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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Form G: Housing Quality Standards Certification** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| ***Must be completed before assisting a unit and annual recertifications. Must be completed if there has been a change in residency.*** | | | | | | | | | | | | | | | | | | | | |
| Assisted units must be safe, sanitary, and compliant with all applicable state and local housing codes, licensing requirements, and any other requirements in the jurisdiction in which the housing is located regarding the condition of the structure and the operation of the housing. Assisted units must also meet all Habitability Standards, Lead-Based Paint Requirements, and Fire Safety Requirements. TBRA and TSH units must be inspected. STRMU, STSH, and PHP units do not require inspections, but households must certify their housing meets all standards and requirements. Mark each standard as Y for yes and N for no. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Client Name: | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | *First, Middle, Last* | | | | | | | | | | | | | | | |
| Proposed Address: | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | *Street and Unit, City, State, Zip, Parish* | | | | | | | | | | | | | | | |
| Property Contact: | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | *Owner/Representative Name, Contact Information* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Habitability Standards and Additional Requirements | | | | | | | | | | | | | | | | | | | | |
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| **Y / N** | 1 | ***Structure and materials*:** The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards. | | | | | | | | | | | | | | | | | | | |
| **Y / N** | 2 | ***Access*:** The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire. | | | | | | | | | | | | | | | | | | | |
| **Y / N** | 3 | ***Space and security*:** Each resident must be afforded adequate space and security for themselves and their belongings. An acceptable place to sleep must be provided for each resident. | | | | | | | | | | | | | | | | | | | |
| **Y / N** | 4 | ***Interior air quality*:** Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents. | | | | | | | | | | | | | | | | | | | |
| **Y / N** | 5 | ***Water supply*:** The water supply must be free from contamination at levels that threaten the health of individuals. | | | | | | | | | | | | | | | | | | | |
| **Y / N** | 6 | ***Thermal environment*:** The housing must have adequate heating and/or cooling facilities in proper operating condition. | | | | | | | | | | | | | | | | | | | |
| **Y / N** | 7 | ***Illumination and electricity*:** The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliance while assuring safety from fire. | | | | | | | | | | | | | | | | | | | |
| **Y / N** | 8 | ***Food preparation and refuse disposal*:** All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner. | | | | | | | | | | | | | | | | | | | |
| **Y / N** | 9 | ***Sanitary condition*:** The housing and any equipment must be maintained in sanitary condition. | | | | | | | | | | | | | | | | | | | |
| **Y / N** | 10 | ***Lead-based paint*:** If the structure was built prior to 1978, a child under the age of six or a pregnant woman will reside in the property, and the property has a defective paint surface inside or outside the structure, the property cannot be approved until the defective surface is repaired by at least scraping and painting the surface with two coats of non-lead based paint. Defective paint surface means: Applicable surface on which paint is cracking, scaling, chipping, peeling or loose. If a child under age six has an Elevated Blood Level and will reside in the property, paint surfaces must be tested for lead-based paint. If lead is found present, the surface must be abated in accordance with 24 CFR | | | | | | | | | | | | | | | | | | | |
|  |  | §35. Use the following criteria to determine if a property can be approved or is deficient: | | | | | | | | | | | | | |  | | | | | |
|  |  | *Year the structure was built or rehabilitated:* | | | | | |  |  | | | | |  |  |  | |  | |  | |
|  |  | *A child under the age of six will reside in the property:* | | | | | |  | | | *Yes* |  | *No* | |  | *If pamphlet given, client initials* | | | | | |
|  |  | *A pregnant woman will reside in the property:* | | | | | |  | | | *Yes* |  | *No* | |  |  | | | | | |
|  |  | *If before 1978 provide a* [*“Protect Your Family from Lead in Your Home”*](http://www2.epa.gov/lead/protect-your-family-lead-your-home-real-estate-disclosure) *pamphlet.* | | | | | | | | | | | | | | | | | | | |
|  |  | *If before 1978* ***and*** *a child under the age of six or pregnant woman will reside in the property, then visually assess.*  *Visual assessments are unnecessary for zero-bedroom units or if unit meets other exemptions in 24 CFR §35.115(a).* | | | | | | | | | | | | | | | | | | | |
| **Y / N** | 11 | ***Smoke detectors*:** The housing must comply with the Fire Administration Authorization Act of 1992 (P.L. 102-522). Smoke detectors must be installed in accordance with NFPA 74 or more stringent local policies as applicable. Existing units must contain a single or multiple station smoke detector; outside each sleeping area; on each level; battery operated or hard wired; clearly audible or interconnected. Accommodations must be made for individuals with sensory impairments. | | | | | | | | | | | | | | | | | | | |
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| **Certifications** | | | | | | | | | | | | | | | | | | | | |
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| **TBRA**  **TSH** | | | I am **not** a HUD certified inspector. I have evaluated the housing above to the best of my ability and find: | | | | | | | | | | | | | | | | | |
|  | The housing meets all standards. | | |  | | | The housing does **not** meet all standards.\* | | | | | | | | | | |
|  | | |  | | | | | | | | | | |  | |  | |
| Case Manager Name: | | |  | | | | | | | | | | |  | |  | |
|  | | |  | | | | | | | | | | |  | |  | |
| Case Manager Signature: | | |  | | | | | | | | | | | Date: | |  | |
|  | | |  | | | | | | | | | | | | | | | | | |
|  | | | \*All units must meet HQS standards before a HOPWA can make payments on the unit. | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | |
| **STRMU**  **STSH**  **PHP** | | | I have read the standards above. I certify to the best of my ability that my housing meets all standards. | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | |  | |  | |
| Client Name: | | |  | | | | | | | | | | |  | |  | |
|  | | |  | | | | | | | | | | |  | |  | |
| Client Signature: | | |  | | | | | | | | | | | Date: | |  | |