room free from electrical hazards?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>4.4 Security</b>                 | Are all windows and doors that are accessible from the outside lockable?   | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>4.5 Window Condition</b>         | If Room Code is a 1, is there at least one window?<br>And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?  | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>4.6 Ceiling Condition</b>        | Is the ceiling sound and free from hazardous defects?  | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>4.7 Wall Condition</b>           | Are the walls sound and free from hazardous defects?   | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>4.8 Floor Condition</b>          | Is the floor sound and free from hazardous defects?  | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>4.9 Lead-Based Paint</b>         | Are all painted surfaces free of deteriorated paint?<br>If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Not Applicable   |  |
| <b>4.10 Smoke Detectors</b>         | Is there a working smoke detector on each level?<br>Do the smoke detectors meet the requirements of NFPA 74?<br>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?<br>If Inconclusive, give details.<br>If Pass with comments, give details. | If Fail or Inconclusive, date (mm/dd/yyyy) of final approval |
|-------------------------------------|--|--------------------------|--------------------------|--------------------------|--|--|
|                                     |  | Yes, Pass                | No, Fail                 | Inconclusive             |  |  |
| <b>4.2 Electricity/Illumination</b> | If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture?<br>If Room Code is not a 1, is there a means of illumination?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>4.3 Electrical Hazards</b>       | Is the room free from electrical hazards?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>4.4 Security</b>                 | Are all windows and doors that are accessible from the outside lockable?   | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>4.5 Window Condition</b>         | If Room Code is a 1, is there at least one window?<br>And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>4.6 Ceiling Condition</b>        | Is the ceiling sound and free from hazardous defects?  | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>4.7 Wall Condition</b>           | Are the walls sound and free from hazardous defects?   | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>4.8 Floor Condition</b>          | Is the floor sound and free from hazardous defects?  | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>4.9 Lead-Based Paint</b>         | Are all painted surfaces free of deteriorated paint?<br>If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Not Applicable  |  |
| <b>4.10 Smoke Detectors</b>         | Is there a working smoke detector on each level?<br>Do the smoke detectors meet the requirements of NFPA 74?<br>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?<br>If Inconclusive, give details.<br>If Pass with comments, give details. | If Fail or Inconclusive, date (mm/dd/yyyy) of final approval |
|-------------------------------------|--|--------------------------|--------------------------|--------------------------|--|--|
|                                     |  | Yes, Pass                | No, Fail                 | Inconclusive             |  |  |
| <b>4.2 Electricity/Illumination</b> | If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture?<br>If Room Code is not a 1, is there a means of illumination?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>4.3 Electrical Hazards</b>       | Is the room free from electrical hazards?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>4.4 Security</b>                 | Are all windows and doors that are accessible from the outside lockable?   | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>4.5 Window Condition</b>         | If Room Code is a 1, is there at least one window?<br>And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>4.6 Ceiling Condition</b>        | Is the ceiling sound and free from hazardous defects?  | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>4.7 Wall Condition</b>           | Are the walls sound and free from hazardous defects?   | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>4.8 Floor Condition</b>          | Is the floor sound and free from hazardous defects?  | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>4.9 Lead-Based Paint</b>         | Are all painted surfaces free of deteriorated paint?<br>If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Not Applicable  |  |
| <b>4.10 Smoke Detectors</b>         | Is there a working smoke detector on each level?<br>Do the smoke detectors meet the requirements of NFPA 74?<br>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?<br>If Inconclusive, give details.<br>If Pass with comments, give details. | If Fail or Inconclusive, date (mm/dd/yyyy) of final approval |
|-------------------------------------|--|--------------------------|--------------------------|--------------------------|--|--|
|                                     |  | Yes, Pass                | No, Fail                 | Inconclusive             |  |  |
| <b>4.2 Electricity/Illumination</b> | If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture?<br>If Room Code is not a 1, is there a means of illumination?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>4.3 Electrical Hazards</b>       | Is the room free from electrical hazards?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>4.4 Security</b>                 | Are all windows and doors that are accessible from the outside lockable?   | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>4.5 Window Condition</b>         | If Room Code is a 1, is there at least one window?<br>And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>4.6 Ceiling Condition</b>        | Is the ceiling sound and free from hazardous defects?  | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>4.7 Wall Condition</b>           | Are the walls sound and free from hazardous defects?   | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>4.8 Floor Condition</b>          | Is the floor sound and free from hazardous defects?  | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>4.9 Lead-Based Paint</b>         | Are all painted surfaces free of deteriorated paint?<br>If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Not Applicable  |  |
| <b>4.10 Smoke Detectors</b>         | Is there a working smoke detector on each level?<br>Do the smoke detectors meet the requirements of NFPA 74?<br>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?<br>If Inconclusive, give details.<br>If Pass with comments, give details. | If Fail or Inconclusive, date (mm/dd/yyyy) of final approval |
|------------------------------|--|--------------------------|--------------------------|--------------------------|--|--|
|                              |  | Yes, Pass                | No, Fail                 | Inconclusive             |  |  |
| <b>5.1</b>                   | <b>None</b> <input type="checkbox"/> <b>Go to Part 6</b>   |                          |                          |                          |  |  |
| <b>5.2</b>                   | <b>Security</b><br>Are all windows and doors that are accessible from the outside lockable?  | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>5.3</b>                   | <b>Electrical Hazards</b><br>Are all these rooms free from electrical hazards?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>5.4</b>                   | <b>Other Potentially Hazardous Features</b><br>Are all of these rooms free of any other potentially hazardous features? For each room with an "other potentially hazardous feature," explain the hazard and the means of control of interior access to the room. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>6.0 Building Exterior</b> |  |                          |                          |                          |  |  |
| <b>6.1</b>                   | <b>Condition of Foundation</b><br>Is the foundation sound and free from hazards?   | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>6.2</b>                   | <b>Condition of Stairs, Rails, and Porches</b><br>Are all the exterior stairs, rails, and porches sound and free from hazards?   | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>6.3</b>                   | <b>Condition of Roof and Gutters</b><br>Are the roof, gutters, and downspouts sound and free from hazards?   | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>6.4</b>                   | <b>Condition of Exterior Surfaces</b><br>Are exterior surfaces sound and free from hazards?  | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>6.5</b>                   | <b>Condition of Chimney</b><br>Is the chimney sound and free from hazards?   | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>6.6</b>                   | <b>Lead-Based Paint: Exterior Surfaces</b><br>Are all painted surfaces free of deteriorated paint?<br>If no, does deteriorated surfaces exceed 20 sq. ft. of total exterior surface area?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Not Applicable  |  |
| <b>6.7</b>                   | <b>Manufactured Homes: Tie Downs</b><br>If the unit is a manufactured home, is it properly placed and tied down? If not a manufactured home, check "Not Applicable."   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Not Applicable  |  |

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

Comments continued on a separate page Yes  No

## 7. Heating and Plumbing

### 7.1 Adequacy of Heating Equipment

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

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

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

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

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

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

### 7.2 Safety of Heating Equipment

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

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

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

### 7.3 Ventilation and Adequacy of Cooling

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

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

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

### 7.4 Water Heater

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

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

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

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

Obtain verification of safety of system from owner or manager.

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

### 7.5 Water Supply

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

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

### 7.6 Plumbing

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

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

### 7.7 Sewer Connection

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

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

## 7. Heating and Plumbing

For each numbered item, check one box only.

| Item No.   | Description   | Decision                 |                          |                          | If Fail, what repairs are necessary?<br>If Inconclusive, give details.<br>If Pass with comments, give details. | If Fail or Inconclusive, date (mm/dd/yyyy) of final approval |
|------------|---|--------------------------|--------------------------|--------------------------|--|--|
|            |   | Yes, Pass                | No, Fail                 | Inconclusive             |  |  |
| <b>7.1</b> | <b>Adequacy of Heating Equipment</b><br>Is the heating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>7.2</b> | <b>Safety of Heating Equipment</b><br>Is the unit free from unvented fuel burning space heaters or any other types of unsafe heating conditions?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>7.3</b> | <b>Ventilation and Adequacy of Cooling</b><br>Does the unit have adequate ventilation and cooling by means of openable windows or a working cooling system?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>7.4</b> | <b>Water Heater</b><br>Is the water heater located, equipped, and installed in a safe manner?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>7.5</b> | <b>Water Supply</b><br>Is the unit served by an approvable public or private sanitary water supply?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>7.6</b> | <b>Plumbing</b><br>Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>7.7</b> | <b>Sewer Connection</b><br>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?<br>If Inconclusive, give details.<br>If Pass with comments, give details. | If Fail or Inconclusive, date (mm/dd/yyyy) of final approval |
|---|--|--------------------------|--------------------------|--------------------------|--|--|
|   |  | Yes, Pass                | No, Fail                 | Inconclusive             |  |  |
| <b>8.1 Access to Unit</b>                         | Can the unit be entered without having to go through another unit?   | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>8.2 Exits</b>                                  | Is there an acceptable fire exit from this building that is not blocked?   | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>8.3 Evidence of Infestation</b>                | Is the unit free from rats or severe infestation by mice or vermin?  | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>8.4 Garbage and Debris</b>                     | Is the unit free from heavy accumulation of garbage or debris inside and outside?  | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>8.5 Refuse Disposal</b>                        | Are there adequate covered facilities for temporary storage and disposal of food wastes, and are they approvable by a local agency?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>8.6 Interior Stairs and Common Halls</b>       | Are interior stairs and common halls free from hazards to the occupant because of loose, broken, or missing steps on stairways; absent or insecure railings; inadequate lighting; or other hazards?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>8.7 Other Interior Hazards</b>                 | Is the interior of the unit free from any other hazard not specifically identified previously?   | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>8.8 Elevators</b>                              | Where local practice requires, do all elevators have a current inspection certificate? If local practice does not require this, are they working and safe?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Not Applicable  |  |
| <b>8.9 Interior Air Quality</b>                   | Is the unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?  | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>8.10 Site and Neighborhood Conditions</b>      | Are the site and immediate neighborhood free from conditions which would seriously and continuously endanger the health or safety of the residents?  | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |
| <b>8.11 Lead-Based Paint: Owner Certification</b> | If the owner of the unit is required to correct any deteriorated paint or lead-based paint hazards at the property, has the Lead-Based Paint Owner's Certification been completed, and received by the PHA? If the owner was not required to correct any deteriorated paint or lead-based paint hazards, check NA. | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> Not Applicable  |  |

**Additional Comments:** (Give Item Number)

Comments continued on a separate page Yes  No

## Appendix G: Reinspection Fee Policies

Effective Date: June 14, 2021

### 1. **Units not Currently Under HAP Contract: Unit Not Ready**

When a unit which is not currently under HAP contract, is scheduled for HQS inspection, it is expected that owners have the unit ready for inspection by the scheduled date. HABC provides a self-inspection checklist in the HCVP HQS Reference Guide which is posted under the HCVP tab on our website at [www.HABC.org](http://www.HABC.org) to make you aware of the unit conditions which must be met in order to pass the HQS inspection. HABC will charge a \$75 reinspection fee if the unit is not ready for inspection, (e.g. plumbing fixtures or appliances are missing, the unit is under construction, or there are excessive violations, etc.). A more detailed definition for “unit not ready” is provided in the HQS Reference Guide **Glossary**. The reinspection fee must be paid in full prior to HABC conducting a reinspection of the unit.

### 2. **Units not Currently Under HAP Contract: Unit Fails 2<sup>nd</sup> Inspection**

When a unit which is not currently under HAP contract fails the initial inspection, HABC will schedule a second inspection (re-inspection). There will be no fee for this second inspection; however, if the unit fails again, HABC will charge a reinspection fee of \$75 for the third inspection. If the family wishes to continue the process of leasing that unit, the reinspection fee must be paid in full prior to HABC conducting a third inspection of the unit.

### 3. **Units Currently Under HAP Contract: Unit Fails 2<sup>nd</sup> Inspection**

If a unit, currently under HAP contract, fails the first inspection, HABC will schedule a second inspection (re-inspection). There will be no fee for this second inspection. If the unit fails again, HABC will charge a reinspection fee of \$75 for the third inspection. The reinspection fee must be paid in full prior to HABC conducting a third inspection of the unit. HABC will charge a \$75 reinspection fee for each additional inspection until the unit receives a pass rating.

### 4. **Repeat Request for Tenancy Approval (RFTA) Submissions for the Same Unit**

If HABC receives an RFTA for a unit that has failed one of the pre-contract scenarios above within the past 60 days, HABC will charge a \$75 reinspection fee prior to inspecting that unit again.