



CLIENT APARTMENT REVIEW CHECKLIST

- * You must complete, sign, and return this report to your housing specialist immediately after seeing an apartment.
* You are required to search for and view at least three (3) apartments each week, or an amount identified in your Independent Living Plan (ILP), until you find a suitable apartment which meets the standards set forth in your ILP for your family size and medical condition(s), in a location consistent with domestic violence status, and meets applicable local codes and regulations.

I, _____, viewed the following apartment:

Date viewed: ____/____/____

Address of apt: _____ Apt #: _____ Floor: _____

Between: _____ and: _____

Borough: _____ Zip Code: _____

Total # rooms: _____ Total # bedrooms: _____ Total # baths: _____ Elevator? Y N

I have completed the apartment review checklist on the back of this form. I understand that this apartment may be checked to verify any repairs I said were needed.

I will accept this apartment if it is offered to me. _____Y _____N

I will accept this apartment if the repairs are made _____Y _____N

Client:

1. _____ Signature _____ Print Name _____ Date

2. _____ Signature _____ Print Name _____ Date

FOR SHELTER STAFF USE

Circle Housing or Subsidy Type: ADVANTAGE HPD SECT 8 NYCHA OTHER

I have explained this form to the client:

_____ Signature _____ Print Name _____ Date

For rejected apartments only:

I have checked this apartment. _____Y _____N

I _____ agree _____ do not agree with the family's decision.

Comments:

ADDRESS	Apt.	Bedrooms	Contact Number
Boro: zip:			

If the condition does not exist, check "N/A"

1. ELECTRICAL CONDITIONS IN APARTMENT a. Broken, non-insulated or frayed wiring b. Exposed wiring including cover plates for light switches c. Light fixture hanging from electric wiring d. Exposed fuse box connections e. There is not at least one outlet in each room	NA a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> e. <input type="checkbox"/>	Needs Repair <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. WINDOW CONDITIONS a. Missing panes of glass b. Loose/cracked panes of glass c. Non-functional/non-lockable windows that are accessible to the outside d. Missing window guards in apartment (required when there are children under the age of 10) e. Missing window(s) or window(s) stuck in open position	NA a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> e. <input type="checkbox"/>	Needs Repair <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. CEILING AND WALL CONDITIONS a. Large cracks or holes b. Bulging or buckling of ceiling or wall c. Interior surfaces have cracked, peeling or loose paint or plaster	NA a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>	Needs Repair <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. FLOOR CONDITIONS a. Cracks or holes extending through sub-flooring b. Splintering or exposed/protruding nails	NA a. <input type="checkbox"/> b. <input type="checkbox"/>	Needs Repair <input type="checkbox"/> <input type="checkbox"/>
5. OTHER CONDITIONS a. Gas leak b. Toilet missing or does not flush c. No running water (clear) d. Non-functional/non-lockable apartment entrance door e. Non-functional heat for winter months f. Non-functional smoke detector (at least one required per apartment) g. Bathroom has non-functional sink/bath (check defective item) h. Non-functional plumbing (stoppage/leakage) i. Kitchen has non-functional sink /stove/refrigerator (check defective item) j. Rodent/roach infestation k. Obvious unsanitary condition resulting from excess garbage or debris in unit/building l. Blocked fire exit from building m. Non-functioning hot water	NA a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> e. <input type="checkbox"/> f. <input type="checkbox"/> g. <input type="checkbox"/> h. <input type="checkbox"/> i. <input type="checkbox"/> j. <input type="checkbox"/> k. <input type="checkbox"/> l. <input type="checkbox"/> m. <input type="checkbox"/>	Needs Repair <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

REMARKS: