



1. LIVING ROOM		DECISION			If FAIL or INCONCLUSIVE, date of final approval
		Yes - PASS	No - FAIL	Inconclusive	
ITEM#	DESCRIPTION				
1.1	<b>LIVING ROOM PRESENT</b> Is there a living room?				
1.2	<b>ELECTRICITY</b> Are there at least two working outlets or one working outlet and one working fixture?				
	<b>LIGHT FIXTURES</b>				
1.3	<b>ELECTRICAL HAZARDS</b> Is the room free of visible electrical hazards?				
	<b>HEATER</b>				
	<b>FIREPLACE</b>		<b>SCREEN</b>	<b>GLASS</b>	
1.4	<b>SECURITY</b> Are all windows and doors that are accessible from the outside lockable?				
	<b>ENTRY DOOR</b>		<b>SCREEN DOOR</b>		
	<b>TRIM</b>		<b>PATIO DOOR</b>		
	<b>CLOSETS</b>		<b>DOORS (OTHER)</b>		
1.5	<b>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?				
	<b>RODS</b>		<b>CURTAINS / DRAPES</b>		
	<b>SCREENS</b>		<b>SHADES / BLINDS</b>		
1.6	<b>CEILING CONDITION</b> Is the ceiling sound and free from visible hazardous defects?				
1.7	<b>WALL CONDITION</b> Are the walls sound and free from visible hazardous defects?				
1.8	<b>FLOOR CONDITION</b> Is the floor sound and free from visible hazardous defects?				
	<b>CARPET</b>	<b>TILE</b>	<b>VINYL</b>	<b>WOOD</b>	
1.9	<b>LEAD-BASED PAINT</b> Are all painted surfaces free of deteriorated paint? If no, do deteriorated surfaces exceed two square feet and/or more than 10% of a component?		<b>N/A</b> <input type="checkbox"/>		

2. KITCHEN		DECISION			If FAIL or INCONCLUSIVE, date of final approval
		Yes - PASS	No - FAIL	Inconclusive	
ITEM#	DESCRIPTION				
2.1	<b>KITCHEN AREA PRESENT</b> Is there a kitchen?				
2.2	<b>ELECTRICITY</b> Is there at least one working electric outlet and one working permanently installed light fixture?				
	<b>LIGHT FIXTURES</b>				
2.3	<b>ELECTRICAL HAZARDS</b> Is the kitchen free of visible electrical hazards?				
	<b>HEATER</b>				
2.4	<b>SECURITY</b> Are all windows and doors that are accessible from the outside lockable?				
	<b>DOORS</b>		<b>SCREEN DOOR</b>		
	<b>TRIM</b>		<b>PATIO DOOR</b>	<b>BLINDS</b>	
2.5	<b>WINDOW CONDITION</b> Are all windows free of signs of deterioration or missing or broken out panes?				
	<b>RODS</b>		<b>CURTAINS / DRAPES</b>		
	<b>SCREENS</b>		<b>SHADES / BLINDS</b>		
2.6	<b>CEILING CONDITION</b> Is the ceiling sound and free from visible hazardous defects?				
2.7	<b>WALL CONDITION</b> Are the walls sound and free from visible hazardous defects?				
2.8	<b>FLOOR CONDITION</b> Is the floor sound and free from visible hazardous defects?				
	<b>CARPET</b>	<b>TILE</b>	<b>VINYL</b>	<b>WOOD</b>	
2.9	<b>LEAD-BASED PAINT</b> Are all painted surfaces free of deteriorated paint? If no, do deteriorated surfaces exceed two square feet and/or more than 10% of a component?		<b>N/A</b> <input type="checkbox"/>		
2.10	<b>STOVE OR RANGE WITH OVEN</b> Is there a working oven and a stove (or range) with top burners that work? <b>YES NO</b> 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 & stove (or range)? <b>YES NO</b>				
	<b>OWNER - TENANT</b>		<b>RANGE HOOD</b>		
2.11	<b>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?				
	<b>OWNER - TENANT</b>				
2.12	<b>SINK</b> Is there a kitchen sink that works with hot and cold running water?				
	<b>DISHWASHER</b>		<b>GARBAGE DISPOSAL</b>		
2.13	<b>SPACE FOR STORAGE &amp; PREPARATION OF FOOD</b> Is there space to store, prepare & serve food?				
	<b>CABINETS</b>		<b>COUNTERTOP</b>		

SAMPLE

<b>RATING</b>	1 = GOOD - Like new or new	2 = GOOD - Minor scars or minimal wear & tear	3 = FAIR - Moderate wear & tear
<b>KEY</b>	4 = FAIR - Substantial wear & tear	5 = POOR - Worn out but usable	6 = NA - Not applicable

3. BATHROOM		DECISION			If FAIL or INCONCLUSIVE, date of final approval
		Yes - PASS	No - FAIL	Inconclusive	
ITEM#	DESCRIPTION				
3.1	<b>BATHROOM PRESENT (see description)</b> Is there a bathroom?				
3.2	<b>ELECTRICITY</b> Is there at least one permanently installed light fixture?				
	<b>LIGHT FIXTURES</b>				
3.3	<b>ELECTRICAL HAZARDS</b> Is the bathroom free of visible electrical hazards?				
	<b>HEATER</b>				
3.4	<b>SECURITY</b> Are all windows and doors that are accessible from the outside lockable?				
3.5	<b>WINDOW CONDITION</b> Are all windows free of signs of deterioration or missing or broken out panes?				
	<b>RODS</b>				
	<b>CURTAINS / DRAPES</b>				
	<b>SCREENS</b>				
	<b>SHADES / BLINDS</b>				
3.6	<b>CEILING CONDITION</b> Is the ceiling sound and free from visible hazardous defects?				
3.7	<b>WALL CONDITION</b> Are the walls sound and free from visible hazardous defects?				
3.8	<b>FLOOR CONDITION</b> Is the floor sound and free from visible hazardous defects?				
	<b>CARPET</b>				
	<b>TILE</b>				
	<b>VINYL</b>				
	<b>WOOD</b>				
3.9	<b>LEAD-BASED PAINT</b> Are all painted surfaces free of deteriorated paint? If no, do deteriorated surfaces exceed two square feet and/or more than 10% of a component?				
	<b>N/A</b> <input type="checkbox"/>				
3.10	<b>FLUSH TOILET IN ENCLOSED ROOM IN UNIT</b> Is there a working toilet in the unit for the exclusive private use of the tenant?				
3.11	<b>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?				
	<b>CABINETS</b>				
	<b>COUNTERTOP</b>				
	<b>MEDICINE CABINET</b>				
	<b>MIRROR</b>				
3.12	<b>TUB OR SHOWER IN UNIT</b> Is there a working tub or shower with hot and cold running water in the unit?				
	<b>SHOWER ROD</b>				
	<b>CURTAIN</b>				
	<b>TOWEL BARS</b>				
	<b>T.P. HOLDER</b>				
	<b>ENCLOSURE</b>				
	<b>SHOWER DOORS</b>				
3.13	<b>VENTILATION</b> Are there openable windows or a working vent system?				

USE SECTION BELOW FOR ADDITIONAL BATHROOM, IF APPLICABLE		DECISION			If FAIL or INCONCLUSIVE, date of final approval
		Yes - PASS	No - FAIL	Inconclusive	
ITEM#	DESCRIPTION				
	<b>ELECTRICITY</b> Is there at least one permanently installed light fixture?				
	<b>LIGHT FIXTURES</b>				
	<b>ELECTRICAL HAZARDS</b> Is the bathroom free of visible electrical hazards?				
	<b>HEATER</b>				
	<b>SECURITY</b> Are all windows and doors that are accessible from the outside lockable?				
	<b>WINDOW CONDITION</b> Are all windows free of signs of deterioration or missing or broken out panes?				
	<b>RODS</b>				
	<b>CURTAINS / DRAPES</b>				
	<b>SCREENS</b>				
	<b>SHADES / BLINDS</b>				
	<b>CEILING CONDITION</b> Is the ceiling sound and free from visible hazardous defects?				
	<b>WALL CONDITION</b> Are the walls sound and free from visible hazardous defects?				
	<b>FLOOR CONDITION</b> Is the floor sound and free from visible hazardous defects?				
	<b>CARPET</b>				
	<b>TILE</b>				
	<b>VINYL</b>				
	<b>WOOD</b>				
	<b>LEAD-BASED PAINT</b> Are all painted surfaces free of deteriorated paint? If no, do deteriorated surfaces exceed two square feet and/or more than 10% of a component?				
	<b>N/A</b> <input type="checkbox"/>				
	<b>FLUSH TOILET</b> YES NO				
	<b>FIXED WASH BASIN OR LAVATORY IN ROOM</b> If yes, is there a proper gas trap? YES NO				
	<b>CABINETS</b>				
	<b>COUNTERTOP</b>				
	<b>MEDICINE CABINET</b>				
	<b>MIRROR</b>				
	<b>TUB OR SHOWER IN UNIT</b> YES NO				
	<b>SHOWER ROD</b>				
	<b>CURTAIN</b>				
	<b>TOWEL BARS</b>				
	<b>T.P. HOLDER</b>				
	<b>ENCLOSURE</b>				
	<b>SHOWER DOORS</b>				
	<b>VENTILATION</b> Are there openable windows or a working vent system?				
	<b>OTHER UNSANITARY CONDITIONS</b> Is the bathroom free of other unsanitary conditions?				

SAMPLE

<b>RATING</b>	1 = GOOD - Like new or new	2 = GOOD - Minor scars or minimal wear & tear	3 = FAIR - Moderate wear & tear
<b>KEY</b>	4 = FAIR - Substantial wear & tear	5 = POOR - Worn out but useable	6 = NA - Not applicable

<b>4.1 ROOM CODE &amp; ROOM LOCATION</b>		<b>DECISION</b>		If FAIL or INCONCLUSIVE, date of final approval
left/right _____	<input type="checkbox"/>	Yes - PASS	No - FAIL	
front/rear _____	<input type="checkbox"/>			
floor level _____	<input type="checkbox"/>			
<b>ROOM CODES</b>				
1= Bedroom or any other used for sleeping regardless of type of room		4= Entrance halls, Corridors, Halls, Staircases		
2= Dining Room or Dining Area		5= Additional Bathroom		
3= 2nd Lvg. Room, Family Rm., Den, Play Rm., TV Rm.		6= Other		
<b>ITEM#</b>	<b>DESCRIPTION</b>			
4.2	<b>ELECTRICITY/ILLUMINATION</b> If Room Code = 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture?			
	<b>LIGHT FIXTURES</b>			
4.3	<b>ELECTRICAL HAZARDS</b> Is the room free of visible electrical hazards?			
	<b>HEATER</b>			
4.4	<b>SECURITY</b> Are all windows and doors that are accessible from the outside lockable?			
4.5	<b>WINDOW CONDITION</b> If Room Code=1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken out panes?			
	<b>RODS</b>		<b>CURTAINS / DRAPES</b>	
	<b>SCREENS</b>		<b>SHADES / BLINDS</b>	
4.6	<b>CEILING CONDITION</b> Is the ceiling sound and free from visible hazardous defects?			
4.7	<b>WALL CONDITION</b> Are the walls sound and free from visible hazardous defects?			
	<b>CLOSETS</b>		<b>DOORS</b>	<b>TRIM</b>
4.8	<b>FLOOR CONDITION</b> Is the floor sound and free from visible hazardous defects?			
	<b>CARPET</b>	<b>TILE</b>	<b>VINYL</b>	<b>WOOD</b>
4.9	<b>LEAD-BASED PAINT</b> Are all painted surfaces free of deteriorated paint?  If no, do deteriorated surfaces exceed two square feet and/or more than 10% of a component?	N/A <input type="checkbox"/>		

<b>4.1 ROOM CODE &amp; ROOM LOCATION</b>		<b>DECISION</b>		If FAIL or INCONCLUSIVE, date of final approval
left/right _____	<input type="checkbox"/>	Yes - PASS	No - FAIL	
front/rear _____	<input type="checkbox"/>			
floor level _____	<input type="checkbox"/>			
<b>ROOM CODES</b>				
1= Bedroom or any other used for sleeping regardless of type of room		4= Entrance halls, Corridors, Halls, Staircases		
2= Dining Room or Dining Area		5= Additional Bathroom		
3= 2nd Lvg. Room, Family Rm., Den, Play Rm., TV Rm.		6= Other		
<b>ITEM#</b>	<b>DESCRIPTION</b>			
4.2	<b>ELECTRICITY/ILLUMINATION</b> If Room Code = 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture?			
	<b>LIGHT FIXTURES</b>			
4.3	<b>ELECTRICAL HAZARDS</b> Is the room free of visible electrical hazards?			
	<b>HEATER</b>			
4.4	<b>SECURITY</b> Are all windows and doors that are accessible from the outside lockable?			
4.5	<b>WINDOW CONDITION</b> If Room Code=1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken out panes?			
	<b>RODS</b>		<b>CURTAINS / DRAPES</b>	
	<b>SCREENS</b>		<b>SHADES / BLINDS</b>	
4.6	<b>CEILING CONDITION</b> Is the ceiling sound and free from visible hazardous defects?			
4.7	<b>WALL CONDITION</b> Are the walls sound and free from visible hazardous defects?			
	<b>CLOSETS</b>		<b>DOORS</b>	<b>TRIM</b>
4.8	<b>FLOOR CONDITION</b> Is the floor sound and free from visible hazardous defects?			
	<b>CARPET</b>	<b>TILE</b>	<b>VINYL</b>	<b>WOOD</b>
4.9	<b>LEAD-BASED PAINT</b> Are all painted surfaces free of deteriorated paint?  If no, do deteriorated surfaces exceed two square feet and/or more than 10% of a component?	N/A <input type="checkbox"/>		

<b>4.1 ROOM CODE &amp; ROOM LOCATION</b>		<b>DECISION</b>		If FAIL or INCONCLUSIVE, date of final approval
left/right _____	<input type="checkbox"/>	Yes - PASS	No - FAIL	
front/rear _____	<input type="checkbox"/>			
floor level _____	<input type="checkbox"/>			
<b>ROOM CODES</b>				
1= Bedroom or any other used for sleeping regardless of type of room		4= Entrance halls, Corridors, Halls, Staircases		
2= Dining Room or Dining Area		5= Additional Bathroom		
3= 2nd Lvg. Room, Family Rm., Den, Play Rm., TV Rm.		6= Other		
<b>ITEM#</b>	<b>DESCRIPTION</b>			
4.2	<b>ELECTRICITY/ILLUMINATION</b> If Room Code = 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture?			
	<b>LIGHT FIXTURES</b>			
4.3	<b>ELECTRICAL HAZARDS</b> Is the room free of visible electrical hazards?			
	<b>HEATER</b>			
4.4	<b>SECURITY</b> Are all windows and doors that are accessible from the outside lockable?			
4.5	<b>WINDOW CONDITION</b> If Room Code=1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken out panes?			
	<b>RODS</b>		<b>CURTAINS / DRAPES</b>	
	<b>SCREENS</b>		<b>SHADES / BLINDS</b>	
4.6	<b>CEILING CONDITION</b> Is the ceiling sound and free from visible hazardous defects?			
4.7	<b>WALL CONDITION</b> Are the walls sound and free from visible hazardous defects?			
	<b>CLOSETS</b>		<b>DOORS</b>	<b>TRIM</b>
4.8	<b>FLOOR CONDITION</b> Is the floor sound and free from visible hazardous defects?			
	<b>CARPET</b>	<b>TILE</b>	<b>VINYL</b>	<b>WOOD</b>
4.9	<b>LEAD-BASED PAINT</b> Are all painted surfaces free of deteriorated paint?  If no, do deteriorated surfaces exceed two square feet and/or more than 10% of a component?	N/A <input type="checkbox"/>		

<b>4.1 ROOM CODE &amp; ROOM LOCATION</b>		<b>DECISION</b>		If FAIL or INCONCLUSIVE, date of final approval
left/right _____	<input type="checkbox"/>	Yes - PASS	No - FAIL	
front/rear _____	<input type="checkbox"/>			
floor level _____	<input type="checkbox"/>			
<b>ROOM CODES</b>				
1= Bedroom or any other used for sleeping regardless of type of room		4= Entrance halls, Corridors, Halls, Staircases		
2= Dining Room or Dining Area		5= Additional Bathroom		
3= 2nd Lvg. Room, Family Rm., Den, Play Rm., TV Rm.		6= Other		
<b>ITEM#</b>	<b>DESCRIPTION</b>			
4.2	<b>ELECTRICITY/ILLUMINATION</b> If Room Code = 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture?			
	<b>LIGHT FIXTURES</b>			
4.3	<b>ELECTRICAL HAZARDS</b> Is the room free of visible electrical hazards?			
	<b>HEATER</b>			
4.4	<b>SECURITY</b> Are all windows and doors that are accessible from the outside lockable?			
4.5	<b>WINDOW CONDITION</b> If Room Code=1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken out panes?			
	<b>RODS</b>		<b>CURTAINS / DRAPES</b>	
	<b>SCREENS</b>		<b>SHADES / BLINDS</b>	
4.6	<b>CEILING CONDITION</b> Is the ceiling sound and free from visible hazardous defects?			
4.7	<b>WALL CONDITION</b> Are the walls sound and free from visible hazardous defects?			
	<b>CLOSETS</b>		<b>DOORS</b>	<b>TRIM</b>
4.8	<b>FLOOR CONDITION</b> Is the floor sound and free from visible hazardous defects?			
	<b>CARPET</b>	<b>TILE</b>	<b>VINYL</b>	<b>WOOD</b>
4.9	<b>LEAD-BASED PAINT</b> Are all painted surfaces free of deteriorated paint?  If no, do deteriorated surfaces exceed two square feet and/or more than 10% of a component?	N/A <input type="checkbox"/>		

<b>RATING</b>	1 = GOOD - Like new or new	2 = GOOD - Minor scars or minimal wear & tear	3 = FAIR - Moderate wear & tear
<b>KEY</b>	4 = FAIR - Substantial wear & tear	5 = POOR - Worn out but useable	6 = NA - Not applicable

5. ALL SECONDARY ROOMS (Rooms not used for living)		DECISION			If FAIL or INCONCLUSIVE, date of final approval
		Yes - PASS	No - FAIL	Inconclusive	
ITEM#	DESCRIPTION				
5.1	NONE _____ GO TO PART 6				
5.2	<b>SECURITY</b> Are all windows and doors that are accessible from the outside lockable in each room?				
5.3	<b>ELECTRICAL HAZARDS</b> Is the room free of visible electrical hazards?				
5.4	<b>OTHER POTENTIAL HAZARDOUS FEATURES IN ANY OF THESE ROOMS</b> Are all of these rooms free from 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.				

7.3 VENTILATION & ADEQUACY OF COOLING Does this unit have adequate ventilation and cooling by means of openable windows or a working cooling system?		DECISION			If FAIL or INCONCLUSIVE, date of final approval
		Yes - PASS	No - FAIL	Inconclusive	
7.4	<b>WATER HEATER</b> Is the water heater located, equipped, and installed in a safe manner, with a temperature pressure relief valve and discharge pipe ?				
7.5	<b>WATER SUPPLY</b> Is the unit served by an approvable public or private sanitary water supply?				
7.6	<b>PLUMBING</b> Is the plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?				
7.7	<b>SEWER CONNECTION</b> Is plumbing connected to an approvable public or private disposal system, and is it free from sewer backup?				

6. BUILDING EXTERIOR		DECISION			If FAIL or INCONCLUSIVE, date of final approval
		Yes - PASS	No - FAIL	Inconclusive	
ITEM#	DESCRIPTION				
6.1	<b>CONDITION OF FOUNDATION</b> Is the foundation sound and free from visible hazards?				
6.2	<b>CONDITION OF STAIRS, RAILS &amp; PORCHES</b> Are all the exterior stairs, rails and porches sound and free from visible hazards?				
6.3	<b>CONDITION OF ROOF &amp; GUTTERS</b> Are the roof, gutters and downspouts sound & free from visible hazards?				
6.4	<b>CONDITIONS OF EXTERIOR SURFACES</b> Are the exterior surfaces sound and free from visible hazards?				
6.5	<b>CONDITION OF CHIMNEY</b> Is the chimney sound and free from visible hazards? N/A <input type="checkbox"/>				
6.6	<b>LEAD-BASED PAINT</b> Are all painted surfaces free of deteriorated paint? N/A <input type="checkbox"/>  If no, do deteriorated surfaces exceed 20 square feet of exterior surface area?				
6.7	<b>MANUFACTURED HOMES: TIE DOWNS</b> If the unit is a manufactured home, is it properly placed and tied down? If not a manufactured home, check "Not Applicable". N/A <input type="checkbox"/>				
6.8	<b>OUTBUILDINGS</b> Are these additional buildings sound and free from visible hazards? Is any electrical wiring free from visible hazards?				
6.9	<b>ACREAGE</b> Is the acreage surrounding the dwelling free from visible hazards?				

8. GENERAL HEALTH & SAFETY		DECISION			If FAIL or INCONCLUSIVE, date of final approval
		Yes - PASS	No - FAIL	Inconclusive	
ITEM#	DESCRIPTION				
8.1	<b>ACCESS TO UNIT</b> Can the unit be entered without having to go through another unit?				
8.2	<b>EXITS</b> Is there an accessible fire exit from this building that is not blocked ?				
8.3	<b>EVIDENCE OF INFESTATION</b> Is the unit free from rats or severe infestation by mice or vermin?				
8.4	<b>GARBAGE AND DEBRIS</b> Is the unit free from heavy accumulation of garbage or debris inside and outside ?				
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?				
8.6	<b>INTERIOR STAIRS &amp; 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?				
8.7	<b>OTHER INTERIOR HAZARDS</b> Is the interior of the unit free from other hazards not specifically identified previously?				
8.8	<b>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? N/A <input type="checkbox"/>				
8.9	<b>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?				
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 resident?				
8.11	<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 the PHA? If the owner was not required to correct any deteriorated paint or lead-based paint hazards, check NA. N/A <input type="checkbox"/>				
8.12	<b>SMOKE DETECTORS</b> Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? Y N In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector? Y N N/A <input type="checkbox"/> Location: Upper Floor N/A <input type="checkbox"/> Main Floor Basement N/A <input type="checkbox"/>				

7. HEATING AND PLUMBING		DECISION			If FAIL or INCONCLUSIVE, date of final approval
		Yes - PASS	No - FAIL	Inconclusive	
ITEM#	DESCRIPTION				
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?				
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?				

<b>RATING</b>	1 = GOOD - Like new or new	2 = GOOD - Minor scars or minimal wear & tear	3 = FAIR - Moderate wear & tear
<b>KEY</b>	4 = FAIR - Substantial wear & tear	5 = POOR - Worn out but useable	6 = NA - Not applicable

## 1.9, 2.9, 3.9, and 4.9 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 free by a certified lead-based 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 includes walls, floors, ceilings, built in cabinets (sink bases), baseboards, doors, doorframes, 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, 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.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint.

## 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 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 free by a certified lead-based 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.

Visual assessment for deteriorated paint applies to all exterior painted surfaces (building components) associated with the assisted unit including windows, windowsills, exterior 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.

## 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 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.