

Housing Health and Safety Walkthrough Instructions

The Housing Health and Safety Inspection Checklist streamlines the habitability walkthrough process for AHAH-RAP units that do not have a Housing Quality Standards or Housing Habitability Standards inspection dated within the past 90 days. The habitability walkthrough process ensures that AHAH-RAP awardees review habitability standards expectations with their FCS provider, receive resources for understanding and managing their rights to safe, affordable housing, complete a habitability walkthrough, and document the condition of the unit.

Completing the Walkthrough and Using the Checklist:

- 1) Schedule the habitability walkthrough with the landlord in advance to make sure utilities are on at the scheduled time.
- 2) Provide awardee with [Habitability Resources](#) and review the following prior to the walkthrough:
 - ✓ The unit must be maintained in a way that meets all state and local laws and regulations to maintain basic health and safety standards.
 - ✓ Shared common areas must be reasonably clean and safe.
 - ✓ Structural parts of the living space must be maintained with no damages (chimneys, roof, floors, walls, doors, etc.)
 - ✓ The unit should be secure and weather-tight including good locks, windows in good repair, etc.
 - ✓ The unit should be free of hazards and well-lit.
 - ✓ Appliances, electrical, plumbing, heating, and water systems must be in good working order.
 - ✓ Smoke detectors must be present and working in the unit. (Carbon Monoxide detectors if applicable)
 - ✓ There should be no evidence of pest infestations, leaks, mold, or water damage.
 - ✓ Evidence of Lead-based paint in units built before 1978 must be disclosed.
- 3) Walk through the unit and address each item on the checklist that applies for each room in the house. If the item on the checklist is in good condition/working order, check the box for that room. If there are any concerns about an item on the checklist for any room in the house, record the specific concern and which room(s) in the “Notes” section.
- 4) Both the FCS Provider and the AHAH Awardee sign and date the checklist.
- 5) Submit the checklist to Wellpoint, provide a copy to the Awardee, and save a copy in the awardee file.

HOUSING HEALTH AND SAFETY INSPECTION CHECKLIST

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General Information

AHAH Awardee Name: _____

Housing Unit Address: _____

City: _____ Zip: _____

Number of Bedrooms: _____ Was the Unit Built Before 1978? Yes No

Will there be a child under the age of six or a pregnant woman living in the unit? Yes No

IMPORTANT:
If the unit was built before 1978 and a child under age six or a pregnant woman is, or will be, living in the unit, then a lead-based paint visual assessment is also required.



Do not allow a lease to be signed UNTIL Commerce has officially notified all parties that the voucher and rental are approved via an approval letter. Signing a lease prior to inspection and program approval can result in denial of the subsidy and obliges the signer to all lease requirements.



Dwelling/Unit Inspection							Note all concerns below	
Structure/Materials	Check ALL elements below for defects	Exterior/Storage	Kitchen dining	Bed-rooms	Bath-rooms	Living/family rooms	<u>Notes</u>	
	Stable/sturdy (free of major deteriorations large cracks/bulges/paint flaking, etc.)	<input type="checkbox"/>						
	Windows/screen intact	<input type="checkbox"/>						
	Roof and Siding in good condition (no missing siding, shingles, or evidence of a damaged roof)	<input type="checkbox"/>						
	Gutters/downspouts firmly attached to the structure	<input type="checkbox"/>						
	Chimney visibly in good condition, if applicable	<input type="checkbox"/>						
	Attic/Crawl Space—adequate ventilation, no visible leaks, insulation issues or holes/cracks for rodents to enter	<input type="checkbox"/>						
	Other	<input type="checkbox"/>						

		Dwelling/Unit Inspection					Note all concerns below
Security/Safety	No leaks, floor sagging or baseboard pulling away from walls	<input type="checkbox"/>					
	Adequate lighting	<input type="checkbox"/>					
	Adequate locks and garage door safety sensor, if applicable	<input type="checkbox"/>					
	No mold, mildew or musty odors	<input type="checkbox"/>					
	No pest droppings or signs of pest/termite activity	<input type="checkbox"/>					
	Lead-Based Paint Verification, if applicable	<input type="checkbox"/>					
	Water heater secured to wall	<input type="checkbox"/>					
	Fire/carbon monoxide detectors working	<input type="checkbox"/>					
	Other	<input type="checkbox"/>					
Water Supply	Water heater in good condition, leak pan under it	<input type="checkbox"/>					
	Adequate water pressure/temperature	<input type="checkbox"/>					
	Inspect for clear running faucets and adequate draining/flushing for toilets, showers, and sinks	<input type="checkbox"/>					
	Septic system properly maintained	<input type="checkbox"/>					
	Other	<input type="checkbox"/>					
Heating/Cooling	Unit heats up and cools down properly	<input type="checkbox"/>					
	Air filters clean	<input type="checkbox"/>					
	Other	<input type="checkbox"/>					

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		Dwelling/Unit Inspection					Note all concerns below
Electricity	No exposed wiring or other electrical hazards	<input type="checkbox"/>					
	Switches and outlets work, kitchen and bathroom have at least one GCFI outlet	<input type="checkbox"/>					
	Electrical panel updated/maintained	<input type="checkbox"/>					
	Other	<input type="checkbox"/>					
OTHER	Overhead bathroom fans in working order	<input type="checkbox"/>					
	Dryer vents clear and functioning	<input type="checkbox"/>					
	Kitchen Ventilation is adequate	<input type="checkbox"/>					
		<input type="checkbox"/>					

Signatures

Date of Walkthrough: _____

Comments on overall condition of the unit and/or concerns to address:

FCS Provider Name: _____ **FCS Provider Signature:** _____ **Date:** _____

Awardee Name: _____ **Awardee Signature:** _____ **Date:** _____



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