

**HQS Inspection Form**  
**Regional Rental Assistance Program**  
**Region 6 - Cass, Dodge, Douglas, Sarpy, & Washington Counties**

(Revised 1/2006)

This collection of information is required under the Regional Rental Assistance Program (RRAP) and is designed to parallel the inspection requirements of the U.S. Department of Housing and Urban Development (HUD) Section 8 - Housing Voucher rental assistance program. The information is used to determine if a unit meets the housing quality standards of the Regional Rental Assistance Program and is compiled by CAHMS or its designated representative.

RRAP Management Agent	<b>Community Alliance Housing Management Services</b> <b>4001 Leavenworth Street, Omaha, NE 68105</b>	Tenant ID No.	Date of Request (mm/dd/yyyy)
Inspector	Signature	Date of Last Inspection (mm/dd/yyyy)	Date of Inspection (mm/dd/yyyy)

Type of Inspection  Initial  Annual  Other (Specify)

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

**B. Summary Decision on the Unit** (to be completed after 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.** In 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 box provided.

**Year Constructed.** Enter from Line 5 of the Request for Tenancy Approval form. Record in box provided.

**Number of Sleeping Rooms.** Count the number of rooms which could be used for sleeping as identified on checklist. Record in 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 2. Kitchen 3. Bathroom 4. All Other Rooms Used for Living 5. All Secondary Rooms Not Used for Living
basement or utility room	6. Heating & Plumbing
outside	7. Building Exterior
overall	8. General Health & Safety

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 checklist has been completed, return to Part B (Summary Decision on the Unit)

# 1. Living Room

For each numbered item, check one box only

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. 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 & free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>1.7 Wall Condition</b>	Are the walls sound & free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>1.8 Floor condition</b>	Is the floor sound & 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?  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"/>		<input type="checkbox"/> Not Applicable	

**Additional Comments** (Give Item Number)

Comments continued on a separate page? Yes

## 2. Kitchen

For each numbered item, check one box only

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. 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 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 severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>2.6 Ceiling Condition</b>	Is the ceiling sound & free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>2.7 Wall Condition</b>	Are the walls sound & free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>2.8 Floor Condition</b>	Is the floor sound & 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? 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"/>		<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? If no oven & 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"/> <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 & 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)

Comments continued on a separate page? Yes

### 3. Bathroom

For each numbered item, check one box only

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. 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>	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 severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>3.6 Ceiling Condition</b>	Is the ceiling sound & free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>3.7 Wall Condition</b>	Are the walls sound & free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>3.8 Floor condition</b>	Is the floor sound & 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?  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"/>		<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"/>			
<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"/>			
<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"/>			
<b>3.13 Window Condition</b>	Are there openable windows or a working vent system?	<input type="checkbox"/>	<input type="checkbox"/>			

**Additional Comments** (Give Item Number)

Comments continued on a separate page? Yes

#### 4. Other Rooms Used for Living and Halls

For each numbered item, check one box only

##### 4.1 Room Location

Room Code

1

**Bedroom**

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.

- 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 (specify): \_\_\_\_\_

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	If Room Code is not 1, is there 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 is a 1, is there at least one window?	<input type="checkbox"/>	<input type="checkbox"/>			
	Regardless of room code, are all windows free of signs of severe deterioration or missing or broken window panes?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.6 Ceiling Condition</b>	Is the ceiling sound & free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.7 Wall Condition</b>	Are the walls sound & free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.8 Floor condition</b>	Is the floor sound & 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?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	
	If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.10 Smoke Detectors</b>	Is there a working smoke detector on each level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Do smoke detectors meet requirements of NFPA 74?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	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)

Comments continued on a separate page? Yes

#### 4. Other Rooms Used for Living and Halls

For each numbered item, check one box only

##### 4.1 Room Location

##### Room Code

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.

1 = Bedroom or any other room used for sleeping (regardless of type of room).

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4 = Entrance Halls, Corridors, Halls, Staircases

5 = Additional Bathroom (also check presence of sink trap and clogged toilet)

6 = Other (specify): \_\_\_\_\_

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	If Room Code is not 1, is there 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 is a 1, is there at least one window?	<input type="checkbox"/>	<input type="checkbox"/>			
	Regardless of room code, are all windows free of signs of severe deterioration or missing or broken window panes?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.6 Ceiling Condition</b>	Is the ceiling sound & free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.7 Wall Condition</b>	Are the walls sound & free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.8 Floor condition</b>	Is the floor sound & 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?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	
	If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.10 Smoke Detectors</b>	Is there a working smoke detector on each level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Do smoke detectors meet requirements of NFPA 74?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	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)

Comments continued on a separate page? Yes

#### 4. Other Rooms Used for Living and Halls

For each numbered item, check one box only

##### 4.1 Room Location

##### Room Code

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.

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4 = Entrance Halls, Corridors, Halls, Staircases

5 = Additional Bathroom (also check presence of sink trap and clogged toilet)

6 = Other (specify): \_\_\_\_\_

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	If Room Code is not 1, is there 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 is a 1, is there at least one window? Regardless of room code, are all windows free of signs of severe deterioration or missing or broken window panes?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			
<b>4.6 Ceiling Condition</b>	Is the ceiling sound & free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.7 Wall Condition</b>	Are the walls sound & free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.8 Floor condition</b>	Is the floor sound & 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? 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"/>		<input type="checkbox"/> Not Applicable	
<b>4.10 Smoke Detectors</b>	Is there a working smoke detector on each level? Do smoke detectors meet requirements of NFPA 74? 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"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

**Additional Comments** (Give Item Number)

Comments continued on a separate page? Yes

**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? If Inconclusive, give details. 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 None</b>	<input type="checkbox"/> <b>Go to Part 6</b>					
<b>5.2 Security</b>	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>5.3 Electrical Hazards</b>	Are all these rooms free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5.4 Other Potentially Hazardous Features</b>	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 means of control of interior access to the room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**6.0 Building Exterior**

<b>6.1 Condition of Foundation</b>	Is the foundation sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.2 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"/>			
<b>6.3 Condition of Roofs and Gutters</b>	Are the roof, gutters, and downspouts sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.4 Condition of Exterior Surfaces</b>	Are exterior surfaces sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.5 Condition of Chimney</b>	Is the chimney sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>6.6 Lead-Based Paint: Exterior Surfaces</b>	Are all painted surfaces free of deteriorated paint? 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>6.7 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".	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	

**Additional Comments** (Give Item Number)

Comments continued on a separate page? Yes



## 7. Heating and Plumbing

For each numbered item, check one box only

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. 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 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"/>		
<b>7.2 Safety of Heating Equipment</b>	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 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"/>		
<b>7.4 Water Heater</b>	Is the water heater located, equipped, and installed in a safe manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>7.5 Water Supply</b>	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 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"/>		
<b>7.7 Sewer Connection</b>	Is plumbing connected to an aprovable public or private disposal system, and it it free from sewer back-up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Additional Comments** (Give Item Number)

Comments contined on a separate page? Yes

## 8. General Health and Safety

For each numbered item, check one box only

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. 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 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 & comon 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 & immediate neighborhood free from conditions which would seriously & 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 owner of 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? If owner was not required to correct any items, check NA.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	

**Additional Comments** (Give Item Number)

Comments contined on a separate page? Yes

## Special Amenities (Optional)

This Section is for optional use of the RRAP Management Agent. 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 Management Agent 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.

### 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 \_\_\_\_\_

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

1. Does the owner make repairs when asked? Yes  No
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) \_\_\_\_\_

