

Home Evaluation and Safety Checklist

PA Name:		Case Number:	
Date of Arrival:		Case Size:	
Address:		Temporary (T) or Permanent (P) Housing:	
Acceptability	Compliant (Y/N)	Notes (If applicable)	
Both the housing site/complex and neighborhood appear safe			
Space	Compliant (Y/N)	Notes (If applicable)	
Minimum standard for habitable area requires a minimum of ____bedrooms/sleeping areas for the ____people living here.			
Safety	Compliant (Y/N)	Notes (If applicable)	
There is no visible bare wiring			
There is no peeling or flaking interior paint or plaster			
There is no visible mold			
There are no detectable, dangerous or unsanitary odors			
Emergency escape route(s) have been identified and are accessible			
Fire extinguishers are accessible and can be easily located in any required areas			
All windows and outside doors have working locks			
There are an appropriate number of working smoke detectors <i>(Ensure they have working batteries)</i>			
Windows are in working order with no evidence of broken glass			
Heat, ventilation, lighting and hot and cold running water are adequate			
Electrical fixtures are in good repair <i>(Check for light bulbs, verify that electricity works)</i>			
Lead Safety Check	Compliant (Y/N)	Notes (If applicable)	
Residence either built after 1978 or meets all lead safety requirements			
Appliances and Fixtures	Compliant (Y/N)	Notes (If applicable)	
Kitchen: residence equipped with a stove, oven and refrigerator in good repair			
Bathrooms: residence equipped with sink, flushing toilet and shower or bath in good repair			
Garbage and Extermination	Compliant (Y/N)	Notes (If applicable)	
Easily accessible storage or disposal facilities for garbage			
No evidence of current rodent or insect infestation			
Disability Accommodation <i>(For cases with disabilities, note the disability)</i>	Compliant (Y/N/NA)	Notes (If applicable)	

Housing is free of or permits the removal of architectural barriers and otherwise accommodates known disabilities, to the extent required by law			
Affordability <i>(To the extent possible, the family should be able to assume payment of rent at the end of the R&P period)</i>		Compliant (Y/N)	Notes <i>(If applicable)</i>
Based upon the projected family income from all sources, the family should have enough resources for other essential expenses (<i>food, transportation, utilities, etc.</i>) after monthly rent payments are made			
Length of Lease Agreement:			
Monthly Rent:		\$	
Security Deposit (<i>write amount or WAIVED</i>):		\$	
Based on the above findings on this date, I find this housing meets the basic minimum standards set forth in the Cooperative Agreement.			
Signatures			
Date:			
Staff Member Name:			
Staff Member Signature:			