

Inspection Checklist

Housing Choice Voucher Program

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

OMB Approval No. 2577-0169
(Exp. 07/31/2022)

Public reporting burden for this collection of information is estimated to average 0.50 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 sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number

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			
Inspected Unit		Year Constructed (yyyy)	Housing Type (check as appropriate)
Full Address (including Street, City, County, State, Zip)			<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
Number of Children in Family Under 6			
Owner			
Name of Owner or Agent Authorized to Lease Unit Inspected		Phone Number	
Address of Owner or Agent			

B. Summary Decision On Unit (To be completed after form has been filled out)

Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
Fail		
Inconclusive		

Inspection Checklist

Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
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				<input type="checkbox"/> 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 <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				<input type="checkbox"/> 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 <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				<input type="checkbox"/> 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?					

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.

C. Special Amenities (Optional)

This Section is for optional use of the HA. It is designed to collect additional information about other positive features of the unit that may be present. Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent.
Check/list any positive features found in relation to the unit.

D. Questions to ask the Tenant (Optional)

1. Living Room

- ☐ High quality floors or wall coverings
- ☐ Working fireplace or stove Balcony,
- ☐ patio, deck, porch Special windows
- ☐ or doors
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

2. Kitchen

- ☐ Dishwasher
- ☐ Separate freezer
- ☐ Garbage disposal
- ☐ Eating counter/breakfast nook
- ☐ Pantry or abundant shelving or cabinets
- ☐ Double oven/self cleaning oven, microwave
- ☐ Double sink
- ☐ High quality cabinets
- ☐ Abundant counter-top space
- ☐ Modern appliance(s)
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

3. Other Rooms Used for Living

- ☐ High quality floors or wall coverings
- ☐ Working fireplace or stove Balcony,
- ☐ patio, deck, porch Special windows
- ☐ or doors
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

4. Bath

- ☐ Special feature shower head
- ☐ Built-in heat lamp
- ☐ Large mirrors
- ☐ Glass door on shower/tub
- ☐ Separate dressing room
- ☐ Double sink or special lavatory
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

5. Overall Characteristics

- ☐ Storm windows and doors
- ☐ Other forms of weatherization (e.g., insulation, weather stripping) Screen doors or windows
- ☐ Good upkeep of grounds (i.e., site cleanliness, landscaping, condition of lawn)
- ☐ Garage or parking facilities
- ☐ Driveway
- ☐ Large yard
- ☐ Good maintenance of building exterior
- ☐ Other: (Specify)

6. Disabled Accessibility

Unit is accessible to a particular disability. ☐ Yes ☐ No
Disability

1. Does the owner make repairs when asked? Yes ☐ No ☐
2. How many people live there?
3. How much money do you pay to the owner/agent for rent? \$ _____
4. Do you pay for anything else? (specify) _____
5. Who owns the range and refrigerator? (insert O = Owner or T = Tenant) Range _____ Refrigerator _____ Microwave ☐
6. Is there anything else you want to tell us? (specify) Yes ☐ No ☐

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number

Inspector

Date of Inspection (mm/dd/yyyy) Address of Inspected Unit

Type of Inspection

Initial

Special

Reinspection

Item Number

Reason for "Fail" or "Pass with Comments" Rating

100

Yes

7

No

1

INSPECTION REPORT ON MOVE-IN

TENANT _____
 ADDRESS _____
 UNIT NO. _____

PROJECT NO. _____
 DATE MOVE-IN _____
 ACCOUNT NO. _____

	LIVING ROOM	KITCHEN	BATH	STAIR HALL	BEDROOM 1	BEDROOM 2	BEDROOM 3	BEDROOM 4	BEDROOM 5	
WALLS										KITCHEN EQUIPMENT
CEILING										
FLOORS										
LIGHT FIXTURES										RANGE
LIGHT BULBS										
LIGHT SWITCHES										
RECEPTACLES										SWITCHES <input type="checkbox"/> PILOT LIGHT <input type="checkbox"/> SURFACE UNITS <input type="checkbox"/> OVEN DOOR <input type="checkbox"/> OVEN UNIT <input type="checkbox"/> RACKS <input type="checkbox"/> BROILER PAN <input type="checkbox"/>
RADIATOR										
SPACE HEATER										
WINDOW GLASS										REFRIGERATOR
WINDOW HARDWARE										
WINDOW SHADES										
WINDOW SCREENS										DOOR <input type="checkbox"/> ICE TRAYS (NO. _____) CHILLER TRAY <input type="checkbox"/> BUTTER DISH <input type="checkbox"/> RACKS <input type="checkbox"/>
CURTAIN RODS										
DOOR										
DOOR GLASS										CABINETS
DOOR HARDWARE										
DOOR SCREENS										
DOOR KEYS - FRONT										SHELVES <input type="checkbox"/> DOORS <input type="checkbox"/> DRAWERS <input type="checkbox"/> HARDWARE <input type="checkbox"/>
DOOR KEYS - REAR										
CLOSET										
EXTERIOR: MAIL BOX <input type="checkbox"/> HOUSE NUMBER <input type="checkbox"/> CLOTHESLINE <input type="checkbox"/> GARBAGE CAN <input type="checkbox"/> LIGHT FIXTURES: FRONT <input type="checkbox"/> REAR <input type="checkbox"/> CHECKING SYMBOLS: <input checked="" type="checkbox"/> MISSING OR BROKEN <input checked="" type="checkbox"/> ACCEPTABLE										PLUMBING
										BATH ROOM FIXTURES
										TOWEL RACK <input type="checkbox"/> PAPER HOLDER <input type="checkbox"/> MEDICINE CAB. <input type="checkbox"/> GLASS HOLDER <input type="checkbox"/> WATER CLOSET <input type="checkbox"/> FLUSHING <input type="checkbox"/> SHOWER <input type="checkbox"/> DRAIN <input type="checkbox"/> BATH TUB <input type="checkbox"/> STOPPER <input type="checkbox"/> DRAIN <input type="checkbox"/> LAVATORY <input type="checkbox"/> STOPPER <input type="checkbox"/> DRAIN <input type="checkbox"/>
										METER READING

THIS UNIT IS IN DECENT, SAFE AND SANITARY CONDITION.

No of Keys Issued _____ Fire Exting. _____ Smoke Detector _____ Door/Locks/ Closes Properly _____ Condition of Interior Paint _____

FAMILY CERTIFICATION

I Certify that the foregoing report correctly represents the conditions of the above - identified unit.

Signature of the Family member (s) who made this inspection

HOUSING AUTHORITY CERTIFICATION

I certify that the foregoing report correctly represents the condition of the above identified unit.

HOUSING AUTHORITY/BY:

When Deficiencies, Repairs and/or Painting Has Been Completed, This Form Must Be Signed and Returned to the Housing Authority.

INSPECTION REPORT ON MOVE-OUT

RESIDENT _____
 ADDRESS _____
 UNIT NO. _____

PROJECT NO. _____
 DATE VACATED _____
 ACCOUNT NO. _____

COMMENTS:	LIVING ROOM	KITCHEN	BATH	STAIR HALL	BEDROOM 1	BEDROOM 2	BEDROOM 3	BEDROOM 4	BEDROOM 5	KITCHEN EQUIPMENT
WALLS										RANGE SWITCHES <input type="checkbox"/> PILOT LIGHT <input type="checkbox"/> SURFACE UNITS <input type="checkbox"/> OVEN DOOR <input type="checkbox"/> OVEN UNIT <input type="checkbox"/> RACKS <input type="checkbox"/> BROILER PAN <input type="checkbox"/>
CEILING										REFRIGERATOR DOOR <input type="checkbox"/> ICE TRAYS (NO. ____) CHILLER TRAY <input type="checkbox"/> BUTTER DISH <input type="checkbox"/> RACKS <input type="checkbox"/>
FLOORS										
LIGHT FIXTURES										
LIGHT BULBS										CABINETS SHELVES <input type="checkbox"/> DOORS <input type="checkbox"/> DRAWERS <input type="checkbox"/> HARDWARE <input type="checkbox"/>
LIGHT SWITCHES										
RECEPTACLES										
RADIATOR										PLUMBING SINK <input type="checkbox"/> STOPPER <input type="checkbox"/> FAUCET <input type="checkbox"/> DRAIN <input type="checkbox"/> CRUMB CUP <input type="checkbox"/> DRAIN BOARD <input type="checkbox"/>
SPACE HEATER										
WINDOW GLASS										
WINDOW HARDWARE										BATH ROOM FIXTURES TOWEL RACK <input type="checkbox"/> PAPER HOLDER <input type="checkbox"/> MEDICINE CAB <input type="checkbox"/> GLASS HOLDER <input type="checkbox"/> WATER CLOSET <input type="checkbox"/> FLUSHING <input type="checkbox"/> SHOWER <input type="checkbox"/> DRAIN <input type="checkbox"/> BATH TUB <input type="checkbox"/> STOPPER <input type="checkbox"/> DRAIN <input type="checkbox"/> LAVATORY <input type="checkbox"/> STOPPER <input type="checkbox"/> DRAIN <input type="checkbox"/>
WINDOW SHADES										
WINDOW SCREENS										
CURTAIN RODS										METER READING KWH _____ CU. FT. _____
DOOR										
DOOR GLASS										
DOOR HARDWARE										
DOOR SCREENS										
DOOR KEYS - FRONT										
DOOR KEYS - REAR										
CLOSET										
EXTERIOR: MAIL BOX <input type="checkbox"/> HOUSE NUMBER <input type="checkbox"/> CLOTHESLINE <input type="checkbox"/> GARBAGE CAN <input type="checkbox"/> LIGHT FIXTURES: FRONT <input type="checkbox"/> REAR <input type="checkbox"/> CHECKING SYMBOLS: <input checked="" type="checkbox"/> MISSING OR BROKEN <input checked="" type="checkbox"/> ACCEPTABLE										

THIS UNIT IS IN DECENT, SAFE AND SANITARY CONDITION.

No of Keys Issued _____ Fire Exting. _____ Smoke Detector _____ Door/Locks/ Closes Properly _____ Condition of Interior Paint _____

HOUSING AUTHORITY CERTIFICATION
 I certify that the foregoing report correctly represents the condition of the above identified unit.

HOUSING AUTHORITY/BY: _____

When Deficiencies, Repairs and/or Painting Has Been Completed, This Form Must Be Signed and Returned to the Housing Authority.

Request for Tenancy Approval

Housing Choice Voucher Program

U.S. Department of Housing and
Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0169
exp. 7/31/2022

The public reporting burden for this information collection is estimated to be 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use maintain, or disseminate HUD information to protect the privacy of that information in accordance with applicable law.

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.

1. Name of Public Housing Agency (PHA) Robstown Housing Authority 625 West Ave F. Robstown, Texas 78380			2. Address of Unit (street address, unit #, city, state, zip code)			
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection	
9. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____			

11. Utilities and Appliances

The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

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