



Minimum Standards for Permanent Housing

Address: _____ Apt. _____ Pasadena, TX _____

Date: _____ Rental Assistance Utility Assistance

Instructions: Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

Approved	Deficient	Standard (24 CFR part 576.403(c))
<input type="checkbox"/>	<input type="checkbox"/>	1. Structure and materials: The structure is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents.
<input type="checkbox"/>	<input type="checkbox"/>	2. Space and security: Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided an acceptable place to sleep.
<input type="checkbox"/>	<input type="checkbox"/>	3. Interior air quality: Each room or space has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.
		4. Water Supply: The water supply is free from contamination.
<input type="checkbox"/>	<input type="checkbox"/>	5. Sanitary Facilities: Residents have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
<input type="checkbox"/>	<input type="checkbox"/>	6. Thermal environment: The housing has any necessary heating/cooling facilities in proper operating condition.
<input type="checkbox"/>	<input type="checkbox"/>	7. Illumination and electricity: The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the structure.
<input type="checkbox"/>	<input type="checkbox"/>	8. Food preparation: All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
<input type="checkbox"/>	<input type="checkbox"/>	9. Sanitary condition: The housing is maintained in sanitary condition.
<input type="checkbox"/>	<input type="checkbox"/>	10. Fire safety:
<input type="checkbox"/>	<input type="checkbox"/>	a. There is a second means of exiting the building in the event of fire or other emergency.
<input type="checkbox"/>	<input type="checkbox"/>	b. The unit includes at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors are located, to the extent practicable, in a hallway adjacent to a bedroom.
<input type="checkbox"/>	<input type="checkbox"/>	c. If the unit is occupied by hearing-impaired persons, smoke detectors have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.
<input type="checkbox"/>	<input type="checkbox"/>	The public areas are 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, day care centers, hallways, stairwells, and other common areas.
<input type="checkbox"/>	<input type="checkbox"/>	11. Meets additional recipient/subrecipient standards (if any).



CERTIFICATION STATEMENT

I certify that I am not a HUD certified inspector and I have evaluated the property located at the address below to the best of my ability and find the following:

- Property meets all of the above standards.
- Property does not meet all of the above standards.

Therefore, I make the following determination:

- Property is approved.
- Property is not approved.

COMMENTS:

ESG Subrecipient Name: _____

Program Participant Name: _____

Street Address: _____ Apartment: _____

City: Pasadena State: TX Zip: _____

Evaluator Signature: _____ Date of review: _____

Evaluator Name: _____



About this Tool: The *Lead Safe Housing Requirements Screening Worksheet* is intended to guide subrecipients through the lead-based paint inspection process to ensure compliance with the rule. Staff can use this worksheet to document any exemptions that may apply, whether any potential hazards have been identified, and if safe work practices and clearance are required and used. A copy of the completed worksheet along with any additional documentation (HCAD print out) should be kept in each program participant's case file.

Lead Safe Housing Requirements Screening Worksheet

Instructions

To prevent lead-poisoning in young children, ESG subrecipients must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. Under certain circumstances, a visual assessment of the unit is not required. This screening worksheet will help program staff determine whether a unit is subject to a visual assessment, and if so, how to proceed. A copy of the completed worksheet along with any related documentation should be kept in each program participant's file.

Note: **ALL** pre-1978 properties are subject to the disclosure requirements outlined in 24 CFR 35, Part A, regardless of whether they are exempt from the visual assessment requirements.

Basic Information

Name of Participant: _____

Address: _____ Unit Number _____

City: Pasadena State: TX Zip: _____

Part 1: Determine Whether the Unit is Subject to a Visual Assessment

If the answer to one or both of the following questions is 'no,' a visual assessment is not triggered for this unit and no further action is required at this time. Place this screening worksheet and related documentation in the program participant's file.

If the answer to both of these questions is 'yes,' then a visual assessment is triggered for this unit and program staff should continue to Part 2.

1. Was the leased property constructed before 1978?
 Yes
 No
2. Will a child under the age of six be living in the unit occupied by the household receiving ESG assistance?
 Yes
 No

Part 2: Document Additional Exemptions

If the answer to any of the following questions is 'yes,' the property is exempt from the visual assessment requirement and no further action is needed at this point. Place this screening sheet and supporting documentation for each exemption in the program participant's file.

If the answer to all of these questions is 'no,' then continue to Part 3 to determine whether deteriorated paint is present.

1. Is it a zero-bedroom or SRO-sized unit?
 Yes
 No
2. Has X-ray or laboratory testing of all painted surfaces by certified personnel been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint?
 Yes
 No
3. Has this property had all lead-based paint identified and removed in accordance with HUD regulations?
 Yes
 No
4. Is the client receiving Federal assistance from another program, where the unit has already undergone (and passed) a visual assessment within the past 12 months (e.g., if the client has a Section 8 voucher or is receiving ESG assistance for a security deposit or arrears)?
 Yes (Obtain documentation for the case file.)
 No
5. Does the property meet any of the other exemptions described in 24 CFR Part 35.115(a).
 Yes
 No

Please describe the exemption and provide appropriate documentation of the exemption.

Part 3: Determine the Presence of Deteriorated Paint

To determine whether there are any identified problems with paint surfaces, program staff should conduct a visual assessment prior to providing ESG financial assistance to the unit as outlined in the following training on HUD's website at: <http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>.

If no problems with paint surfaces are identified during the visual assessment, then no further action is required at this time. Place this screening sheet and certification form (Attachment A) in the program participant's file.

If any problems with paint surfaces are identified during the visual assessment, then continue to Part 4 to determine whether safe work practices and clearance are required.

1. Has a visual assessment of the unit been conducted?
 Yes
 No
2. Were any problems with paint surfaces identified in the unit during the visual assessment?
 Yes
 No (Complete Attachment A – Lead-Based Paint Visual Assessment Certification Form)

Part 4: document the level of identified problems

All deteriorated paint identified during the visual assessment must be repaired prior to clearing the unit for assistance. However, if the area of paint to be stabilized exceeds the de minimus levels (defined below), the use of lead safe work practices and clearance is required.

If deteriorating paint exists but the area of paint to be stabilized does not exceed these levels, then the paint must be repaired prior to clearing the unit for assistance, but safe work practices and clearance are not required.

1. Does the area of paint to be stabilized exceed any of the de minimus levels below?
 - 20 square feet on exterior surfaces Yes No
 - 2 square feet in any one interior room or space Yes No
 - 10 percent of the total surface area on an interior or exterior component with a small surface area, like window sills, baseboards, and trim Yes No

If *any* of the above are 'yes,' then safe work practices and clearance are required prior to clearing the unit for assistance.

Part 5: Confirm all identified deteriorated paint has been stabilized

Program staff should work with property owners/managers to ensure that all deteriorated paint identified during the visual assessment has been stabilized. If the area of paint to be stabilized does not exceed the de minimus level, safe work practices and a clearance exam are not required (though safe work practices are always recommended). In these cases, the ESG program staff should confirm that the identified deteriorated paint has been repaired by conducting a follow-up assessment.

If the area of paint to be stabilized exceeds the de minimus level, program staff should ensure that the clearance inspection is conducted by an independent certified lead professional. A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician. Note, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint.

1. Has a follow-up visual assessment of the unit been conducted?
 Yes
 No
2. Have all identified problems with the paint surfaces been repaired?
 Yes
 No
3. Were all identified problems with paint surfaces repaired using safe work practices?
 Yes
 No
 Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.
4. Was a clearance exam conducted by an independent, certified lead professional?
 Yes
 No
 Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.
5. Did the unit pass the clearance exam?
 Yes
 No
 Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

Note: A copy of the clearance report should be placed in the program participant's file.



ATTACHMENT 1: Lead-Based Paint Visual Assessment Certification

- I, _____, certify the following:
(Printed Name)
- I have completed HUD's online visual assessment training and am a HUD-certified visual assessor.
- I conducted a visual assessment at _____
(Property Address and Unit Number)
on _____.
(Date of assessment)
- No problems with paint surfaces were identified in the unit or in the building's common areas.

(Signature)

(Date)



ATTACHMENT 2: Lead Hazard Notice and Lead Hazard Information Pamphlet Affidavit

This is to acknowledge that I/ we were provided with the Lead Hazard Information Pamphlet, in accordance with 24 CFR 35.125 and 24 CFR 35.130, when the HUD required habitability inspection and visual assessments were performed on my residence located at

_____ Apt. _____, Pasadena, Texas 775_____.

Program Participant Signature: _____ Date: _____

Staff Member: _____ Date: _____

Fair Housing & Equal Opportunity Information Affidavit

This is to acknowledge that I/we were provided with the *Fair Housing: "Equal Opportunity for All"* booklet and the *"Are You a Victim of Housing Discrimination? Fair Housing is Your Right!"* brochure.

Program Participant Signature: _____ Date: _____

Staff Member: _____ Date: _____



ESG RENT REASONABLENESS CHECKLIST AND CERTIFICATION

Participant Name: _____

24 CFR 574.320 (a) (3) Rent reasonableness. The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.

	Proposed Unit	COMPARABLE UNIT #1	COMPARABLE UNIT #2	COMPARABLE UNIT #3
ADDRESS:				
NUMBER OF BEDROOMS				
SQUARE FEET				
TYPE OF UNIT				
HOUSING CONDITION				
LOCATION (ZIP CODE)				
AMENITIES (LIST):				
YEAR BUILT				
RENT				
UTILITIES INCLUDED				
HANDICAP ACCESSIBLE?				

* OTHER LOCAL RESOURCES MAY BE USED TO OBTAIN INFORMATION, E.G.: MARKET SURVEYS, CLASSIFIED ADS.

CERTIFICATION:

A. COMPLIANCE WITH PAYMENT STANDARD

PROPOSED CONTRACT RENT + UTILITY ALLOWANCE = PROPOSED GROSS RENT

APPROVED RENT DOES NOT EXCEED APPLICABLE PAYMENT STANDARD OF \$_____.

B. RENT REASONABLENESS

BASED UPON A COMPARISON WITH RENTS FOR COMPARABLE UNITS, I HAVE DETERMINED THAT THE PROPOSED RENT FOR

THE UNIT IS OR IS NOT REASONABLE.

NAME: _____ SIGNATURE: _____ DATE: _____