



## Liberty County Housing Authority

2103 Cos St, Room 103  
Liberty, Texas 77575

Phone (936) 336-4558, ext.  
Fax (936) 336-805

### To Prospective Landlord:

Thank you for the consideration given to participating in the Liberty County Housing Choice Voucher Program. The program is designed to provide housing assistance to elderly, veteran, handicapped/disabled, low income families who otherwise would not be able to live in a unit of their choice.

### The program benefits for the landlord include:

The Housing Authority does most of the paperwork.

The tenant is obligated to remain in the unit at least one (1) year.

The Landlord may screen the tenant.

The Landlord has the right to terminate the contract in accordance with contract procedures.

The Landlord has the right to perform inspections in accordance with contract procedures.

The Landlord has the Housing Authority's support.

Contract renewal is optional at the end of the one (1) year lease term.

### Security Deposit

The amount of the security deposit should be set in accordance with HUD rules and regulations. The amount may be 30% of the family's monthly income; or not more than one month's rent. The Housing Authority asks for your cooperation to avoid adding additional financial hardship on a low/fixed income family. Creating a payment plan for the deposit is always welcomed. The tenant is responsible for the deposit.

### Items Property Owner must provide in person:

- A clear Deed to the property where the Section 8 participant will reside. A Deed of Trust or Warranty Deed w/Vendor's Lien **from an individual** will not suffice.
- Property Owner's completed W-9
- Property Owner's current photo ID
- Property Owner's signed Release of Information
- A signed lease between the landlord and the tenant

**\*\*Additionally, the property must pass HQS Inspection prior to any contract or subsidy payment\*\***

**DO NOT LET ANY TENANT MOVE IN WITHOUT APPROVAL FROM THIS AGENCY**

## SECTION 8 LANDLORD CONTACT INFORMATION SHEET

<b>Business Name</b> (if applicable)	
<b>First Name:</b>	
<b>Last Name:</b>	
<b>Gender:</b>	
<b>Race:</b>	
<b>SSN/TIN:</b>	
<b>Name on Check:</b> (Must match the SSN/TIN)	
<b>Phone # (ext):</b>	
<b>Cell #:</b>	
<b>Fax #:</b>	
<b>Physical Address:</b>	
<b>Mailing Address:</b>	
<b>City, State, Zip:</b>	
<b>Email Address:</b>	
<b>Rental Property Address:</b>	

# Background Check Authorization Form

## Applicant Agreement and Release

I, the undersigned applicant, do hereby certify that all information provided by me for the purpose of participation as Section 8 landlord is true and complete to the best of my knowledge. I understand that falsification of any information on company documents may lead to denial of employment or termination.

In connection with my application for employment, I understand that investigative background inquiries will be made about me that can include consumer credit and criminal convictions. These reports will include information as to my general reputation. Further, I understand that you will be requesting information from various federal, state, and other agencies that may maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences.

I authorize, without reservation, any party or agency contacted by Liberty County Housing Authority to furnish the above-mentioned information prior to or at any time during my participation. ***The information on this form will be used solely for the purpose of conducting background checks to determine eligibility and will be maintained in a confidential file.***

I hereby release all the persons and agencies providing such information from any and all claims, damages, or liabilities connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge Liberty County Housing Authority to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieval and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if participation was denied based on information contained in the report.

## Applicant Information and Signature

I understand that to aid in the proper identification of my file or records, the following information is necessary:

Print Your Name \_\_\_\_\_

Current Address \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Drivers' License No. \_\_\_\_\_ State \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Applicant Request for Records

If the company obtains records from a consumer reporting agency, such as my credit report, (*applicant, select one*):

- I would like a copy       I would not like a copy

## Applicant Data for Background Checking Purposes

(Release from page 1 applies to this information)

1. What position are you applying for? Section 8 Landlord for the Liberty County Housing Authority

2. Have you lived in any state(s) or countries other than the one you currently reside in?

Yes  No

3. If yes, please list the state or country and the dates you resided in each:

State/Country \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Former Address \_\_\_\_\_

State/Country \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Former Address \_\_\_\_\_

State/Country \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Former Address \_\_\_\_\_

4. Do you have a valid driver's license issued in any state(s) other than the state you currently reside in?

Yes  No

5. If yes, list state(s) and driver's license number(s):

State \_\_\_\_\_ Driver's License Number \_\_\_\_\_

State \_\_\_\_\_ Driver's License Number \_\_\_\_\_

6. Are you known by any other name?  Yes  No (Include maiden name, if applicable)

7. If yes, please print name(s) \_\_\_\_\_

8. Have you ever been issued or have you ever used another Social Security number?

Yes  No



**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>*</sup>

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

**\*Note:** The grantor also must provide a Form W-9 to trustee of trust.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

## Request for Tenancy Approval (RFTA)

1. This form is to be completed and signed by the landlord and signed by the prospective tenant. The completed form must be returned to the Housing Authority to begin the inspection process. It is recommended the property owner/landlord be present for the inspection. The applicant is not required to attend.
2. Please note, the Housing Authority is allowed ten business days from time of receipt to complete the inspection. Any life-threatening issues found on the inspection will halt the process.
3. There are no guarantees your property will be accepted for Section 8 use.
4. If your property is accepted for Section 8 use and placed in their inventory, the property owner is not required to lease solely to Section 8 tenants. This is your private property to rent as you wish. You are not required to hold your property strictly for the use of the Housing Authority.
5. The prospective tenant must be able to afford to pay 30% of their monthly income towards the rent. The voucher size is set by the Housing Authority according to the prospective tenant's family size and income level.



# Request for Tenancy Approval Housing Choice Voucher Program

## U.S. Department of Housing and Urban Development

OMB Approval No. 2577-0169  
(exp. 09/30/2017)

### Office of Public and Indian Housing

Public reporting burden for this collection of information is estimated to average 08 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or respond to, a collection of information unless that collection displays a valid OMB control number. The Department of Housing and Urban Development (HUD) is authorized to collect or sponsor, and a person is not required to information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the data on the family's selected unit is mandatory. The information is used to determine if the unit is eligible for rental assistance. HUD may disclose this information to Federal, State, and local agencies when relevant 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 voucher assistance.

1. Name of Public Housing Agency (PHA) <b>LIBERTY COUNTY HOUSING AUTHORITY</b>	2. Address of Unit (street address, apartment number, city, State & zip code)
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3. Requested Beginning Date of Lease	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
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9. Type of House/Apartment  
 Single Family Detached   
 Semi-Detached / Row House   
 Manufactured Home   
 Garden / Walkup   
 Elevator / High-Rise

10. If this unit is subsidized, indicate type of subsidy :

Section 202   
 Section 221(d)(3)(BMIR)   
 Section 236 (Insured or noninsured)   
 Section 515 Rural Development  
 Home   
 Tax Credit  
 Other (Describe Other Subsidy, Including Any State or Local Subsidy) \_\_\_\_\_

11. Utilities and Appliances  
The owner shall provide or pay for the utilities and appliances indicated below by an " O ". The tenant shall provide or pay for the utilities and appliances indicated below by a " T ". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

12. Owner's Certifications.

a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. **Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.**

	Address and unit number	Date Rented	Rental Amount
1.			
2.			
3.			

b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

Print or Type Name of Owner/Owner Representative

Print or Type Name of Household Head

Signature

Signature (Household Head)

Business Address

Present Address of Family (street address, apartment no., city, State, & zip code)

Telephone Number

Date (mm/dd/yyyy)

Telephone Number

Date (mm/dd/yyyy)

c. Check one of the following:

\_\_\_\_ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.

\_\_\_\_ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.

\_\_\_\_ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. **The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.**

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

# Housing Quality Standards Self-Inspection Checklist

This handy checklist will assist you in preparing units to pass inspection.

Major Areas of Unit		Questions to Ask	Yes or No
Mechanical Items	Electricity	1. Do all fixtures and outlets work (at least 2 outlets per /room or one outlet and one light fixture per room)? <b>GFCI</b>	
		2. Is there lighting in the common hallways and porches?	
		3. Are all outlets, light switches and fuse boxes properly covered with no cracks or breaks in the cover plates/doors?	
		4. Are light/electrical fixtures securely fastened without any hanging or exposed wires (anywhere the tenant has access)?	
	HVAC	5. Have you arranged for all utilities to be on the day of the inspection?	
		6. Is there adequate heat in all living spaces?	
Plumbing	Bathroom	7. Is toilet securely fastened with no leaks or gaps? Does it flush properly?	
		8. Sink - Is there hot and cold running water, proper drainage and no leaks?	
		9. Bathtub/shower - Is there hot and cold running water, proper drainage and no leaks?	
		10. Is bathroom vented with either an exterior window or exhaust fan?	
	Kitchen	11. Sink - Is there hot and cold running water, proper drainage and no leaks?	
		12. Stove - Is there a hand-operated gas shut-off valve?	
Other	13. Does hot water tank work?		
	14. Does hot water tank have an extension pipe?		
	15. Do radiators function with no leaks?		
	16. Is bathroom free of any sewer odor or drainage problem?		
Interior of Unit	Wall Condition	17. Are walls free of air and moisture leaks? Large holes and cracks?	
	Ceiling Condition	18. Are ceilings free of air and moisture leaks? Large holes and cracks?	
	Floor Condition	19. Are floors free of weak spots or missing floorboards?	
		20. Are floors free of tripping hazards from loose flooring or covering?	
	Cabinetry/Interior Doors	21. Are cabinets securely fastened to the wall?	
		22. Is there space for food preparation and storage?	
		23. Are all doors securely hung?	
	Security	24. Is there free and clear access to all exits?	
		25. Are there deadbolt locks on entry doors to the unit? Do they open with a key from the outside and a knob/latch from the inside?	
		26. Are entrance and exit doors solid?	
		27. Do first floor windows and those opening to a stairway, fire escape or landing have locks?	
	Health and Safety		28. Is there at least one battery-operated CO detector present and functioning within 15 feet of every room used for sleeping and every source of carbon monoxide, including furnaces and boilers?
29. Is there a working smoke detector on each level of the unit?			
30. Are smoke detectors installed on walls at least 4" and not more than 12" from ceiling? Are smoke detectors installed on ceilings at least 4" from the wall? Are smoke detectors installed within 15 ft. of each sleeping area?			
31. Is unit free of any evidence of insect or rodent infestation?			
32. Is unit free of any evidence of mold or mildew?			

# Housing Quality Standards Self-Inspection Checklist

(continued from front)

Major Areas of Unit		Questions to Ask	Yes or No
Interior of Unit	Appliances	32. Do all burners on the stovetop ignite, does the oven work and are all knobs present?	
		33. Does refrigerator/freezer cool properly?	
		34. Is refrigerator/freezer large enough for the family occupying the unit?	
	Windows	35. Is there at least one exterior window in each bedroom and in the living room?	
		36. Do windows open, close and lock properly?	
	37. Is unit free of any cracked, broken or leaky windows?		
Exterior of Unit	Other	38. Is roof free of leaks?	
		39. Are gutters firmly attached?	
		40. Are exterior surfaces in a condition to prevent moisture leakage and rodent infestation?	
		41. Is chimney secure? Is flue tightly sealed with no gaps?	
		42. Is foundation sound?	
		43. Are openings around doors and windows weather-tight?	
	44. Are sidewalks free of tripping hazards?		
Common Areas	Stairways: Interior and Exterior	46. Are all handrails properly secured?	
		47. Is a handrail present when there are 4 or more consecutive steps?	
		48. Are stairs free of any loose, broken or missing steps?	
		49. Are stairways free of any tripping hazards?	
		50. Are there proper exit signs?	
	51. Are there secure railings on porches, balconies and landings 30" high or higher?		
General		52. Is unit free of debris inside and outside of unit?	
		53. INTERIOR AND EXTERIOR of units rented to families with children under the age of six: is unit free of any chipping, peeling, flaking, chalking or cracking painted surfaces, including windows, window wells, door frames, walls, ceilings, porches, garages, fences or play equipment?	
		54. Are there covered receptacles for disposal of waste?	
		55. Is the unit clean and ready to move in?	
	Notes:		