

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)	Follow up notes (If applicable)	
Both the housing site/complex and neighborhood appear safe			
Space	Compliant (Y/N)	Follow up notes (If applicable)	
Minimum standard for habitable area requires a minimum of ____bedrooms/sleeping areas for the ____people living here. <i>(note: family members can choose their own sleeping arrangements, but only married couples or young children of the same gender may be expected to share beds)</i>			
Safety	Compliant (Y/N)	Follow up 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) can be easily identified and are accessible			
There is, at minimum, one (1) fire extinguisher which is accessible and can be easily located in the event of a fire			
All windows and outside doors have working locks			
There are an appropriate number of working smoke detectors <i>(recommend one (1) on each level/bedroom)</i>			
Windows are in working order with no evidence of broken glass <i>(note: see local state window guard law for households with minors less than 10 yrs. old)</i>			
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)	Follow up notes (If applicable)	
Residence either built after 1978 or meets all lead safety requirements <i>(if residence is built before 1978 has client been provided lead warning statement, a HUD-EPA information pamphlet, and a lead disclosure form)</i>			
Appliances and Fixtures	Compliant (Y/N)	Follow up 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		
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Garbage and Extermination	Compliant (Y/N)	Follow up notes (If applicable)
Easily accessible storage or disposal facilities for garbage		
Free of current rodent or insect infestation		
Disability Accommodation <i>(For cases with disabilities, note the disability)</i>	Compliant (Y/N/NA)	Follow up 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)	Follow up notes (If applicable)
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.	Y/N	
The following information was provided to the client upon arrival, with appropriate language interpretation	Y/N	
How and when to contact emergency services, should it be necessary		
How to contact case worker/agency staff		
Client(s) address and phone number		
Signatures		
Date:		
Staff Member Name:		
Staff Member Signature:		