**HOME-ARP - Annual Habitability Standards, Lead-Based Paint Inspection, and Carbon Monoxide Detector Requirements Checklist**

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| **About this Tool** The Emergency Solutions Grants (ESG) Program Interim Rule, used by the HOME American Rescue Plan (HOME-ARP), establishes habitability standards for permanent housing. Organizations cannot use HOME-ARP funds to help a program participant remain in or move into housing that does not meet the minimum habitability standards under §576.403(c). The unit must also comply with lead-based paint inspection requirements (24 CFR §92.355) and carbon monoxide detector requirements.Recipients and subrecipients must document compliance with the applicable standards. The checklist below offers an optional format for documenting compliance with the appropriate standards. It is intended to provide a clear summary of the requirements and an adaptable tool so organizations can formally assess their compliance with HUD and DOA requirements, identify and carry out corrective actions, and better prepare for monitoring visits by HUD and DOA staff.Prior to beginning the review, the organization should organize relevant files and documents to help facilitate the review. For instance, this may include local or state inspection reports (fire-safety, food preparation, building/occupancy, etc.).Carefully read each statement and indicate the unit’s status for each requirement (Approved or Deficient). Add any comments and corrective actions needed in the appropriate box. The reviewer should complete the information about the project, and sign and date the form. This template includes space for an “approving official,” if the organization has designated another authority to approve the review. When the assessment is complete, review it with program staff and develop an action plan for addressing any areas requiring corrective action.  |

Minimum Standards for Permanent Housing

**Instructions:** Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards to be approved. A copy of this checklist should be placed in the client file.

| **Approved** | **Deficient** | **Standard** |
| --- | --- | --- |
|  |  | 1. *Structure and Materials*: The structure is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents.
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|  |  | 1. *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.
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|  |  | 1. *Interior Air Quality*: Each room or space has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.
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|  |  | 1. *Water Supply*: The water supply is free from contamination.
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|  |  | 1. *Sanitary Facilities*: Residents have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
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|  |  | 1. *Thermal Environment*: The housing has any necessary heating/cooling facilities in proper operating condition.
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|  |  | 1. *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.
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|  |  | 1. *Food Preparation*: All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
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|  |  | 1. *Sanitary Condition*: The housing is maintained in sanitary condition.
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Notes:

| **Approved** | **Deficient** | **Standard** |
| --- | --- | --- |
|  |  | 1. *Fire Safety*:
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|  |  | * 1. There is a second means of exiting the building in the event of fire or another emergency.
	2. 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.
	3. 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.
	4. 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, day care centers, hallways, stairwells, and other common areas.
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|  |  | 11. *Carbon Monoxide (CO) Detection:*1. CO detection (alarm or detector) is present in the immediate vicinity of all bedrooms/ sleeping units if there is a fuel burning appliance in the shelter but outside of the bedroom/ sleeping unit and its attached bathroom.
2. CO detection (alarm or detector) is present in the sleeping units and bedrooms where a fuel-burning appliance or fireplace is located within the sleeping unit/ bedroom or its attached bathroom.
3. All required CO alarms and/or combination smoke/CO alarms have been tested and appear to be functioning properly.

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Notes:

| **Approved** | **Deficient** | **Standard** |
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|  |  | 1. *Lead-Based Paint:*

If the structure was built prior to 1978, and a child under the age of six or a pregnant woman will reside in the property, and the property has a defective paint surface inside or outside the structure, the property cannot be approved until the defective surface is repaired by at least scraping and painting the surface with two coats of non-lead-based paint. Defective paint surface means: applicable surface on which paint is cracking, scaling, chipping, peeling or loose. If a child under age six residing in the HOME-ARP assisted property has an Elevated Blood Level, paint surfaces must be tested for lead-based paint (alert the applicable County Health Services, and DOA). If lead is found present, the surface must be abated in accordance with 24 CFR Part 35.The following can assist in determining if the unit can be approved or is deficient: 1. Was a disclosure of information on lead-based paint provided to the household and was a pamphlet on lead poisoning prevention also provided? ☐ Yes ☐ No (must be yes to pass)
2. Did the unit pass visual inspection? ☐ Yes ☐ No (if the answers to both c and d are yes, the answer to b must be yes to pass; otherwise only a yes to question a is required to pass)
3. Was the unit built/rehabbed in or before 1978? ☐ Yes ☐ No
4. Will/are there any children under 6 present or pregnant woman living in the unit? ☐ Yes ☐ No
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Notes:

# CERTIFICATION STATEMENT

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

[ ]  Property meets all the above standards.

[ ]  Property does not meet all the above standards.

**COMMENTS:**

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| Organization’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apartment: \_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Evaluator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approving Official Signature (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approving Official Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |