

# Linkages HA Packet

## **PHASE 1: APPLICATION**

Staff Initials and Date Completed	Form/Process
	Documents Received from SSA <input type="checkbox"/> Linkages Application <input type="checkbox"/> Qualification Criteria Form <input type="checkbox"/> Certification of Eligibility <input type="checkbox"/> Documentation of homelessness or precariously housed <input type="checkbox"/> Documentation of all sources of income <input type="checkbox"/> Native Americans living off reservation (Optional)
	Household Composition Determination Statement
	Proof of Income and Determination of Extremely Low-Income Status <input type="checkbox"/> Release of Information for Income Information (if necessary) <input type="checkbox"/> Documentation of Income (paystubs, award letters, etc.)
	Income/Rent Calculation Worksheet
	Rent Reasonableness Worksheet
	Releases of Information <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

## **PHASE 2: AGREEMENT AND HOUSING SEARCH**

Staff Initials and Date Completed	Form/Process
	SSA Notified of voucher issued or denial letter
	Tenant Responsibility Agreement
	Releases of Information (Participant and Staff) <input type="checkbox"/> Landlord <input type="checkbox"/> Other: _____

**PHASE 3: Getting Housing**

<b>Staff Initials and Date Completed</b>	<b>Form/Process</b>
	Unit Eligibility Determination (FMR)
	HQS Initial Inspection
	Lease
	Rental Assistance Agreement
	Income/Rent Reasonableness Worksheet
	Lead-Based Paint Disclosure

**PHASE 4: Keeping Housing – Annual Recertification**

<b>Staff Initials and Date Completed</b>	<b>Form/Process</b>
	HQS Recertification
	Income Recertification Documentation and Income/Rent Calculation Worksheet
	Rent Assistance Agreement
	Lease Addendum, if applicable
	Release of Information (Participant and Staff)
	Housing Composition Determination Statement (Updated), if applicable
	All correspondence and notifications
	Termination Documents, if applicable

**AUTHORIZATION TO RELEASE INFORMATION**

I authorize release of personal identifiable information that pertains to me, the individual named below, within the following specified limits:

1. Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

2. Specific information for release: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The purpose for which the information is to be released: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Release information to agency/representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Information released by agency/representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. I wish to review this information before it is released:  Yes  No Initials \_\_\_\_\_

7. The benefits, risks, and consequences of the alternatives in releasing or not releasing this information have been explained to me:  Yes  No Initials \_\_\_\_\_

8. Specific information that is not authorized for release: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Initials: \_\_\_\_\_

9. Unless otherwise specified below, this authorization will expire in one year.

Today's date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

10. I understand that I may revoke this authorization in writing at any time. Initials \_\_\_\_\_

*\*\*This information may not be further disclosed by the receiving person or organization without my authorization.\*\**

**Authorization for Release of Above Information:** (To be valid, this authorization must have the proper accompanying advisories and state and federal citations)

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Printed Name of Person Authorizing Release

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Relationship

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Signature/Mark of Person Authorizing Release

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Date

---

Witness (if mark/stamp): Print Name

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Witness Signature

**Revocation of Release:**

---

Signature (or mark/stamp of witnessing person)

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Date

**Advisories:**

- You may refuse to sign the authorization to disclose some or all of your health care information, but you should be aware that refusal may result in improper diagnosis or treatment, denial of coverage or a claim for health benefits, or other insurance or other adverse consequences.
  - You may revoke this authorization at any time by a written revocation and by delivering it to the person or organization holding the release of information authorization. However, this revocation is subject to the right of any person who acted in reliance on the authorization prior to receiving notice of revocation.
  - You are entitled to a copy of this authorization form.
- 

**For Persons/Organizations Receiving Substance Abuse Information:**

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. (52 FR 21809, June 9, 1987; 52 FR 41997, November 2, 1987)

**For Persons/Organizations Receiving Mental Health Information:**

This information has been disclosed to you from records protected by state confidentiality laws (34-B M.R.S.A. Section 1207; Rights of Recipients of Mental Health Services). This information remains confidential and should not be disclosed any further, except as expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by law.

**AUTHORIZATION TO RELEASE INCOME INFORMATION**

Attention: \_\_\_\_\_

Applicant name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of birth: \_\_\_\_\_

I request and authorize \_\_\_\_\_ to release income information or records that pertain to me, the individual named above, to:

HA/Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This request and authorization applies to:

Amount of SSI monthly supplement (if known): \$ \_\_\_\_\_

Amount of state supplement: \$ \_\_\_\_\_

Amount of monthly TANF payment: \$ \_\_\_\_\_

Amount of other income source: \$ \_\_\_\_\_

I am granting permission for the release of information to the above named agency and/or agency representative to verify my income. I am either an applicant for a state-funded housing program or already a tenant having an annual recertification. The information released will be used to determine my eligibility status and the amount of my rent.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian.

\_\_\_\_\_  
Guardian/Legal Representative Signature

\_\_\_\_\_  
Date

Relationship: \_\_\_\_\_

## Linkages Tenant Responsibility Agreement

**Participant Name:** \_\_\_\_\_

**Housing Administrator:** \_\_\_\_\_

**Rent payments:** I will pay the landlord/property manager of my housing unit the amount of rent based upon income certification determined by \_\_\_\_\_ (Housing Administrator) no more than 30 percent of my adjusted income.

The \_\_\_\_\_ (Housing Administrator) will pay the remainder of the rent on the unit to the landlord. I will pay my rent in the form of a check or money order by the date determined on my rental agreement/lease with my landlord. I understand that if my income or household composition circumstances change in a way that would reduce or increase my monthly rent payment, I shall notify the \_\_\_\_\_ (Housing Administrator) to recalculate my rent payment.

The tenant's rent is paid to the landlord or property manager for the \_\_\_\_\_ property. If the tenant does not pay their portion of the rent the landlord/property manager will have the right to begin eviction by giving the tenant notice as outlined in New Mexico Owner-Resident Law. The Linkages program will not pay the tenant's portion of the rent.

**Disturbing the peace:** The tenant agrees not to cause or allow, on the premises, any excessive nuisance, noise or other activity that disturbs the peace and quiet enjoyment of neighbors or other tenants in the building or violates any state law or local ordinance.

**Certification:** Tenant will report all current income for every member of the household, provide verification of all income, report the names of all individuals living in the unit and notify \_\_\_\_\_ (Housing Administrator) of changes in household income and/or household composition during initial certification and subsequent recertification. Tenant will comply with annual and/or interim recertification procedures including, but not limited to, verification of household composition and income, and completing releases of information. If the tenant submits false information on any application, certification or recertification and/or does not report changes in household income or size, the tenant may be subject to legal action, collection activity, and/or immediate termination from the Linkages program. Intentionally submitting false or incomplete information may be punishable by up to 10 year imprisonment.

**Visitor/household member:** Linkages considers any individual(s) who stay in the unit for 14 days or more per month to be member of the household. Any failure to report such individual(s) to \_\_\_\_\_ (Housing Administrator) may result in legal action, collection activity, and/or immediate termination from the Linkages program.

**Security deposit:** Linkages may pay the full security deposit on a unit on a funds available basis. The tenant will be responsible to pay for any damages that occur during their tenancy. If the landlord does not return the security deposit paid by Linkages after tenant moves out, due to some fault of the tenant

(i.e., damages, breaking the lease, unpaid rent), then Linkages will not pay another security deposit for the tenant for another unit unless repayment is made on the initial security deposit. Transfers to another Housing Administrator sponsored subsidy source and/or Section 8 requires repayment of the security deposit and/or other charges including, but not limited to, past due rent and damages.

**Unit concerns:** If there is a problem or concern after the tenant has moved into the unit, it is the tenant's responsibility to contact the landlord. If the tenant is not successful in having the matter resolved to their satisfaction, then the tenant should contact their Housing Administrator representative for assistance.

**Moving:** In accordance with the lease or rental agreement, a tenant may move from the current unit to another unit only if a 30-day written notice has been submitted by the first day of the month previous to the move, to both the landlord and Housing Administrator.

**Continuing assistance:** If tenant leaves a unit and wants to continue to receive assistance from the Linkages program, the tenant must keep the Housing Administrator representative informed of such plans. If the tenant leaves a unit and does not move into another unit with Linkages assistance within 30 days, and does not maintain contact with their support services representative, the tenant will be terminated from Linkages program.

**Eviction:** If a tenant is evicted from a Linkages subsidized unit, the tenant may be terminated from the Linkages program.

**Building rules:** Tenant agrees to follow the terms and conditions of the lease or rental agreement between the landlord and tenant. Tenant also agrees to abide by all building rules and guidelines set by manager/owner of the building.

**Debt Repayment:** Tenants who owe any Housing Administrator administered housing subsidy for back rent, damages, security, etc. may be considered for admission to any Housing Administrator administered housing subsidy program providing that one of the following minimum criterion has been met:

- ◆ Fifty percent of account balance must be paid before move in and/or unit transfer. The remaining balance must be paid over a term not to exceed 12 months with a documented payment plan; or
- ◆ Establishment of a Representative Payee and a documented payment plan not to exceed 12 months; or
- ◆ Charges have been adjudicated through the Linkages Appeals or Grievance Process.

Failure to meet at least one of the above criterions will result in program ineligibility and termination of rental assistance.

**Problem solving options:** If a problem related to your Linkages subsidy exists you can seek to solve it in several different ways. You have the right to use the formal Linkages Appeals and Grievance Process if you are dissatisfied.



**Monthly in-home site visit:** The tenant agrees to schedule and permit one in-home monthly site visit with a representative of the Support Services Agency. During this site visit the tenant will allow the Support Services Administrator staff to complete a monthly checklist. Failure to allow a monthly site visit can result in termination of the Linkages subsidy.

I/We, \_\_\_\_\_ have read or have had the above information read to me and understand this agreement. I understand that any violation of this agreement may be cause for legal action, collection activity, and/or eviction, and/or immediate termination from the Linkages program.

\_\_\_\_\_  
Program Participant Signature

\_\_\_\_\_  
Housing Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## RENTAL ASSISTANCE AGREEMENT

### Linkages Program

Between Agency and Owner/Landlord for and Housing Administrator

#### Owner/Landlord Information

Name of Payee	
Address	
City, State, Zip	
Phone number	
Contact person/#	

#### Tenant Information

Name of Tenant(s)	
Address	
City, State, Zip	
Phone number	

#### Housing Administrator/Agency

Name of Agency	
Address	
City, State, Zip	
Phone number	
Contact Person/#	

#### Conditions and Terms of this Rental Assistance Agreement (Agreement):

1. This Agreement begins (mm/dd/yy) \_\_\_\_\_ and ends (mm/dd/yy) \_\_\_\_\_.  
This Agreement will remain in effect until Agency provides written notice to Owner/Landlord (Owner) of its discontinuance of rental assistance.

TOTAL OWED 1 <sup>st</sup> Payment - Arrears	\$	List month(s)
Rent owed (this month)		
Rent owed (past months)		
Late Utilities (as stated in lease)		

Amount of Monthly Payment/ Total	\$
Tenant Portion	\$
Housing Administrator Portion	\$
Utilities (as stated in lease)	\$
<b>Security Deposit</b>	\$

2. Agency will pay by the due date, \_\_\_\_\_, according to the lease, which is attached as **Exhibit A**.
3. In consideration of this Agreement, Owner will not commence or continue any proceeding to evict Tenant from the premises, and will not charge or collect or accrue late fees, until Agency notifies Owner of its discontinuance of Rental Assistance. Further, Owner certifies that the amount owed will remain outstanding until receipt of funds from Agency and will not accept or apply payments from any other source regarding this cause or circumstance.
4. During the term of the agreement, the owner must give the recipient or subrecipient a copy of any notice to the program participant to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against the program participant.
5. The rental assistance agreement with the owner will terminate and no further rental assistance payments under that agreement may be made if:
- (i) The program participant moves out of the housing unit for which the program participant has a lease;
  - (ii) The lease terminates and is not renewed; or

(iii) The program participant becomes ineligible to receive Linkages rental assistance.

**Signatures:**

**Owner/Landlord's Representative**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Title of Signatory

\_\_\_\_\_  
Date

**Housing Administrator/Agency Representative**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Title of Signatory

\_\_\_\_\_  
Date

## Linkages Household Composition Determination Statement

Please identify all members of your household who will be living in the housing unit in the space provided below:

	Last Name, First Name (List Head of Household 1 <sup>st</sup> )	Relationship	Date of Birth	Social Security Number	Gender
1.					
2.					
3.					
4.					
5.					
6.					

Household Status Information:	Yes	No	Household Member Name	When/Where?
Have you added/removed any persons to/from your household since you completed an application or certification?				
Do you anticipate adding any new household members in the next 12 months? (Due to marriage, child custody, unborn children, adoption, etc.)				
Are any household members temporarily absent? (school, military, nursing home, etc.)				
Do you have a live-in care aide/attendant(s)?				
Has any applicant family member ever lived in Public or Section 8 Housing as an adult (18years or older).				
Do you owe any money to any HUD Housing Agencies?				
Has any family member (18 years or older) ever been arrest or convicted of a crime other than a traffic violation?				
Is anyone currently on parole or probation?				

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Signature

\_\_\_\_\_  
Date

**RENT REASONABLENESS CHECKLIST AND CERTIFICATION**

	Proposed Unit	Unit #1	Unit #2	Unit #3
Address				
Number of Bedrooms				
Square Feet				
Type of Unit/Construction				
Housing Condition				
Location/Accessibility				
Amenities Unit: Site: Neighborhood:				
Age in Years				
Utilities (type)				
Unit Rent Utility Allowance Gross Rent				
Handicap Accessible?				

**CERTIFICATION:**

**A. Compliance with Payment Standard**

\_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
 Proposed Contract Rent + Utility Allowance = Proposed Gross Rent

Approved rent does not exceed applicable Payment Standard of \$\_\_\_\_\_.

**B. Rent Reasonableness**

Based upon a comparison with rents for comparable units, I have determined that the proposed rent for the unit [ ] is [ ] is not reasonable.

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

**Lead Warning Statement**

*Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.*

**Lessor's Disclosure**

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) \_\_\_\_\_ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Lessee's Acknowledgment (initial)**

(c) \_\_\_\_\_ Lessee has received copies of all information listed above.

(d) \_\_\_\_\_ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

**Agent's Acknowledgment (initial)**

(e) \_\_\_\_\_ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____	_____	_____	_____
Lessor	Date	Lessor	Date
_____	_____	_____	_____
Lessee	Date	Lessee	Date
_____	_____	_____	_____
Agent	Date	Agent	Date

## Declaración de Información sobre Pintura a Base de Plomo y/o Peligros de la Pintura a Base de Plomo

### Declaración sobre los Peligros del Plomo

Las viviendas construidas antes del año 1978 pueden contener pintura a base de plomo. El plomo de pintura, pedazos de pintura y polvo puede representar peligros para la salud si no se maneja apropiadamente. La exposición al plomo es especialmente dañino para los niños jóvenes y las mujeres embarazadas. Antes de alquilar (rentar) una vivienda construida antes del año 1978, los arrendadores tienen la obligación de informar sobre la presencia de pintura a base de plomo o peligros de pintura a base de plomo conocidos en la vivienda. Los arrendatarios (inquilinos) también deben recibir un folleto aprobado por el Gobierno Federal sobre la prevención del envenenamiento de plomo.

### Declaración del Arrendador

(a) Presencia de pintura a base de plomo y/o peligros de pintura a base de plomo (marque (i) ó (ii) abajo):

(i) \_\_\_\_\_ Confirmado que hay pintura a base de plomo y/o peligro de pintura a base de plomo en la vivienda (explique).

\_\_\_\_\_  
(ii) \_\_\_\_\_ El arrendador no tiene ningún conocimiento de que haya pintura a base de plomo y/o peligro de pintura a base de plomo en la vivienda.

(b) Archivos e informes disponibles para el vendedor (marque (i) ó (ii) abajo):

(i) \_\_\_\_\_ El arrendador le ha proporcionado al comprador todos los archivos e informes disponibles relacionados con pintura a base de plomo y/o peligro de pintura a base de plomo en la vivienda (anote los documentos abajo).

\_\_\_\_\_  
(ii) \_\_\_\_\_ El arrendador no tiene archivos ni informes relacionados con pintura a base de plomo y/o peligro de pintura a base de plomo en la vivienda.

### Acuse de Recibo del Arrendatario o Inquilino (inicial)

(c) \_\_\_\_\_ El arrendatario ha recibido copias de toda la información indicada arriba.

(d) \_\_\_\_\_ El arrendatario ha recibido el folleto titulado *Proteja a Su Familia del Plomo en Su Casa*.

### Acuse de Recibo del Agente (inicial)

(e) \_\_\_\_\_ El agente le ha informado al arrendador de las obligaciones del arrendador de acuerdo con 42 U.S.C. 4852(d) y está consciente de su responsabilidad de asegurar su cumplimiento.

### Certificación de Exactitud

Las partes siguientes han revisado la información que aparece arriba y certifican que, según su entender, toda la información que han proporcionado es verdadera y exacta.

\_\_\_\_\_  
Arrendador Fecha Arrendador Fecha

\_\_\_\_\_  
Arrendatario Fecha Arrendatario Fecha

\_\_\_\_\_  
Agente Fecha Agente Fecha





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# Protect Your Family From Lead in Your Home

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United States  
Environmental  
Protection Agency



United States  
Consumer Product  
Safety Commission



United States  
Department of Housing  
and Urban Development

## Are You Planning to Buy or Rent a Home Built Before 1978?

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Did you know that many homes built before 1978 have **lead-based paint**? Lead from paint, chips, and dust can pose serious health hazards.

### Read this entire brochure to learn:

- How lead gets into the body
- How lead affects health
- What you can do to protect your family
- Where to go for more information

### Before renting or buying a pre-1978 home or apartment, federal law requires:

- Sellers must disclose known information on lead-based paint or lead-based paint hazards before selling a house.
- Real estate sales contracts must include a specific warning statement about lead-based paint. Buyers have up to 10 days to check for lead.
- Landlords must disclose known information on lead-based paint and lead-based paint hazards before leases take effect. Leases must include a specific warning statement about lead-based paint.

### If undertaking renovations, repairs, or painting (RRP) projects in your pre-1978 home or apartment:

- Read EPA's pamphlet, *The Lead-Safe Certified Guide to Renovate Right*, to learn about the lead-safe work practices that contractors are required to follow when working in your home (see page 12).



## Simple Steps to Protect Your Family from Lead Hazards

### If you think your home has lead-based paint:

- Don't try to remove lead-based paint yourself.
- Always keep painted surfaces in good condition to minimize deterioration.
- Get your home checked for lead hazards. Find a certified inspector or risk assessor at [epa.gov/lead](https://www.epa.gov/lead).
- Talk to your landlord about fixing surfaces with peeling or chipping paint.
- Regularly clean floors, window sills, and other surfaces.
- Take precautions to avoid exposure to lead dust when remodeling.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe certified renovation firms.
- Before buying, renting, or renovating your home, have it checked for lead-based paint.
- Consult your health care provider about testing your children for lead. Your pediatrician can check for lead with a simple blood test.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children eat healthy, low-fat foods high in iron, calcium, and vitamin C.
- Remove shoes or wipe soil off shoes before entering your house.

## Lead Gets into the Body in Many Ways

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### Adults and children can get lead into their bodies if they:

- Breathe in lead dust (especially during activities such as renovations, repairs, or painting that disturb painted surfaces).
- Swallow lead dust that has settled on food, food preparation surfaces, and other places.
- Eat paint chips or soil that contains lead.

### Lead is especially dangerous to children under the age of 6.

- At this age, children's brains and nervous systems are more sensitive to the damaging effects of lead.
- Children's growing bodies absorb more lead.
- Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.



### Women of childbearing age should know that lead is dangerous to a developing fetus.

- Women with a high lead level in their system before or during pregnancy risk exposing the fetus to lead through the placenta during fetal development.

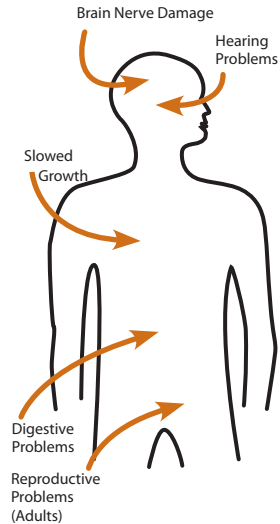
## Health Effects of Lead

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**Lead affects the body in many ways.** It is important to know that even exposure to low levels of lead can severely harm children.

### **In children, exposure to lead can cause:**

- Nervous system and kidney damage
- Learning disabilities, attention-deficit disorder, and decreased intelligence
- Speech, language, and behavior problems
- Poor muscle coordination
- Decreased muscle and bone growth
- Hearing damage



While low-lead exposure is most common, exposure to high amounts of lead can have devastating effects on children, including seizures, unconsciousness, and in some cases, death.

Although children are especially susceptible to lead exposure, lead can be dangerous for adults, too.

### **In adults, exposure to lead can cause:**

- Harm to a developing fetus
- Increased chance of high blood pressure during pregnancy
- Fertility problems (in men and women)
- High blood pressure
- Digestive problems
- Nerve disorders
- Memory and concentration problems
- Muscle and joint pain

## Check Your Family for Lead

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**Get your children and home tested if you think your home has lead.**

Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect lead. Blood lead tests are usually recommended for:

- Children at ages 1 and 2
- Children or other family members who have been exposed to high levels of lead
- Children who should be tested under your state or local health screening plan

**Your doctor can explain what the test results mean and if more testing will be needed.**

## Where Lead-Based Paint Is Found

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In general, the older your home or childcare facility, the more likely it has lead-based paint.<sup>1</sup>

**Many homes, including private, federally-assisted, federally-owned housing, and childcare facilities built before 1978 have lead-based paint.** In 1978, the federal government banned consumer uses of lead-containing paint.<sup>2</sup>

Learn how to determine if paint is lead-based paint on page 7.

### **Lead can be found:**

- In homes and childcare facilities in the city, country, or suburbs,
- In private and public single-family homes and apartments,
- On surfaces inside and outside of the house, and
- In soil around a home. (Soil can pick up lead from exterior paint or other sources, such as past use of leaded gas in cars.)

Learn more about where lead is found at [epa.gov/lead](https://www.epa.gov/lead).

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<sup>1</sup> “Lead-based paint” is currently defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter (mg/cm), or more than 0.5% by weight.

<sup>2</sup> “Lead-containing paint” is currently defined by the federal government as lead in new dried paint in excess of 90 parts per million (ppm) by weight.

## Identifying Lead-Based Paint and Lead-Based Paint Hazards

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**Deteriorating lead-based paint (peeling, chipping, chalking, cracking, or damaged paint)** is a hazard and needs immediate attention. **Lead-based paint** may also be a hazard when found on surfaces that children can chew or that get a lot of wear and tear, such as:

- On windows and window sills
- Doors and door frames
- Stairs, railings, banisters, and porches

**Lead-based paint is usually not a hazard if it is in good condition** and if it is not on an impact or friction surface like a window.

**Lead dust** can form when lead-based paint is scraped, sanded, or heated. Lead dust also forms when painted surfaces containing lead bump or rub together. Lead paint chips and dust can get on surfaces and objects that people touch. Settled lead dust can reenter the air when the home is vacuumed or swept, or when people walk through it. EPA currently defines the following levels of lead in dust as hazardous:

- 40 micrograms per square foot ( $\mu\text{g}/\text{ft}^2$ ) and higher for floors, including carpeted floors
- 250  $\mu\text{g}/\text{ft}^2$  and higher for interior window sills

**Lead in soil** can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. EPA currently defines the following levels of lead in soil as hazardous:

- 400 parts per million (ppm) and higher in play areas of bare soil
- 1,200 ppm (average) and higher in bare soil in the remainder of the yard

**Remember, lead from paint chips—which you can see—and lead dust—which you may not be able to see—both can be hazards.**

The only way to find out if paint, dust, or soil lead hazards exist is to test for them. The next page describes how to do this.



# Checking Your Home for Lead

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You can get your home tested for lead in several different ways:

- A lead-based paint **inspection** tells you if your home has lead-based paint and where it is located. It won't tell you whether your home currently has lead hazards. A trained and certified testing professional, called a lead-based paint inspector, will conduct a paint inspection using methods, such as:
  - Portable x-ray fluorescence (XRF) machine
  - Lab tests of paint samples
- A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards. A trained and certified testing professional, called a risk assessor, will:
  - Sample paint that is deteriorated on doors, windows, floors, stairs, and walls
  - Sample dust near painted surfaces and sample bare soil in the yard
  - Get lab tests of paint, dust, and soil samples
- A combination inspection and risk assessment tells you if your home has any lead-based paint and if your home has any lead hazards, and where both are located.



Be sure to read the report provided to you after your inspection or risk assessment is completed, and ask questions about anything you do not understand.

## Checking Your Home for Lead, continued

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In preparing for renovation, repair, or painting work in a pre-1978 home, Lead-Safe Certified renovators (see page 12) may:

- Take paint chip samples to determine if lead-based paint is present in the area planned for renovation and send them to an EPA-recognized lead lab for analysis. In housing receiving federal assistance, the person collecting these samples must be a certified lead-based paint inspector or risk assessor
- Use EPA-recognized tests kits to determine if lead-based paint is absent (but not in housing receiving federal assistance)
- Presume that lead-based paint is present and use lead-safe work practices

There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency for more information, visit [epa.gov/lead](https://www.epa.gov/lead), or call **1-800-424-LEAD (5323)** for a list of contacts in your area.<sup>3</sup>

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<sup>3</sup> Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

## What You Can Do Now to Protect Your Family

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**If you suspect that your house has lead-based paint hazards, you can take some immediate steps to reduce your family's risk:**

- If you rent, notify your landlord of peeling or chipping paint.
- Keep painted surfaces clean and free of dust. Clean floors, window frames, window sills, and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner. (Remember: never mix ammonia and bleach products together because they can form a dangerous gas.)
- Carefully clean up paint chips immediately without creating dust.
- Thoroughly rinse sponges and mop heads often during cleaning of dirty or dusty areas, and again afterward.
- Wash your hands and your children's hands often, especially before they eat and before nap time and bed time.
- Keep play areas clean. Wash bottles, pacifiers, toys, and stuffed animals regularly.
- Keep children from chewing window sills or other painted surfaces, or eating soil.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe Certified renovation firms (see page 12).
- Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- Make sure children eat nutritious, low-fat meals high in iron, and calcium, such as spinach and dairy products. Children with good diets absorb less lead.

## Reducing Lead Hazards

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**Disturbing lead-based paint or removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.**

- In addition to day-to-day cleaning and good nutrition, you can **temporarily** reduce lead-based paint hazards by taking actions, such as repairing damaged painted surfaces and planting grass to cover lead-contaminated soil. These actions are not permanent solutions and will need ongoing attention.
- You can minimize exposure to lead when renovating, repairing, or painting by hiring an EPA- or state-certified renovator who is trained in the use of lead-safe work practices. If you are a do-it-yourselfer, learn how to use lead-safe work practices in your home.
- To remove lead hazards permanently, you should hire a certified lead abatement contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not permanent control.



**Always use a certified contractor who is trained to address lead hazards safely.**

- Hire a Lead-Safe Certified firm (see page 12) to perform renovation, repair, or painting (RRP) projects that disturb painted surfaces.
- To correct lead hazards permanently, hire a certified lead abatement professional. This will ensure your contractor knows how to work safely and has the proper equipment to clean up thoroughly.

Certified contractors will employ qualified workers and follow strict safety rules as set by their state or by the federal government.

## Reducing Lead Hazards, continued

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**If your home has had lead abatement work done** or if the housing is receiving federal assistance, once the work is completed, dust cleanup activities must be conducted until clearance testing indicates that lead dust levels are below the following levels:

- 40 micrograms per square foot ( $\mu\text{g}/\text{ft}^2$ ) for floors, including carpeted floors
- 250  $\mu\text{g}/\text{ft}^2$  for interior windows sills
- 400  $\mu\text{g}/\text{ft}^2$  for window troughs

For help in locating certified lead abatement professionals in your area, call your state or local agency (see pages 14 and 15), or visit [epa.gov/lead](https://www.epa.gov/lead), or call 1-800-424-LEAD.

## Renovating, Repairing or Painting a Home with Lead-Based Paint

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**If you hire a contractor to conduct renovation, repair, or painting (RRP) projects in your pre-1978 home or childcare facility (such as pre-school and kindergarten), your contractor must:**

- Be a Lead-Safe Certified firm approved by EPA or an EPA-authorized state program
- Use qualified trained individuals (Lead-Safe Certified renovators) who follow specific lead-safe work practices to prevent lead contamination
- Provide a copy of EPA's lead hazard information document, *The Lead-Safe Certified Guide to Renovate Right*



**RRP contractors working in pre-1978 homes and childcare facilities must follow lead-safe work practices that:**

- **Contain the work area.** The area must be contained so that dust and debris do not escape from the work area. Warning signs must be put up, and plastic or other impermeable material and tape must be used.
- **Avoid renovation methods that generate large amounts of lead-contaminated dust.** Some methods generate so much lead-contaminated dust that their use is prohibited. They are:
  - Open-flame burning or torching
  - Sanding, grinding, planing, needle gunning, or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment
  - Using a heat gun at temperatures greater than 1100°F
- **Clean up thoroughly.** The work area should be cleaned up daily. When all the work is done, the area must be cleaned up using special cleaning methods.
- **Dispose of waste properly.** Collect and seal waste in a heavy duty bag or sheeting. When transported, ensure that waste is contained to prevent release of dust and debris.

To learn more about EPA's requirements for RRP projects, visit [epa.gov/getleadsafe](http://epa.gov/getleadsafe), or read *The Lead-Safe Certified Guide to Renovate Right*.

## Other Sources of Lead

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### Lead in Drinking Water

The most common sources of lead in drinking water are lead pipes, faucets, and fixtures.

Lead pipes are more likely to be found in older cities and homes built before 1986.

You can't smell or taste lead in drinking water.

To find out for certain if you have lead in drinking water, have your water tested.

Remember older homes with a private well can also have plumbing materials that contain lead.

### Important Steps You Can Take to Reduce Lead in Drinking Water

- Use only cold water for drinking, cooking and making baby formula. Remember, boiling water does not remove lead from water.
- Before drinking, flush your home's pipes by running the tap, taking a shower, doing laundry, or doing a load of dishes.
- Regularly clean your faucet's screen (also known as an aerator).
- If you use a filter certified to remove lead, don't forget to read the directions to learn when to change the cartridge. Using a filter after it has expired can make it less effective at removing lead.

Contact your water company to determine if the pipe that connects your home to the water main (called a service line) is made from lead. Your area's water company can also provide information about the lead levels in your system's drinking water.

For more information about lead in drinking water, please contact EPA's Safe Drinking Water Hotline at 1-800-426-4791. If you have other questions about lead poisoning prevention, call 1-800 424-LEAD.\*

Call your local health department or water company to find out about testing your water, or visit [epa.gov/safewater](http://epa.gov/safewater) for EPA's lead in drinking water information. Some states or utilities offer programs to pay for water testing for residents. Contact your state or local water company to learn more.

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\* Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

## Other Sources of Lead, continued

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- **Lead smelters** or other industries that release lead into the air.
- **Your job.** If you work with lead, you could bring it home on your body or clothes. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- **Hobbies** that use lead, such as making pottery or stained glass, or refinishing furniture. Call your local health department for information about hobbies that may use lead.
- Old **toys** and **furniture** may have been painted with lead-containing paint. Older toys and other children's products may have parts that contain lead.<sup>4</sup>
- Food and liquids cooked or stored in **lead crystal** or **lead-glazed pottery or porcelain** may contain lead.
- Folk remedies, such as "**greta**" and "**azarcon,**" used to treat an upset stomach.

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<sup>4</sup> In 1978, the federal government banned toys, other children's products, and furniture with lead-containing paint. In 2008, the federal government banned lead in most children's products. The federal government currently bans lead in excess of 100 ppm by weight in most children's products.



## For More Information

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### **The National Lead Information Center**

Learn how to protect children from lead poisoning and get other information about lead hazards on the Web at [epa.gov/lead](http://epa.gov/lead) and [hud.gov/lead](http://hud.gov/lead), or call **1-800-424-LEAD (5323)**.

### **EPA's Safe Drinking Water Hotline**

For information about lead in drinking water, call **1-800-426-4791**, or visit [epa.gov/safewater](http://epa.gov/safewater) for information about lead in drinking water.

### **Consumer Product Safety Commission (CPSC) Hotline**

For information on lead in toys and other consumer products, or to report an unsafe consumer product or a product-related injury, call **1-800-638-2772**, or visit CPSC's website at [cpsc.gov](http://cpsc.gov) or [saferproducts.gov](http://saferproducts.gov).

### **State and Local Health and Environmental Agencies**

Some states, tribes, and cities have their own rules related to lead-based paint. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your state or local contacts on the Web at [epa.gov/lead](http://epa.gov/lead), or contact the National Lead Information Center at **1-800-424-LEAD**.

Hearing- or speech-challenged individuals may access any of the phone numbers in this brochure through TTY by calling the toll-free Federal Relay Service at **1-800-877-8339**.

# U. S. Environmental Protection Agency (EPA)

## Regional Offices

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The mission of EPA is to protect human health and the environment. Your Regional EPA Office can provide further information regarding regulations and lead protection programs.

**Region 1** (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)

Regional Lead Contact  
U.S. EPA Region 1  
5 Post Office Square, Suite 100, OES 05-4  
Boston, MA 02109-3912  
(888) 372-7341

**Region 2** (New Jersey, New York, Puerto Rico, Virgin Islands)

Regional Lead Contact  
U.S. EPA Region 2  
2890 Woodbridge Avenue  
Building 205, Mail Stop 225  
Edison, NJ 08837-3679  
(732) 321-6671

**Region 3** (Delaware, Maryland, Pennsylvania, Virginia, DC, West Virginia)

Regional Lead Contact  
U.S. EPA Region 3  
1650 Arch Street  
Philadelphia, PA 19103  
(215) 814-2088

**Region 4** (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)

Regional Lead Contact  
U.S. EPA Region 4  
AFC Tower, 12th Floor, Air, Pesticides & Toxics  
61 Forsyth Street, SW  
Atlanta, GA 30303  
(404) 562-8998

**Region 5** (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

Regional Lead Contact  
U.S. EPA Region 5 (DT-8J)  
77 West Jackson Boulevard  
Chicago, IL 60604-3666  
(312) 886-7836

**Region 6** (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and 66 Tribes)

Regional Lead Contact  
U.S. EPA Region 6  
1445 Ross Avenue, 12th Floor  
Dallas, TX 75202-2733  
(214) 665-2704

**Region 7** (Iowa, Kansas, Missouri, Nebraska)

Regional Lead Contact  
U.S. EPA Region 7  
11201 Renner Blvd.  
WWPD/TOPE  
Lenexa, KS 66219  
(800) 223-0425

**Region 8** (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)

Regional Lead Contact  
U.S. EPA Region 8  
1595 Wynkoop St.  
Denver, CO 80202  
(303) 312-6966

**Region 9** (Arizona, California, Hawaii, Nevada)

Regional Lead Contact  
U.S. EPA Region 9 (CMD-4-2)  
75 Hawthorne Street  
San Francisco, CA 94105  
(415) 947-4280

**Region 10** (Alaska, Idaho, Oregon, Washington)

Regional Lead Contact  
U.S. EPA Region 10  
Solid Waste & Toxics Unit (WCM-128)  
1200 Sixth Avenue, Suite 900  
Seattle, WA 98101  
(206) 553-1200

## Consumer Product Safety Commission (CPSC)

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The CPSC protects the public against unreasonable risk of injury from consumer products through education, safety standards activities, and enforcement. Contact CPSC for further information regarding consumer product safety and regulations.

### CPSC

4330 East West Highway  
Bethesda, MD 20814-4421  
1-800-638-2772  
[cpsc.gov](http://cpsc.gov) or [saferproducts.gov](http://saferproducts.gov)

## U. S. Department of Housing and Urban Development (HUD)

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HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. Contact HUD's Office of Healthy Homes and Lead Hazard Control for further information regarding the Lead Safe Housing Rule, which protects families in pre-1978 assisted housing, and for the lead hazard control and research grant programs.

### HUD

451 Seventh Street, SW, Room 8236  
Washington, DC 20410-3000  
(202) 402-7698  
[hud.gov/offices/lead/](http://hud.gov/offices/lead/)

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# IMPORTANT!

## **Lead From Paint, Dust, and Soil in and Around Your Home Can Be Dangerous if Not Managed Properly**

- Children under 6 years old are most at risk for lead poisoning in your home.
- Lead exposure can harm young children and babies even before they are born.
- Homes, schools, and child care facilities built before 1978 are likely to contain lead-based paint.
- Even children who seem healthy may have dangerous levels of lead in their bodies.
- Disturbing surfaces with lead-based paint or removing lead-based paint improperly can increase the danger to your family.
- People can get lead into their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.
- People have many options for reducing lead hazards. Generally, lead-based paint that is in good condition is not a hazard (see page 10).

# 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. 04/30/2018)

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	Date of Last Inspection (mm/dd/yyyy)		PHA
Initial	Special	Reinspection	

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

<b>B. Summary Decision On Unit</b> (To be completed after form has been filled out)			
<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	
<input type="checkbox"/> Fail			
<input type="checkbox"/> Inconclusive			

Inspection Checklist					Final Approval Date (mm/dd/yyyy)
Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	
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	
<b>2. Kitchen</b>						
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					
<b>3. Bathroom</b>						
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 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?			<input type="checkbox"/> Not Applicable		
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 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?			<input type="checkbox"/> Not Applicable		
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 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?			<input type="checkbox"/> Not Applicable		

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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
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					
<b>7. Heating and Plumbing</b>						
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					
<b>8. General Health and Safety</b>						
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 Rental Assistance Agreement 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 ~~XXXXXXXXXX~~ [ ~~AAA~~
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 ~~XXXXXXXXXX~~ [

**E. Inspection Summary/Comments** (Optional)

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
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Type of Inspection	Initial	Special	Reinspection
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Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page Yes No

## Income, Asset & Rent Calculation

Client Name \_\_\_\_\_  
Client Unique ID \_\_\_\_\_

Calculation Date \_\_\_\_\_  
Effective Date \_\_\_\_\_

### GROSS HOUSEHOLD INCOME

**\*The total income of the household (Annual Gross Income) is from all sources anticipated to be received in the 12-month period following the effective date of the income certification. Therefore, income must be ANNUALIZED, e.g. payment amount multiplied by number of payment periods per year for all income sources.**

- 1) The full amount (before payroll deductions) of annual wages and salaries, overtime pay, commissions, fees, tips and bonuses, other compensation for personal services prior to payroll deductions. (Applies to client and all household members 18 and older. For full-time students 18 and older, only \$480 of annual earned income should be included here.) \_\_\_\_\_
- 2) Periodic payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, excluding lump sum payments for the delayed start of a periodic payment (Except as provided in (c)(14)). \_\_\_\_\_
- 3) Payments in lieu of earnings, such as unemployment, disability, worker’s compensation, and severance pay (Except as provided in (c)(3)). \_\_\_\_\_
- 4) WELFARE ASSISTANCE, including payments made under other programs funded, separately or jointly, by federal, state, or local governments which are not excluded by Federal Statutes (see Income Exclusions). \_\_\_\_\_
- 5) Periodic allowances including alimony and child support payments, and regular contributions or gifts received from organizations or persons not residing in the residence. \_\_\_\_\_
- 6) Net income from operation of a business or profession. \_\_\_\_\_
- 7) Interest, dividends, and other net income of any kind from real or personal property. Where net family assets are in excess of \$5,000, annual income shall include the greater of actual income derived from net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD. *Fill in Income from Assets Calculation* \_\_\_\_\_
- 8) All regular pay, special pay and allowances of a member of the Armed Forces (Except Hostile Fire Pay). \_\_\_\_\_
- 9) **ANNUAL GROSS INCOME** (Sum of lines 1-8)
- 10) **MONTHLY GROSS INCOME** (Line 9 divided by 12.)

**ALLOWANCES**

Per HUD regulations 24CFR5.611(a) the annual adjusted income is determined by deducting the following allowances from the annual gross income.

- 11) NUMBER OF DEPENDENTS \_\_\_\_\_  
*(\$480 for each) Dependents include household members under the age of 18, elderly dependents, handicapped, disabled, or full-time students, but not the family head, spouse or foster children.*
  
- 12) \$400 FOR ELDERLY OR DISABLED FAMILY \_\_\_\_\_  
*This allowance is provided to any family whose head, spouse, or sole member is at least 62 years of age OR is handicapped/disabled. (ONLY **ONE** DEDUCTION PER FAMILY/HOUSEHOLD PER YEAR)*
  
- 13) REASONABLE CHILDCARE EXPENSES (ANNUAL EXPENSE) \_\_\_\_\_  
*These are expenses anticipated during the year for children 12 years of age and under that enable a household member to work, seek employment, or to further education. Deductible expenses for childcare to enable a person to work shall not exceed the amount of income received from such work. Childcare cannot be paid to another member of the household. (ONLY EXPENSES **NOT** REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED)*
  
- 14) THE SUM OF THE FOLLOWING EXPENSES, TO THE EXTENT THE SUM EXCEEDS 3% OF ANNUAL GROSS INCOME  
*This deduction may not exceed the earned income received by family members who are 18 years of age or older and who are able to work because of such attendance care or auxiliary apparatus.*
  - a) DISABILITY ASSISTANCE EXPENSES FOR DISABLED FAMILY MEMBERS \_\_\_\_\_  
*This allowance covers reasonable expenses anticipated during the period for attendance care (provided by a non-household member) and/or auxiliary apparatus for any disabled household member that enables that person or any other household member to work. Deduction may not exceed the amount of income generated by the person enabled to work. (ONLY EXPENSES **NOT** REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED.)*
  
  - b) MEDICAL EXPENSES FOR ELDERLY/DISABLED FAMILY \_\_\_\_\_  
*Expenses for the entire family may be counted ONLY IF the family receives the Elderly/Disabled Family Allowance on line 12. (ONLY EXPENSES **NOT** REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED.)*
  
- 15) TOTAL NON-REIMBURSED MEDICAL EXPENSES (line 14a + 14b) \_\_\_\_\_
  
- 16) 3% OF ANNUAL GROSS INCOME (Line 9 x .03) \_\_\_\_\_
  
- 17) ALLOWABLE MEDICAL EXPENSE DEDUCTION \_\_\_\_\_  
*(line 15 minus 16; if negative, enter 0) The Allowable Medical Expense Deduction is the amount of the Total Non-Reimbursed Medical Expenses that exceeds 3% of Annual Gross Income. If result is a negative number, client is not eligible for deduction.*

**ADJUSTED INCOME**

- 18) ANNUAL GROSS INCOME (from line 9)
- 19) TOTAL ALLOWANCES (Sum of lines 11, 12, 13 and 17)
- 20) **ANNUAL ADJUSTED INCOME**   
(If line 18 > line 19, line 18 minus line 19 otherwise, 0)
- 21) MONTHLY ADJUSTED INCOME (Line 20 divided 12)

**AREA MEDIAN INCOME**

- 22) How many household members
- 23) What county is the unit in?
- 24) What is the 30% AMI for the household size and unit county?
- 25) Is the household annual gross income less than or equal to the 30% AMI limit?

**NO- HOUSEHOLD DOES NOT QUALIFY DUE TO INCOME LIMITS**  
**YES - HOUSEHOLD MEETS THE INCOME LIMITS**

**TENANT RENT PAYMENT**

- 26) TENANT RENT DETERMINATION
  - a) METHOD 1: 30% OF MONTHLY ADJUSTED INCOME (Line 21 x .30)
  - b) METHOD 2: 10% OF MONTHLY GROSS INCOME (Line 10 x .10)
- 27) CALCULATED TENANT PORTION (the higher of line 23a or 23b)
- 28) **UTILITY ALLOWANCE** (if applicable)   
*A tenant is only eligible for a utility allowance if utilities are **NOT** included in the rent charge.  
Copies of HUD-approved utility allowance charts may be obtained from local Housing  
Authorities and are updated periodically.*
- 29) ADJUSTED TENANT PORTION   
(if line 24 > 25, line 24 - 25; otherwise, enter 0)
- 30) **TOTAL FAMILY UNIT RENT** (from lease)
- 31) **TENANT RENT PAYMENT** (lesser of line 29 and 30)   
*THIS IS THE AMOUNT THE TENANT PAYS TO THE LANDLORD.*

**SUBSIDY PAYMENTS**

- 32) **RENT SUBSIDY PAYMENT** (Line 30 minus 31)   
*THIS IS THE AMOUNT THE PROGRAM PAYS TO THE LANDLORD.*
- 33) **UTILITY REIMBURSEMENT** (if line 24 <= 25, line 25 - 24; otherwise, enter 0)   
*THIS IS THE AMOUNT THE PROGRAM PAYS FOR THE TENANT'S UTILITIES.*

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

## Unit Eligibility Determination Linkages

Client Name \_\_\_\_\_  
Client Unique ID \_\_\_\_\_

Calculation Date \_\_\_\_\_

- 1) What unit size is the family eligible for? \_\_\_\_\_
- 2) What is the actual unit size? \_\_\_\_\_
- 3) Write the lower of the eligible unit size and the actual unit size  
(lesser of line 1 and line 2)
- 4) What is the payment standard (or FMR) of the unit size in line 3? \_\_\_\_\_
- 5) What is the utility allowance, based on the unit size in line 2? \_\_\_\_\_
- 6) Add the utility allowance from the payment standard (line 4 plus line 5)  
**This is the allowable rent for this unit.**
- 7) What is the actual rent for this family's unit? \_\_\_\_\_
- 8) Is the unit rent less than or equal to the allowable rent? (line 7 <= line 6)

**Yes -- this unit qualifies**

**No -- this unit does not qualify for this family.**



**Income from Assets Calculation  
Linkages**

Client Name \_\_\_\_\_  
 Client Unique ID \_\_\_\_\_

Calculation Date \_\_\_\_\_  
 Effective Date \_\_\_\_\_

**HOUSEHOLD ASSETS**

1)	Family member name	Asset type	Face value	Cost to convert to cash	Cash value	Anticipated income

2) Total cash value \_\_\_\_\_

3) Total anticipated value \_\_\_\_\_

**INCOME FROM ASSETS**

4) HUD passbook savings rate (written as a decimal) \_\_\_\_\_

5) Imputed asset income (if line 2 is \$5,000 or less, enter 0; otherwise, line 2 times line 4) \_\_\_\_\_

6) Final asset income (larger of line 3 or line 5) \_\_\_\_\_