

Direct Client Assistance Apartment Checklist

Client Name: _____

CSP#: _____

Apartment Address: _____

	Yes	No	
1. Do the doors lock securely?	<input type="checkbox"/>	<input type="checkbox"/>	1.
2. Is there more than one entrance/exit in case of emergency?	<input type="checkbox"/>	<input type="checkbox"/>	2.
3. Are there holes in the ceilings?	<input type="checkbox"/>	<input type="checkbox"/>	3.
4. Are there holes in the floors?	<input type="checkbox"/>	<input type="checkbox"/>	4.
5. Are there holes in the walls?	<input type="checkbox"/>	<input type="checkbox"/>	5.
6. Do the windows open/shut?	<input type="checkbox"/>	<input type="checkbox"/>	6.
7. Does each room have proper ventilation and is the air free of pollutants?	<input type="checkbox"/>	<input type="checkbox"/>	7.
8. Are there any broken windows?	<input type="checkbox"/>	<input type="checkbox"/>	8.
9. Is there hot water and is the water clean and free of visible contaminants?	<input type="checkbox"/>	<input type="checkbox"/>	9.
10. Do all the toilets flush?	<input type="checkbox"/>	<input type="checkbox"/>	10.
11. Do all the faucets work?	<input type="checkbox"/>	<input type="checkbox"/>	11.
12. Does the heat work?	<input type="checkbox"/>	<input type="checkbox"/>	12.
13. Is there a working shower or bathtub?	<input type="checkbox"/>	<input type="checkbox"/>	13.
14. Does each room have a ceiling light or outlet for light?	<input type="checkbox"/>	<input type="checkbox"/>	14.
15. Are there cover plates on each outlet?	<input type="checkbox"/>	<input type="checkbox"/>	15.
16. Are any of the outlets loose/damaged?	<input type="checkbox"/>	<input type="checkbox"/>	16.
17. Does the unit contain space to store, prepare and serve food in a safe and sanitary manner?	<input type="checkbox"/>	<input type="checkbox"/>	17.
18. Is there a working stove?	<input type="checkbox"/>	<input type="checkbox"/>	18.
19. Is there a working refrigerator?	<input type="checkbox"/>	<input type="checkbox"/>	19.
20. Is there at least one working smoke detector on each floor of the apartment?	<input type="checkbox"/>	<input type="checkbox"/>	20.
21. Is the housing clean and sanitary?	<input type="checkbox"/>	<input type="checkbox"/>	21.
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?	<input type="checkbox"/>	<input type="checkbox"/>	22.
23. I was provided a pamphlet explaining hazards of lead-based paint.	<input type="checkbox"/>	<input type="checkbox"/>	23.
24. I have visited this property.	<input type="checkbox"/>	<input type="checkbox"/>	24.
25. I want to rent the property.	<input type="checkbox"/>	<input type="checkbox"/>	25.
26. I have reviewed this form with my shelter case manager/navigator/advocate.	<input type="checkbox"/>	<input type="checkbox"/>	26.

Client Signature

Date

Request for Inspection

☐ VOA Family Direct Housing☐ HFF Direct Housing☐ Salvation Army Direct Housing

Date of Inspection Request:

5/7/15 2:53 PM

Client Name:

Address of Unit to be Inspected:

CSP #

PASSED

FAILED

LEAD

PARCEL ID:

Landlord Name:

Landlord Phone Number:

Case Manager:

Phone Number:

Proposed Market
Rent:

For CSB Use:

____ Yes

Is Rent

____ No

Reasonable?

Is the unit vacant and ready for inspection (no major repairs or remodeling currently underway)?

☐ Yes☐ No

Will the utilities be turned on for the inspection?

☐ Yes☐ No

Was the leased property constructed before 1978?

☐ Yes☐ No

Are there children under the age of 6 years old in the household or will there be a pregnant occupant in the unit?

☐ Yes☐ No

Are there any outstanding code violations at the building or is the property in foreclosure?

☐ Yes, please explain:☐ No

Name of Person Contact at City for code violations:_____

Phone Number:_____

Date Contacted:_____