

***Housing Quality Standards
Inspection Checklist
and
Additional Local Requirements***

Included in this packet are: the HUD Housing Quality Standards Inspection short form (HUD-52580), a list of Additional Local Requirements applicable to assisted housing in Washington County, and a list of the factors considered in the determination of rent reasonableness.

An expanded version of HUD HQS Inspection checklist is also available with detailed instructions online—search for “HUD Form 52580-A” or go to <http://portal.hud.gov/hudportal/documents/huddoc?id=52580-a.pdf>.

Inspection Checklist

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

OMB Approval No. 2577-0169
(Exp. 04/30/2018)

Housing Choice Voucher Program

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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 <input type="checkbox"/> Special <input type="checkbox"/> Reinspection <input type="checkbox"/>		Date of Last Inspection (mm/dd/yyyy)	PHA

A. General Information		Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise: 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Inspected Unit	Year Constructed (yyyy)	
Full Address (including Street, City, County, State, Zip)		
Number of Children in Family Under 6		
Owner Name of Owner or Agent Authorized to Lease Unit Inspected		
Address of Owner or Agent		Phone Number

B. Summary Decision On Unit (To be completed after form has been filled out)			
<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	
<input type="checkbox"/> Fail			
<input type="checkbox"/> Inconclusive			

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

* 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 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 is 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				Not Applicable	
	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?					
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				Not Applicable	
	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?					
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.

ADDITIONAL LOCAL REQUIREMENTS	Yes/Pass	No/Fail
1. Walls: Is plaster/drywall free from cracks/sagging or other major damage?		
2. Windows: Are window sashes solid and intact, properly fitted, and free from damage and/or deterioration? Do all windows provide a weather-tight seal?		
3. Doors: Are all exterior doors weather-tight, lockable, have no holes, have all trim intact, and have a threshold? Are all interior doors free from holes that breach both sides of the door and open-able without the use of a key?		
4. Floors: Are all floors smooth (free from tripping hazards) and finished? Do all floors have transition trim/sealing where flooring meets the wall or another type of flooring? Are floors free from exposed nail heads, tape/securing material?		
5. Sinks: Do all sinks and commode water lines have shut-off valves (unless faucets are wall mounted)?		
6. Toilets: Are all toilets free from worn/cracked toilet seats/lids? Do all tank lids fit properly?		
7. Security: If window security bars/security screens are present, are they equipped with a quick release system?		
8. Smoke Detectors: Is there at least one (1) working smoke detector on each level of the home? If the home has an area for living/sleeping that is generally separated from the main living area, has an additional smoke detector been installed in the separated area? Do all smoke detectors have 10-year batteries, a test button, and a silencer/hush button?*		
9. Electrical/Mechanical Equipment: Is all electrical/mechanical (such as dishwashers, laundry equipment, etc) supplied by the owner in good working order and does not pose a danger to the family?		
10. Water Heater: Is the water heater equipped with a discharge line from the Temperature/Pressure Relief Valve that is aimed toward the floor or plumbed, and made of metal or a material rated to handle water at temperatures exceeding 120 degrees Fahrenheit?		
11. Modifications to the Unit to Accommodate a Disability: Have any modifications to accommodate a disability been done in such a way that they meet the other requirements of HQS and building codes?		
12. Exterior Identification of the Unit: Is the address of the unit identifiable from the exterior? Is the street number (single family homes) or unit number (multi-family units) displayed on the exterior of the unit? Is the street number/unit number readable?		
13. Potable Water: If the unit has a water source other than a municipal connection (i.e. wells, pumps, springs), has the water been tested, and approved, for potability by an appropriate testing agency?		

* Be aware that the minimum requirements for smoke detectors to meet HQS may not meet local code requirements. The Department of Housing Services encourages owners of rental housing to check with the local jurisdiction or fire department to ensure compliance with local code.

Appendix B: Rent Reasonableness Factors

Below, the factors used as points of comparison for determining rent reasonableness are listed.

Age

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> 5 - 20 Years |
| <input type="checkbox"/> 21 - 50 years | <input type="checkbox"/> 51 + years |

Amenities and Facilities

- | | |
|--|--|
| <input type="checkbox"/> Blinds/Drapes Incl. | <input type="checkbox"/> Carpet |
| <input type="checkbox"/> Coin-op Laundry | <input type="checkbox"/> Deck or Patio |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Fireplace/Woodstove |
| <input type="checkbox"/> Garage or Carport | <input type="checkbox"/> Garbage Disposal |
| <input type="checkbox"/> Greenspace for All Residents | <input type="checkbox"/> Resident Parking |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Range/Stove Provided | <input type="checkbox"/> Rec Room |
| <input type="checkbox"/> Refrigerator Provided | <input type="checkbox"/> Storage |
| <input type="checkbox"/> W/D Hookup | <input type="checkbox"/> W/D Provided |
| <input type="checkbox"/> Other Amenities or Facilities | <input type="checkbox"/> Private Yard |

Housing Services

- | | |
|--|---|
| <input type="checkbox"/> Scheduled Carpet Cleaning | <input type="checkbox"/> Hot Water - Owner Supplied |
| <input type="checkbox"/> Scheduled Interior Painting | <input type="checkbox"/> Lawn Care Provided |
| <input type="checkbox"/> Other Service Not Listed | |

Location

- | | |
|---|---|
| <input type="checkbox"/> Residential Neighborhood close to most services. | <input type="checkbox"/> Residential Neighborhood far from most services. |
| <input type="checkbox"/> Commercial Area | <input type="checkbox"/> High Density Area |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Rural location - no nearby services. |

Maintenance

- | | |
|---|---|
| <input type="checkbox"/> Excellent Maintenance | <input type="checkbox"/> Good Maintenance |
| <input type="checkbox"/> Fair Maintenance | <input type="checkbox"/> Poor Maintenance |
| <input type="checkbox"/> No Maintenance/Tenant Maintained | |

Quality

- | | |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good |
| <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

Size Other

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Large Rooms | <input type="checkbox"/> Average Rooms |
| <input type="checkbox"/> Small Rooms | |

Size Square Feet

- | | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Very Large | <input type="checkbox"/> Large |
| <input type="checkbox"/> Average | <input type="checkbox"/> Small |

Unit Type

- | | |
|---|--|
| <input type="checkbox"/> Multifamily | <input type="checkbox"/> 3 or 4 Plex |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Manufactured Home |
| <input type="checkbox"/> Single Family Dwelling | |

Utilities

- | | |
|--|--|
| <input type="checkbox"/> Water Included | <input type="checkbox"/> Sewer Included |
| <input type="checkbox"/> Garbage Included | <input type="checkbox"/> Electricity and/or Gas Included |
| <input type="checkbox"/> Cable Provided | <input type="checkbox"/> Phone Service Included |
| <input type="checkbox"/> Internet Provided | |