

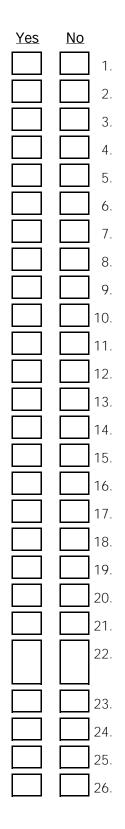
Direct Client Assistance Apartment Checklist

Client	Name:
Onorit	nume.

CSP#:_____

Apartment Address:

- 1. Do the doors lock securely?
- 2. Is there more than one entrance/exit in case of emergency?
- 3. Are there holes in the ceilings?
- 4. Are there holes in the floors?
- 5. Are there holes in the walls?
- 6. Do the windows open/shut?
- 7. Does each room have proper ventilation and is the air free of pollutants?
- 8. Are there any broken windows?
- 9. Is there hot water and is the water clean and free of visible contaminants?
- 10. Do all the toilets flush?
- 11. Do all the faucets work?
- 12. Does the heat work?
- 13. Is there a working shower or bathtub?
- 14. Does each room have a ceiling light or outlet for light?
- 15. Are there cover plates on each outlet?
- 16. Are any of the outlets loose/damaged?
- 17. Does the unit contain space to store, prepare and serve food in a safe and sanitary manner?
- 18. Is there a working stove?
- 19. Is there a working refrigerator?
- 20. Is there at least one working smoke detector on each floor of the apartment?
- 21. Is the housing clean and sanitary?
- 22. Are you deaf? **If yes**, does the unit have a fire alarm designed for deaf persons in each bedroom occupied by the deaf person?
- 23. I was provided a pamphlet explaining hazards of lead-based paint.
- 24. I have visited this property.
- 25. I want to rent the property.
- 26. I have reviewed this form with my shelter case manager/navigator/advocate.



communityshelterboard

				VOA Family D	Direct Housing	HFF Direct Housing		
Date of Inspection Request:	_	5/7/15 2:	53 PM			Salvation Army Direct Housing		
Client Name:	L				CSP #			
Address of Unit to be Inspec	cted:				_			
					PASSED			
PARCEL ID:					FAILED			
Landlord Name:					LEAD			
Landlord Phone Number:					<u>For CSB Use:</u> Is Rent	Yes No		
Case Manager:					Reasonab			
Phone Number:				Propose	ed Market			
				Rent:				
Is the unit vacant and ready	for inspection	(no major rep	pairs or remo	deling curren	itly underway)?		
		🗌 Ye	S	No No				
Will the utilities be turned on	for the inspect	tion?	Yes	No No				
Was the leased property cor	nstructed befor	re 1978?	Yes	No No				
Are there children under the age of 6 years old in the household or will there be a pregnant occupant in the unit? \Box Yes \Box No								
Are there any outstanding code violations at the building or is the property in foreclosure?								
Yes, please explain:								
No No								
Name of Person Contact at	City for code v	iolations:				-		
Phone Number:								
Date Contacted:								