



Habitability Inspection Form Group Residential Housing – Supportive Housing Setting

APPLICANT NAME:	MAXIS CASE NUMBER:	DATE OF BIRTH:
COUNTY:	FINANCIAL WORKER:	PHONE/FAX:
ADDRESS OF HOUSING UNIT:		
PROPERTY OWNER NAME:	PROPERTY OWNER ADDRESS:	

Group Residential Housing (GRH) supportive housing settings must have an approved habitability inspection. The habitability inspection will determine whether the housing occupied by the GRH recipients meets the Department of Human Services’ habitability standards.

Inspector:

- Check “Approved” or “Deficient” for each standard on the back of this form, and describe any deficiencies in comments section at the bottom of the page.
- Complete the certification statement below.
- Assist GRH applicant as needed in submitting this form to the financial worker listed above.
- Give a copy of this completed form to the GRH applicant.

Certification Statement:

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

- Property meets all of the habitability standards. Unit is approved for GRH funding.*
- Property does not meet all of the habitability standards. Unit is not approved for GRH funding.*

INSPECTOR NAME:	INSPECTOR’S AGENCY:	PHONE NUMBER:
DATE OF INSPECTION:	TYPE OF INSPECTION: <input type="checkbox"/> Initial <input type="checkbox"/> Re-inspection	
INSPECTOR SIGNATURE:		

Will unit be re-inspected? Yes No

Plans and timelines to improve conditions:

Planned re-inspection date:

**When this form is completed, please get it to the financial worker listed above.
GRH benefits cannot be approved until this form is received.**

Habitability Inspection Standards

Approved	Deficient	Standard
		1. Structure and materials: The building appears structurally sound, appears to protect the residents from the elements and does not appear to pose any threat to the health and safety of the residents.
		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.
		3. Interior air quality: Each room or space has a natural or mechanical means of ventilation. The interior air appears to be free of pollutants.
		4. Water Supply: The water supply appears to be clean and safe. All plumbing fixtures and drains appear to be in proper operating condition.
		5. Sanitary Facilities: Residents have access to sufficient sanitary facilities that appear to be in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
		6. Thermal environment: The housing has any necessary heating facilities which appear to be in proper operating condition.
		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.
		8. Food preparation: All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
		9. Sanitary condition: <i>The housing is maintained and appears to be in sanitary condition.</i>
		10. Fire safety: <ol style="list-style-type: none"> a. There is a second means of exiting the building in the event of fire or other emergency. 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. 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. d. 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, hallways, stairwells, and other common areas.

Comments (Locations and details of deficiencies):

651-431-3941

Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB3-0001 (3-13)

ADA2 (12-12)

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