

ANNUAL RECERTIFICATION INSPECTION CHECKLIST

Name: _____

Address: _____ Phone: _____

Please complete the following checklist

Below you will find a list of the most common reasons that units fail Housing Quality Standards (HQS) inspections. You must complete this checklist, and if there are any items that need to be repaired, **PLEASE CALL YOUR LANDLORD NOW!** This checklist is NOT inclusive of everything that could fail an HQS inspection, but it will help you make sure the inspection process move smoothly.

Including yourself, how many people are currently living in your unit? _____

Are there any children in the unit that are 6 years old or younger?

Y N If so, how many _____

What is the portion of rent you are currently paying? \$ _____

What are the utilities you are currently paying?

Electric: Y N Gas: Y N Water: Y N (or) All Bills Paid Unit: Y N

What is your average cost for:

Electric \$ _____ Gas \$ _____ Water \$ _____

Are your utilities bills being paid by someone that does not live with you? Y N

Have you given your caseworker a recent copy of your utility bills? Y N

If not, you have ten (10) days to turn in your utility bills to your caseworker.

Do you receive a Utility Reimbursement Check? Y N If yes, how much \$ _____

In case of an emergency, do you have a phone number for your landlord? Y N

What is the phone number for your landlord? _____

Are there any problems with your unit that need to be repaired? Y N NA

Please state the problem(s) _____

How long have you been having this problem(s)? _____ Y N NA

Have you notified your landlord about this problem(s)? Y N NA

If yes, when did you notify your landlord? _____

OVER →

How did you notify your landlord? Letter: _____ Phone: _____ Text/Email: _____

**NOTE* Please notify your landlord in writing, and provide your caseworker with a copy of the letter.*

Did your landlord correct the problem(s)? Y N NA

How long did it take the landlord to correct the problem(s)? _____ (check one)

Hours Days Weeks Months

Are you pleased with the outcome of the repair(s)? Y N NA

If not, please state the reason(s) why:

Y N Is your home clean and ready for your yearly inspection?

If the answer is no, your unit WILL fail its inspection, and your housing assistance maybe terminated.

Y N Do you have a dog/cat? Make sure your pet(s) are not in the inspecting areas while inspection is being conducted. If the inspector is bit or hurt, your inspection WILL fail and animal control may be notified.

Y N Have you had an issue with bed bugs, fleas, or roaches since your last inspection? If yes, is your unit currently free from bed bugs, fleas, or roaches? Call the inspector to discuss this issue.

Y N Are there smoke detectors installed in the sleeping areas on each level of the unit? If no, please call your landlord so a detector can be installed in your unit and on each level of the unit.

Y N Is there is a gas heater, gas stove or gas water heater in the unit? If yes, then a C/O detector must be installed on each level of the unit.

Y N Does the heating and cooling system provide adequate heat/cool to each room? ***Please note: The kitchen stove nor plug-in heaters/fireplaces cannot be used as the only to heat source for the unit.*

Y N Is there at least one bedroom window that opens to the outside? Make sure your windows are not blocked, not cracked, and that they open to the outside.

Do you own your fridge or stove? Fridge: Y N Stove: Y N

Y N Has your stove or fridge been replaced since your last inspection? If so, who owns the stove and fridge? _____

COMMENTS: PLEASE WRITE ANY PROBLEMS OR CONCERNS IN THIS AREA.

X PLEASE SIGN/ DATE: _____ **DATE:** _____