

Appendix A

Addendum to the Residential Lease

Between _____
(Landlord)

And _____ for the apartment located at
(Tenant)

(Location)

The above referenced apartment is a _____ and is leased at a rate
(#of bedrooms & baths)

equal to or less than other comparable units in the complex.

Tenant has the right to terminate the lease in the event that HUD funding is discontinued or if the landlord fails to keep the property in compliance with HUD Quality Standard Inspection requirements. The landlord will have 30 days to correct the Quality Standards Deficiencies following notification of the actual problems with the property unless the issue affects immediate safety of the resident. According to HUD guidelines an emergency (life threatening) violation must be corrected within 24 hours.

Signature of Leasing Agent/Landlord

Date

Signature of Tenant

Date

**RECEIPT OF INFORMATION REGARDING
CERTIFICATION OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, OR STALKING AND ALTERNATE
DOCUMENTATION**

I have been given a copy of the CERTIFICATION OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, OR STALKING AND ALTERNATE DOCUMENTATION under the Violence Against Women Reauthorization Act (VAWA) which protects program participants from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. **I understand that VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking regardless of sex, gender identity or sexual orientation.**

I understand that the text of the entire regulation may be accessed at [2016-25888.pdf \(govinfo.gov\)](#) or [Federal Register Violence Against Women Reauthorization Act of 2013: Implementation in HUD Housing Programs](#)

Client Name

Date

Client Signature

Landlord Name

Date

Landlord Signature

U.S. Department of Housing and Urban Development
Section 8 - Allowances for Tenant-Furnished Utilities and Other Services



Locality		Unit Type	Date				
Palm Beach County Housing Authority, FL		Multifamily	1/1/2021				
Utility or Service		Monthly Dollar Allowance					
		0 BR	1 BR	2BR	3BR	4BR	5BR
Heating	Natural Gas	\$14	\$16	\$17	\$17	\$17	\$18
	Bottle Gas	\$33	\$39	\$39	\$40	\$41	\$42
	Electric Resistance (Florida Power & Light)	\$7	\$8	\$8	\$9	\$10	\$11
	Electric Resistance (Lake Worth, FL)	\$7	\$9	\$9	\$10	\$11	\$13
	Electric Heat Pump (Florida Power & Light)	\$5	\$6	\$7	\$7	\$9	\$11
	Electric Heat Pump (Lake Worth, FL)	\$5	\$6	\$7	\$8	\$10	\$12
Cooking	Natural Gas	\$6	\$7	\$9	\$12	\$15	\$18
	Bottle Gas	\$13	\$16	\$23	\$29	\$36	\$43
	Electric (Florida Power & Light)	\$4	\$5	\$7	\$9	\$11	\$14
	Electric (Lake Worth, FL)	\$4	\$5	\$8	\$10	\$12	\$15
Other Electric	Florida Power & Light	\$19	\$22	\$31	\$40	\$49	\$58
	Lake Worth, FL	\$21	\$24	\$34	\$43	\$53	\$62
Air Conditioning	Florida Power & Light	\$18	\$21	\$30	\$41	\$55	\$68
	Lake Worth, FL	\$19	\$23	\$32	\$46	\$62	\$77
Water Heating	Natural Gas	\$14	\$16	\$24	\$31	\$38	\$46
	Bottle Gas	\$33	\$39	\$57	\$74	\$91	\$109
	Electric (Florida Power & Light)	\$11	\$13	\$17	\$20	\$24	\$28
	Electric (Lake Worth, FL)	\$12	\$14	\$18	\$22	\$26	\$30
Water	Palm Beach County, FL	\$17	\$18	\$28	\$51	\$88	\$124
	Lake Worth, FL	\$35	\$37	\$52	\$82	\$136	\$192
	Riviera, FL	\$31	\$33	\$43	\$63	\$86	\$109
	West Palm Beach, FL	\$42	\$44	\$57	\$79	\$105	\$131
Sewer	Palm Beach County, FL	\$25	\$27	\$40	\$53	\$53	\$53
	Lake Worth, FL	\$34	\$37	\$50	\$71	\$73	\$73
	Riviera, FL	\$29	\$30	\$38	\$51	\$63	\$75
	West Palm Beach, FL	\$51	\$54	\$71	\$95	\$97	\$97
Electric Fee	Florida Power & Light	\$10	\$10	\$10	\$10	\$10	\$10
	Lake Worth, FL	\$12	\$12	\$12	\$12	\$12	\$12
Natural Gas Fee		\$12	\$12	\$12	\$12	\$12	\$12
Trash Collection	Palm Beach County SWA	\$15	\$15	\$15	\$15	\$15	\$15
	Riviera, FL	\$12	\$12	\$12	\$12	\$12	\$12
	West Palm Beach, FL	\$20	\$20	\$20	\$20	\$20	\$20
Range		\$18	\$18	\$18	\$18	\$18	\$18
Refrigerator		\$19	\$19	\$19	\$19	\$19	\$19

Actual Family Allowances To be used by the family to compute allowance.

Complete below for the actual unit rented

Name of Family	Utility or Service	per month cost
	Heating	\$
	Cooking	
Address of Unit	Other Electric	
	Air Conditioning	
	Water Heating	
	Water	
Number of Bedrooms	Sewer	
	Electric Fee	
	Natural Gas Fee	
	Trash Collection	
Total		\$

Spreadsheet based on form HUD-52067.

U.S. Department of Housing and Urban Development
Section 8 - Allowances for Tenant-Furnished Utilities and Other Services



Locality		Unit Type		Date			
Palm Beach County Housing Authority, FL		Row House / Town House		1/1/2021			
Utility or Service		Monthly Dollar Allowance					
		0 BR	1 BR	2BR	3BR	4BR	5BR
Heating	Natural Gas	\$23	\$27	\$27	\$28	\$28	\$28
	Bottle Gas	\$54	\$63	\$64	\$65	\$67	\$68
	Electric Resistance (Florida Power & Light)	\$7	\$8	\$8	\$9	\$10	\$12
	Electric Resistance (Lake Worth, FL)	\$7	\$9	\$9	\$10	\$11	\$13
	Electric Heat Pump (Florida Power & Light)	\$4	\$5	\$6	\$7	\$8	\$11
	Electric Heat Pump (Lake Worth, FL)	\$5	\$6	\$7	\$8	\$9	\$12
Cooking	Natural Gas	\$6	\$7	\$9	\$12	\$15	\$18
	Bottle Gas	\$13	\$16	\$23	\$29	\$36	\$43
	Electric (Florida Power & Light)	\$4	\$5	\$7	\$9	\$11	\$14
	Electric (Lake Worth, FL)	\$4	\$5	\$8	\$10	\$12	\$15
Other Electric	Florida Power & Light	\$20	\$23	\$32	\$42	\$51	\$60
	Lake Worth, FL	\$21	\$25	\$35	\$45	\$55	\$65
Air Conditioning	Florida Power & Light	\$16	\$19	\$33	\$51	\$71	\$90
	Lake Worth, FL	\$17	\$20	\$36	\$57	\$81	\$103
Water Heating	Natural Gas	\$14	\$16	\$24	\$31	\$38	\$46
	Bottle Gas	\$33	\$39	\$57	\$74	\$91	\$109
	Electric (Florida Power & Light)	\$11	\$13	\$17	\$20	\$24	\$28
	Electric (Lake Worth, FL)	\$12	\$14	\$18	\$22	\$26	\$30
Water	Palm Beach County, FL	\$17	\$18	\$28	\$51	\$88	\$124
	Lake Worth, FL	\$35	\$37	\$52	\$82	\$136	\$192
	Riviera, FL	\$31	\$33	\$43	\$63	\$86	\$109
	West Palm Beach, FL	\$42	\$44	\$57	\$79	\$105	\$131
Sewer	Palm Beach County, FL	\$25	\$27	\$40	\$53	\$53	\$53
	Lake Worth, FL	\$34	\$37	\$50	\$71	\$73	\$73
	Riviera, FL	\$29	\$30	\$38	\$51	\$63	\$75
	West Palm Beach, FL	\$51	\$54	\$71	\$95	\$97	\$97
Electric Fee	Florida Power & Light	\$10	\$10	\$10	\$10	\$10	\$10
	Lake Worth, FL	\$12	\$12	\$12	\$12	\$12	\$12
Natural Gas Fee		\$12	\$12	\$12	\$12	\$12	\$12
Trash Collection	Palm Beach County SWA	\$15	\$15	\$15	\$15	\$15	\$15
	Riviera, FL	\$12	\$12	\$12	\$12	\$12	\$12
	West Palm Beach, FL	\$20	\$20	\$20	\$20	\$20	\$20
Range		\$18	\$18	\$18	\$18	\$18	\$18
Refrigerator		\$19	\$19	\$19	\$19	\$19	\$19

Actual Family Allowances To be used by the family to compute allowance.

Complete below for the actual unit rented

Name of Family	Utility or Service	per month cost
	Heating	\$
	Cooking	
Address of Unit	Other Electric	
	Air Conditioning	
	Water Heating	
	Water	
Number of Bedrooms	Sewer	
	Electric Fee	
	Natural Gas Fee	
	Trash Collection	
Total		\$

Spreadsheet based on form HUD-62687.

U.S. Department of Housing and Urban Development
 Section 8 - Allowances for Tenant-Furnished Utilities and Other Services



Locality		Unit Type	Date				
Palm Beach County Housing Authority, FL		Single Family House	1/1/2021				
Utility or Service		Monthly Dollar Allowance					
		0 BR	1 BR	2BR	3BR	4BR	5BR
Heating	Natural Gas	\$21	\$25	\$26	\$26	\$27	\$27
	Bottle Gas	\$51	\$60	\$61	\$62	\$64	\$65
	Electric Resistance (Florida Power & Light)	\$7	\$8	\$8	\$9	\$10	\$11
	Electric Resistance (Lake Worth, FL)	\$7	\$8	\$9	\$10	\$11	\$13
	Electric Heat Pump (Florida Power & Light)	\$5	\$6	\$7	\$9	\$11	\$12
	Electric Heat Pump (Lake Worth, FL)	\$6	\$7	\$8	\$9	\$12	\$14
Cooking	Natural Gas	\$6	\$7	\$9	\$12	\$15	\$18
	Bottle Gas	\$13	\$16	\$23	\$29	\$36	\$43
	Electric (Florida Power & Light)	\$4	\$5	\$7	\$9	\$11	\$14
	Electric (Lake Worth, FL)	\$4	\$5	\$8	\$10	\$12	\$15
Other Electric	Florida Power & Light	\$23	\$27	\$38	\$48	\$59	\$70
	Lake Worth, FL	\$25	\$29	\$41	\$52	\$64	\$75
Air Conditioning	Florida Power & Light	\$13	\$15	\$24	\$60	\$86	\$110
	Lake Worth, FL	\$14	\$16	\$38	\$68	\$98	\$126
Water Heating	Natural Gas	\$13	\$16	\$24	\$31	\$38	\$46
	Bottle Gas	\$33	\$39	\$57	\$74	\$91	\$109
	Electric (Florida Power & Light)	\$11	\$13	\$17	\$20	\$24	\$30
	Electric (Lake Worth, FL)	\$12	\$14	\$18	\$22	\$26	\$33
Water	Palm Beach County, FL	\$17	\$18	\$28	\$51	\$88	\$124
	Lake Worth, FL	\$35	\$37	\$52	\$82	\$136	\$192
	Riviera, FL	\$31	\$33	\$43	\$63	\$86	\$109
	West Palm Beach, FL	\$42	\$44	\$57	\$79	\$105	\$131
Sewer	Palm Beach County, FL	\$25	\$27	\$40	\$59	\$53	\$53
	Lake Worth, FL	\$34	\$37	\$50	\$71	\$73	\$73
	Riviera, FL	\$29	\$30	\$38	\$51	\$63	\$75
	West Palm Beach, FL	\$51	\$54	\$71	\$95	\$97	\$97
Electric Fee	Florida Power & Light	\$10	\$10	\$10	\$10	\$10	\$10
	Lake Worth, FL	\$12	\$12	\$12	\$12	\$12	\$12
Natural Gas Fee		\$12	\$12	\$12	\$12	\$12	\$12
Trash Collection	Palm Beach County SWA	\$15	\$15	\$15	\$15	\$15	\$15
	Riviera, FL	\$12	\$12	\$12	\$12	\$12	\$12
	West Palm Beach, FL	\$20	\$20	\$20	\$20	\$20	\$20
Range		\$18	\$18	\$18	\$18	\$18	\$18
Refrigerator		\$19	\$19	\$19	\$19	\$19	\$19

Actual Family Allowances To be used by the family to compute allowance.

Complete below for the actual unit rented

Name of Family	Utility or Service	per month cost
	Heating	\$
	Cooking	
Address of Unit	Other Electric	
	Air Conditioning	
	Water Heating	
	Water	
	Sewer	
Number of Bedrooms	Electric Fee	
	Natural Gas Fee	
	Trash Collection	
	Total	\$

Spreadsheet based on form HUD-52667.

U.S. Department of Housing and Urban Development
 Section 8 - Allowances for Tenant-Furnished Utilities and Other Services



Locality		Unit Type	Date				
Palm Beach County Housing Authority, FL		Manufactured	1/1/2021				
Utility or Service		Monthly Dollar Allowance					
		0 BR	1 BR	2BR	3BR	4BR	5BR
Heating	Natural Gas	\$18	\$21	\$22	\$22	\$23	\$23
	Bottle Gas	\$43	\$51	\$52	\$53	\$54	\$55
	Electric Resistance (Florida Power & Light)	\$8	\$9	\$9	\$10	\$11	\$12
	Electric Resistance (Lake Worth, FL)	\$9	\$10	\$10	\$11	\$12	\$14
	Electric Heat Pump (Florida Power & Light)	\$4	\$5	\$6	\$7	\$9	\$11
	Electric Heat Pump (Lake Worth, FL)	\$5	\$6	\$7	\$8	\$10	\$12
Cooking	Natural Gas	\$6	\$7	\$9	\$12	\$15	\$18
	Bottle Gas	\$13	\$16	\$23	\$29	\$36	\$43
	Electric (Florida Power & Light)	\$4	\$5	\$7	\$9	\$11	\$14
	Electric (Lake Worth, FL)	\$4	\$5	\$8	\$10	\$12	\$15
Other Electric	Florida Power & Light	\$23	\$27	\$38	\$48	\$59	\$70
	Lake Worth, FL	\$25	\$29	\$41	\$52	\$64	\$75
Air Conditioning	Florida Power & Light	\$15	\$18	\$32	\$50	\$69	\$86
	Lake Worth, FL	\$17	\$20	\$35	\$56	\$79	\$98
Water Heating	Natural Gas	\$14	\$16	\$24	\$31	\$38	\$46
	Bottle Gas	\$33	\$39	\$57	\$74	\$91	\$109
	Electric (Florida Power & Light)	\$11	\$13	\$17	\$20	\$24	\$30
	Electric (Lake Worth, FL)	\$12	\$14	\$18	\$22	\$26	\$33
Water	Palm Beach County, FL	\$17	\$18	\$28	\$51	\$88	\$124
	Lake Worth, FL	\$35	\$37	\$52	\$82	\$136	\$192
	Riviera, FL	\$31	\$33	\$43	\$63	\$86	\$109
	West Palm Beach, FL	\$42	\$44	\$57	\$79	\$105	\$131
Sewer	Palm Beach County, FL	\$25	\$27	\$40	\$53	\$53	\$53
	Lake Worth, FL	\$34	\$37	\$50	\$71	\$73	\$73
	Riviera, FL	\$29	\$30	\$38	\$51	\$63	\$75
	West Palm Beach, FL	\$51	\$54	\$71	\$95	\$97	\$97
Electric Fee	Florida Power & Light	\$10	\$10	\$10	\$10	\$10	\$10
	Lake Worth, FL	\$12	\$12	\$12	\$12	\$12	\$12
Natural Gas Fee		\$12	\$12	\$12	\$12	\$12	\$12
Trash Collection	Palm Beach County SWA	\$15	\$15	\$15	\$15	\$15	\$15
	Riviera, FL	\$12	\$12	\$12	\$12	\$12	\$12
	West Palm Beach, FL	\$20	\$20	\$20	\$20	\$20	\$20
Range		\$18	\$18	\$18	\$18	\$18	\$18
Refrigerator		\$19	\$19	\$19	\$19	\$19	\$19

Actual Family Allowances To be used by the family to compute allowance.

Complete below for the actual unit rented

Name of Family	Utility or Service	per month cost
	Heating	\$
Address of Unit	Cooking	
	Other Electric	
	Air Conditioning	
	Water Heating	
	Water	
	Sewer	
Number of Bedrooms	Electric Fee	
	Natural Gas Fee	
	Trash Collection	
	Total	\$

Spreadsheet based on form HUD-52667.

**Rapid Rehousing
Gross Rent Calculation Chart**

Appendix D

Client Name:			Client ID:			Date last updated:					
Program Name:											
Case Manager Name:			Signature:			Date:					
Supervisor Name:			Signature:			Date:					
Time Frame (Dates Specific to the Lease Term Ex. Jan 2021 - March 2021)	Monthly Rental Amount (Amount on Lease Agreement)	Utility Allowance *	Gross Rent (Rent + Utility Allowance)	% of Gross Rent to be Paid by Program	Program's Share of Gross Rent	% of Gross Rent paid by participant	Participant's Share of Gross Rent	Amount Utility Allowance Exceeds Participant's Share of the Rent	Amount to be reimbursed to Participant or Paid to Utility Co.	Program's Share of Net Rent (owed to landlord)	Participant's Share of Net Rent (owed to landlord)
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* Utility Allowance is based on HUD formula and may not reflect actual utility costs. This form is to be used only when utilities are not included in the participant's rent. This form should be updated whenever changes occur.

**Rapid Rehousing
Gross Rent Calculation Chart**

Appendix D

Client Name:		Client ID:		Date last updated:		Appendix D					
Program Name:											
Case Manager Name:		Signature:		Date:							
Supervisor Name:		Signature:		Date:							
Time Frame (Dates Specific to the Lease Term Ex. Jan 2021 - March 2021)	Monthly Rental Amount (Amount on Lease Agreement)	Utility Allowance *	Gross Rent (Rent + Utility Allowance)	% of Gross Rent to be Paid by Program	Program's Share of Gross Rent	% of Gross Rent paid by participant	Participant's Share of Gross Rent	Amount Utility Allowance Exceeds Participant's Share of the Rent	Amount to be reimbursed to Participant or Paid to Utility Co.	Program's Share of Net Rent (owed to landlord)	Participant's Share of Net Rent (owed to landlord)
1/21 - 3/21	\$ 1,000	\$ 175	\$ 1,175	100%	\$ 1,175	0%	\$ -	\$ 175.00	\$ 175.00	\$ 1,000.00	\$ -
4/21 - 6/21	\$ 1,000	\$ 175	\$ 1,175	75%	\$ 881	25%	\$ 294	\$ -	\$ -	\$ 881.25	\$ 118.75
7/21 - 9/21	\$ 1,000	\$ 175	\$ 1,175	50%	\$ 588	50%	\$ 588	\$ -	\$ -	\$ 587.50	\$ 412.50
10/21 - 12/21	\$ 1,000	\$ 175	\$ 1,175	25%	\$ 294	75%	\$ 881	\$ -	\$ -	\$ 293.75	\$ 706.25
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* Utility Allowance is based on HUD formula and may not reflect actual utility costs. This form is to be used only when utilities are not included in the participant's rent. This form should be updated whenever changes occur.

Inspection Checklist

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

Appendix E

Housing Choice Voucher Program

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 Initial Special Reinspection	Date of Last Inspection (mm/dd/yyyy)	PHA

A. General Information

Inspected Unit	Year Constructed (yyyy)																									
Full Address (including Street, City, County, State, Zip)		<table style="width:100%; border: none;"> <tr> <td style="width:15%;">Housing Type (check appropriate)</td> <td style="width:85%;"></td> </tr> <tr> <td>Single Family Detached</td> <td></td> </tr> <tr> <td>Duplex or Two Family</td> <td></td> </tr> <tr> <td>Row House or Town House</td> <td></td> </tr> <tr> <td>Low Rise: 3, 4 Stories, Including Garden Apartment</td> <td></td> </tr> <tr> <td>High Rise; 5 or More Stories</td> <td></td> </tr> <tr> <td>Manufactured Home</td> <td></td> </tr> <tr> <td>Congregate Cooperative</td> <td></td> </tr> <tr> <td>Independent Residential Group</td> <td></td> </tr> <tr> <td>Single Room Occupancy</td> <td></td> </tr> <tr> <td>Shared Housing</td> <td></td> </tr> <tr> <td>Other</td> <td></td> </tr> </table>	Housing Type (check 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 Residential Group		Single Room Occupancy		Shared Housing		Other	
Housing Type (check 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 Residential Group																										
Single Room Occupancy																										
Shared Housing																										
Other																										
Number of Children in Family Under 6																										
Owner																										
Name of Owner or Agent Authorized to Lease Unit Inspected	Phone Number																									
Address of Owner or Agent																										

B. Summary Decision On Unit (To be completed after form has been filled out)

Pass	Fail	Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	

Inspection Checklist

Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
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				

Previous editions are obsolete

* 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 Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
2. Kitchen						
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 Are all painted surfaces free of deteriorated paint? 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					
3. Bathroom						
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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two Square feet per room and/or 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two Square feet per room and/or 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					
5. All Secondary Rooms (Rooms not used for living)						
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 Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				Not Applicable	
6.7	Manufactured Home: Tie Downs					
7. Heating and Plumbing						
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					
8. General Health and Safety						
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.

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)

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)

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)

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)

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)

Disabled Accessibility

Unit is accessible to a particular disability. Yes No
Disability

D. Questions to Ask the Tenant (Optional)

1. Does owner make repairs when asked?

2. How many people live here? _____

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)

Previous editions are obsolete

E. Inspection Summary/Comments (Optional)

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

Item #	Reason for "Fail" or "Pass with Comments"
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Tenant #

Inspector

Inspector Signature

Date of Inspection

Type of Inspection

Continued on additional page Yes No

Previous editions are obsolete

HUD-52580 (4/2015) ref Handbook 7420.8

