

Habitability Standards Certification

All housing assisted programs must provide safe and sanitary housing that is in compliance with the habitability standards outlined below and any state or local requirements. Mark each statement as A for approved or D for deficient. Property must meet all standards in order to be approved.

____ 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.

____ 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.

____ 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.

____ 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.

____ 5. Water Supply: The water supply must be free from contamination at levels that threaten the health of individuals.

____ 6. Sanitary facilities: Residents must have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste.

____ 7. Thermal environment: The housing must have adequate heating and/or cooling facilities in proper operating condition.

____ 8. 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 appliances while assuring safety from fire.

____ 9. 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.

____ 10. Sanitary Conditions: The housing and any equipment must be maintained in sanitary condition.

____ 11. Lead-based paint: If the structure was built prior to 1978, and 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 appropriately treated. Defective paint surface means: applicable surface on which paint is cracking, scaling, chipping, peeling or loose.

____ 12. Fire safety:

(i) Each unit must include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom. If the unit is occupied by hearing-impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.

(ii) The public areas of all housing must be equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas

include, but are not limited to, laundry rooms, community rooms, day care centers, hallways, stairwells, and other common areas.

Note the following to assist in determining if unit can be approved or is deficient:

Building built/rehabbed before 1978?	Yes	No
Children under 6 present	Yes	No
Pregnant woman present	Yes	No

CERTIFICATION STATEMENT

(Source: Department of Housing and Urban Development: Docket No. FR-5307-N-01)

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

The property meets all of the above standards Yes No

The property is Rent Reasonable Yes No

Therefore, I make the following determination:

The property is approved Yes No

Client Name

Rental Unit Street Address: _____ Apartment # _____

City, State Zip _____

Evaluator's Signature: _____ Date: _____

Print Name: _____ Date: _____