Appendix A

Addendum to the Residential Lease

Between	
(Landlord)	
And	for the apartment located at
(Tenant)	
(Location)	
The above referenced apartment is a(#of bedroo	and is leased at a rate oms & baths)
equal to or less than other comparable units in the	complex.
Tenant has the right to terminate the lease in the everal landlord fails to keep the property in compliance with The landlord will have 30 days to correct the Quality actual problems with the property unless the issue at to HUD guidelines an emergency (life threatening) v	th HUD Quality Standard Inspection requirements. Standards Deficiencies following notification of the affects immediate safety of the resident. According
Signature of Leasing Agent/Landlord	Date
Signature of Tenant	Date

RECEIPT OF INFORMATION REGARDING

CERTIFICATION OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, OR STALKING AND ALTERNATE DOCUMENTATION

I have been given a copy of the CERTIFICATION OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, OR STALKING AND ALTERNATE DOCUMENTATION under the Violence Against Women Reauthorization Act (VAWA) which protects program participants from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. I understand that VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking regardless of sex, gender identity or sexual orientation.

I understand that the text of the entire regulation may be accessed at 2016-25888.pdf (govinfo.gov) or Federal Register Violence Against Women Reauthorization Act of 2013: Implementation in HUD Housing Programs

Client Name Date

Client Signature

Landlord Name Date

Landlord Signature



Locality		Unit Type				Date	utility allo
Palm Beach Cou	inty Housing Authority, FL	Multifamil	v			1/1/2021	
Utility or Servic		Monthly D		vance		1/1/2021	
				2BR	3BR	48R	5BR
Heating	Natural Gas	\$14	\$16	\$17	\$17	\$17	\$1
	Bottle Gas	\$33	\$39	\$39	\$40	\$41	\$4
1	Electric Resistance (Florida Power & Light)	\$7	\$8	\$8		\$10	\$1
	Electric Resistance (Lake Worth, FL)	\$7	\$9	\$9	\$10	\$11	\$1
1	Electric Heat Pump (Florida Power & Light)	\$5	\$6	\$7	\$7	\$9	\$1
	Electric Heat Pump (Lake Worth, FL)	\$5	\$6	\$7	\$8	\$10	\$1
Cooking	Natural Gas	\$6	\$7	\$9	\$12	\$15	\$1
	Bottle Gas	\$13	\$16	\$23	\$29	\$36	\$4:
	Electric (Florida Power & Light)	\$4	\$5	\$7	\$9	\$11	\$1
	Electric (Lake Worth, FL)	\$4	\$5	\$8	\$10	\$12	\$1
Other Electric	Florida Power & Light	\$19	\$22	\$31	\$40	\$49	\$58
100	Lake Worth, FL	\$21	\$24	\$34	\$43	\$53	\$62
Air Conditionin	Florida Power & Light	\$18	\$21	\$30	\$41	\$55	
	Lake Worth, FL	\$19	\$23	\$32	\$46	\$62	\$68
Water Heating	Natural Gas	\$14	\$16	\$24	\$31	\$38	
	Bottle Gas	\$33	\$39	\$57	\$74	\$91	\$46
	Electric (Florida Power & Light)	\$11	\$13	\$17	\$20	\$24	\$109
	Electric (Lake Worth, FL)	\$12	\$14	\$18	\$22	\$26	\$28
Water	Palm Beach County, FL	\$17	\$18	\$28	\$51	\$88	\$30
	Lake Worth, FL	\$35	\$37	\$52	\$82		\$124
	Riviera, FL	\$31	\$33	\$43	\$63	\$136 \$86	\$192
	West Palm Beach, FL	\$42	\$44	\$57	\$79		\$109
Sewer	Palm Beach County, FL	\$25	\$27	\$40	\$53	\$105 \$53	\$131
	Lake Worth, FL	\$34	\$37	\$50	\$71	\$73	\$53
	Riviera, FL	\$29	\$30	\$38	\$51	\$63	\$73
	West Palm Beach, FL	\$51	\$54	\$71	\$95	\$97	\$75
lectric Fee	Florida Power & Light	\$10	\$10	\$10	\$10		\$97
	Lake Worth, FL	\$12	\$12	\$12	\$12	\$10	\$10
latural Gas Fee		\$12	\$12	\$12	\$12	\$12	\$12
		ATE	212	\$1Z	\$12	\$12	\$12
rash Collection	Palm Beach County SWA	\$15	\$15	\$15	\$15	\$15	\$15
	Riviera, FL	\$12	\$12	\$12	\$12	\$12	\$15
	West Palm Beach, FL	\$20	\$20	\$20	\$20		
ange		\$18	\$18	\$18	\$18	\$20	\$20
efrigerator		\$19	\$19	\$19	\$19	\$18 \$19	\$18 \$19

Actual Family Allowances To be used by the family to compute allowance.

Name of Family	Utility or Service	per month cost
	Heating	\$
	Cooking	
Address of Unit	Other Electric	
	Air Conditioning	
	Water Heating	
	Water	
Number of Bedrooms	Sewer	
	Electric Fee	
	Natural Gas Fee	
	Trash Collection	
preadsheet based on form HUD-52667.	Total	\$



Locality Palm Beach Co	ounty Housing Authority, FL	Unit Typ	e use / Tow	n House		Date	utility allo
Utility or Serv	ice	Monthly	Dollar A	lowance		1/1/2021	
Heating	INDERS. DALCT WITH	O BR	1BR	28R	3BR	4BR	5BR
rearing	Nătural Gas. Bottle Gas	\$25	\$2	7 \$27	\$28		\$2
1		\$54					\$6
1	Electric Resistance (Florida Power & Light)			8 \$8			\$1
	Electric Resistance (Lake Worth, FL)	\$7				\$11	\$1
	Electric Heat Pump (Florida Power & Light)	\$4		5 \$6		\$8	\$1
Cashair	Electric Heat Pump (Lake Worth, FL)	\$5			\$8	\$9	\$1
Cooking	Natural Gas	\$6	\$		\$12	\$15	\$1 \$1
	Bottle Gas	\$13	\$16		\$29	\$36	\$4
	Electric (Florida Power & Light)	\$4	\$5		\$9	\$11	
offit has a s	Electric (Lake Worth, FL)	\$4	\$5		\$10	\$12	\$1
Other Electric	Florida Power & Light	\$20	\$23		\$42	\$51	\$1
	Lake Worth, FL	\$21	\$25		\$45	\$55	\$60
Air Conditionin	g Florida Power & Light	\$16	\$19		\$51		\$65
	Lake Worth, FL	\$17	\$20		\$57	\$71	\$90
Nater Heating		\$14	\$16		\$31	\$81	\$103
	Bottle Gas	\$33	\$39	\$57	\$74	\$38	\$46
	Electric (Florida Power & Light)	\$11	\$13	\$17	\$20	\$91	\$109
	Electric (Lake Worth, FL)	\$12	\$14	\$18		\$24	\$28
Vater	Palm Beach County, FL	\$17	\$18	\$28	\$22 \$51	\$26	\$30
	Lake Worth, FL	\$35	\$37	\$52		\$88	\$124
	Riviera, FL	\$31	\$33	\$43	\$82	\$136	\$192
	West Palm Beach, FL	\$42	\$44	\$57	\$63	\$86	\$109
ewer	Palm Beach County, FL	\$25	\$27	\$40	\$79	\$105	\$131
	Lake Worth, FL	\$34	\$37	\$50	\$53	\$53	\$53
	Riviera, FL	\$29	\$30	\$38	\$71	\$73	\$73
	West Palm Beach, FL	\$51	\$54	\$71	\$51	\$63	\$75
ectric Fee	Florida Power & Light	\$10	\$10	\$10	\$95	\$97	\$97
	Lake Worth, FL	\$12	\$12	\$10	\$10	\$10	\$10
itural Gas Fee	A Royal Barrier	\$12	\$12	\$12	\$12 \$12	\$12 \$12	\$12 \$12
sh Collection	Palm Beach County SWA					712	212
in aginetion	Riviera, FL	\$15	\$15	\$15	\$15	\$15	\$15
	West Palm Beach, FL	\$12	\$12	\$12	\$12	\$12	\$12
nge	viest callifogacit, ru	\$20	\$20	\$20	\$20	\$20	\$20
rigerator	U.)1 0 1-82 0	\$18	\$18	\$18	\$18	\$18	\$18
rigerator	Sente to Links and the sent of	\$19	\$19	\$19	\$19	\$19	\$19

Actual Family Allowances To be used by the family to compute allowance.

Name of Family	Utility or Service	per month cost
	Heating	s
Address of the to	Cooking	
Address of Unit	Other Electric	
Address of Unit	Air Conditioning	
	Water Heating	
dimbos of Dadoon	Water	
Number of Bedrooms	Sewer	
	Electric Fee	
	Natural Gas Fee	
	Trash Collection	
oreadsheet based on form HUD-52687,	Total 5	



Locality		Unit 7	Domo					T= .	utility at
	unty Housing Authority, FL			illy Hou	rca.			Date	
Utility or Servi	ce				liowance			1/1/202	<u>:1</u>
		ORR		oliar A 1 BR	2BR	38	P	4BR	
Heating	Natural Gas :			. 5					58R
	Bottle Gas		51		and the land of the land of	61	\$6.	TO BUILDING AND AND	ALL BOOK STATE
1	Electric Resistance (Florida Power & Light				8 77	SR 1	- CC	183331	4 \$
	Electric Resistance (Lake Worth, FL)		\$7	4.02-7-100	8	\$9	\$10	\$1	
	Electric Heat Pump (Florida Power & Ligh							\$1. \$1	- T
	Electric Heat Pump (Lake Worth, FL)	The Course	\$6			\$8	\$9		-
Cooking	Natural Gas						\$12		_ T
	Bottle Gas		13	\$1			\$29	Cramata - Strategic Str	-
	Electric (Florida Power & Light)				5 6 72			\$36	
	Electric (Lake Worth, FL)		\$4	\$.		8	\$10		4000
Other Electric		2.15				8	STO.	\$12 \$59	V-
	Lake Worth, FL	\$2	15	\$25			\$52		W. T. T. T. T. T.
Air Conditionin	g Florida Power & Light		3 %		5 5 53		\$60	\$64 \$86	Y .
	Lake Worth, FL	\$1		\$16			\$68	100.217-44	a . p. 19.19.18 . 7.27
Water Heating				710	\$2	W 17 W		\$98 \$38	
	Bottle Gas	\$3		\$39			\$74		the transfer of
	Electric (Florida Power & Light)	\$1	_	\$13				\$91 \$24	\$10
	Electric (Lake Worth, FL)	\$1:	100	\$14					*\$3
Water	Palm Beach County, FL	\$1		\$18			\$22	\$26	\$3.
	Lake Worth, FL	\$33		\$37			\$82	\$88	
	Riviera, FL	\$31		\$33		-	\$63	\$136	\$19
	West Palm Beach, FL	\$42	-	\$44	\$57		\$79	\$86	- \$10
ewer	Palm Beach County/FL	\$25		\$27	\$37		\$53	\$105	\$131
	Lake Worth, FL	\$34		\$37	\$50		\$55 \$71	\$53	\$55
					\$38	Tribs	\$51	\$73 \$63	\$73
	West Palm Beach, FL	\$51	E1.,4	\$54	\$71		\$95	\$97	\$75
lectric Fee	The second secon	\$10		\$10	\$10		10	\$97	\$97
	Lake Worth, FL	\$12	E 12.	\$12	\$12	The Box	12		\$10
atural Gas Fee	Land Control of the C	\$12	#3to7	\$12	\$12		12	\$12 \$12	\$12 \$12
						a vista. Tu		75.4.444 .	1. 1. P. 1. Z.
	Palm Beach County SWA*	\$15	13	\$15	\$15	****	15	\$15	\$15
	Riviera, FL	\$12	7.42	\$12	\$12		12	\$12	\$12
	West Palm Beach/FL	\$20	(SE					\$20	\$20
nge		\$18	m, o , w	\$18	\$18		18	\$18	\$18
frigerator		\$19	rain.	\$19	\$19		19		\$19

Actual Family Allowances To be used by the family to compute allowance.

Name of Family	Utility or Service	per month cost
	Heating	\$
	Cooking	
Address of Unit	Other Electric	
	Air Conditioning	
	Water Heating	
	Water	
lumber of Bedrooms	Sewer	
	Electric Fee	
	Natural Gas Fee	
	Trash Collection	
preadsheet based on form HUD-52667.	Total	\$



Locality		Unit Type				Date	
	nty Housing Authority, FL	Manufactu	ired			1/1/2021	
Utility or Service		Monthly D	ollar Allo	Wance			
	T		1 BR	2BR	3BR	4BR	5BR
Heating	Natural Gas	\$18	\$21	\$22	\$22	\$23	\$2
	Bottle Gas	\$43	\$51	\$52	\$53	\$54	\$5
	Electric Resistance (Florida Power & Light)	\$8	\$9	\$9	\$10	\$11	\$1
	Electric Resistance (Lake Worth, FL)	\$9	\$10	\$10	\$11	\$12	\$1
	Electric Heat Pump (Florida Power & Light)	\$4	\$5	\$6	\$7	\$9	\$1
	Electric Heat Pump (Lake Worth, FL)	\$5	\$6	\$7	\$8	\$10	\$1
Cooking	Natural Gas	\$6	\$7	\$9	\$12	\$15	\$18
	Bottle Gas	\$13	\$16	\$23	\$29	\$36	\$43
	Electric (Florida Power & Light)	\$4	\$5	\$7	\$9	\$11	\$14
	Electric (Lake Worth, FL)	\$4	\$5	\$8	\$10	\$12	\$15
Other Electric	Florida Power & Light	\$23	\$27	\$38	\$48	\$59	\$70
	Lake Worth, FL	\$25	\$29	\$41	\$52	\$64	\$75
Air Conditioning	Florida Power & Light	\$15	\$18	\$32	\$50	\$69	\$86
	Lake Worth, FL	\$17	\$20	\$35	\$56	\$79	\$98
Water Heating	Natural Gas	\$14	\$16	\$24	\$31	\$38	\$46
-	Bottle Gas	\$33	\$39	\$57	\$74	\$91	\$109
	Electric (Florida Power & Light)	\$11	\$13	\$17	\$20	\$24	\$30
	Electric (Lake Worth, FL)	\$12	\$14	\$18	\$22	\$26	\$33
Wa ter	Palm Beach County, FL	\$17	\$18	\$28	\$51	\$88	\$124
	Lake Worth, FL	\$35	\$37	\$52	\$82	\$136	\$192
	Riviera, FL	\$31	\$33	\$43	\$63	\$86	\$109
	West Palm Beach, FL	\$42	\$44	\$57	\$79	\$105	\$131
Sewer	Palm Beach County, FL	\$25	\$27	\$40	\$53	\$53	\$53
	Lake Worth, FL	\$34	\$37	\$50	\$71	\$73	\$73
	Riviera, FL	\$29	\$30	\$38	\$51	\$63	\$75
	West Palm Beach, FL	\$51	\$54	\$71	\$95	\$97	\$97
lectric Fee	Florida Power & Light	\$10	\$10	\$10	\$10	\$10	\$10
	Lake Worth, FL	\$12	\$12	\$12	\$12	\$12	\$12
Vatural Gas Fee		\$12	\$12	\$12	\$12	\$12	\$12
rash Collection	Palm Beach County SWA	\$15	\$15	\$15	\$15	\$15	\$15
	Riviera, FL	\$12	\$12	\$12	\$12	\$12	\$12
	West Palm Beach, FL	\$20	\$20	\$20	\$20	\$20	\$20
ange		\$18	\$18	\$18	\$18	\$18	\$18
efrigerator		\$19	\$19	\$19	\$19	\$19	\$19

Actual Family Allowances To be used by the family to compute allowance.

Name of Family	Utility or Service	per month cost
	Heating	\$
	Cooking	
Address of Unit	Other Electric	
	Air Conditioning	
	Water Heating	
	Water	
Number of Bedrooms	Sewer	
	Electric Fee	
	Natural Gas Fee	
	Trash Collection	
Spreadsheet based on form HUD-52667.	Total	\$

Rapid Rehousing
Gross Rent Calculation Chart

				OLOSS VEHIC	Calculation Chart	1 Chart					Appendix D
Client Name:					Client ID:		Date last updated:	dated:			
Program Name:											
					ognature:				Date:		
Supervisor Name:					Signature:				Date:		
	Monthly Rental Amount	Utility	Gross Rent (Rent +	% of Gross	Program's	S	Participant's	Amount Utility Allowance	Amount to be reimbursed	Program's Share of	Participant's
Lease Ferm Ex. Jan 2021 - March 2021)	t on	nce *	lce)	Rent to Share of be Paid by Gross Rent Program		by participant	Share of Gross Rent	Exceeds Participant's Share of the	to Participant or Paid to	Net Rent (owed to landlord)	Snare of Net Rent (owed to landlord)
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			\$\frac{1}{2}		٠ '		\$	\$	\$	\$ -	\$
			₹		\$		\$	\$	\$	\$ -	\$ -
* Utility Allowance is based on HUD formula and may not reflect actual utility costs. This form is to be used only when utilities	ased on HUD fo	ormula and may	\$ -	ual utility co	\$ -		\$ -		\$	\$	\$
Curry renounding to the	משפע טוו ווטע וכ	Apul bile pinilic	not reflect act	nal nellen co	sts. This form	m is to be used	only when it	ilitios are not in			

This form should be updated whenever changes occur. ed on HUD formula and may not reflect actual utility costs. This form is to be used only when utilities are not included in the participant's rent.

Rapid Rehousing
Gross Rent Calculation Chart

					- darage of	Cigir					Appendix D
Client Name:					Client ID:		Date last updated:	lated:			
Program Name:											
Case Manager Name:	le:				Signature:				Date:		
Supervisor Name:					Signature:				Date:		
Time Frame (Dates Specific to the Lease Term Ex. Jan 2021 - March 2021)	Monthly Rental Amount (Amount on Lease	Utility Allowance *	Gross Rent (Rent + Utility Allowance)	% of Gross Rent to be Paid by Program	% of Gross Program's Rent to Share of be Paid by Gross Rent Program	% of Gross Rent paid by participant	Participant's Share of Gross Rent	Amount Utility Allowance Exceeds Participant's Share of the	Amount to be reimbursed to Participant or Paid to	ν	Participant's Share of Net Rent (owed to landlord)
2021 - March 2021)	Lease Agreement)		Allowance)	be Paid by Program	Gross Rent	rticipant	Gross Rent	Participant's Share of the Rent	Participant or Paid to Utility Co.	(owed to landlord)	to landlord)
1/21 - 3/21	\$ 1,000	\$ 175	\$ 1,175	100%	\$ 1,175	0%	\$ -	\$ 175.00	\$ 175.00	\$ 1,000.00	\$ ·
4/21 - 6/21	\$ 1,000	\$ 175	\$ 1,175	75%	\$ 881	25%	\$ 294	\$ -	÷ -	\rightarrow	\$ 118.75
7/21 - 9/21	\$ 1,000	\$ 175	\$ 1,175	50%	\$ 588	50%	\$ 588	\$ -	\$,	\$ 587.50	
10/21 - 12/21	\$ 1,000	\$ 175	\$ 1,175	25%	\$ 294	75%	\$ 881	\$	\$ -	\$ 293.75	\$ 706.25
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* Ittility Allowance is based on HID formula and mountaints and an extract collections.	hassad on Hill f		\$ -		\$ -				\$ -	\$ ·	\$
* Utility Allowance is	based on HUD f	ormula and may	not reflect ac	tusi utility c	hete This for	is to be	itiliti acdul da b	History and most in	luded to the		

This form should be updated whenever changes occur. * Utility Allowance is based on HUD formula and may not reflect actual utility costs. This form is to be used only when utilities are not included in the participant's rent.

Inspection Checklist

Housing Choice Voucher Program

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

Appendix E

OMB Approval No. 2577-0169 (Exp.

07/31/2022)

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			Т	enant ID Number	Date of Request (mm/dd/yyyy)
Inspector			N	eighborhood/Census Tract	Date of Inspection (mm/dd/yyyy)
Type of Inspection Initial Special Reinspection A. General Information				Date of Last Inspection (mm/dd/yyy	PHA y)
	Constru	cted (y	yyy)		Housing Type (check
Full Address (including Street, City, County, State, Zip)					Single = amily Detached Duplex or Two Family Row Low Rise: Including = appropriate) -amily Detached or Two Family suse or Town House 3, 4 Stories,
Number of Children in Family Under 6 Owner					High Se; 5 or More Stories Congregate Home Cooperative
Name of Owner or Agent Authorized to Lease Unit Inspected Address of Owner or Agent			PI	none Number	Indepen Group Resid Group Single Room Occupancy
Address of Owner of Agent					Shared Housing Other
B. Summary Decision On Unit (To be completed after	form ha	s bee	n filled ou	t	
Pass Number of Bedrooms for Purpos of the FMR or Payment Standar Inconclusive	ses N	lumbe Rooms	r of Sleep	ing	
nspection Checklist					
Item No. 1. Living Room	Yes Pass	No Fail	In- Conc.	Comment	Final Approve Date (mm/dd/yyyy
1.1 Living Room Present					
Electricity Electrical Hazards					

1.4	Security					
1.5	Window Condition					
1.6	Ceiling Condition					
1.7	Wall Condition					
1.8	Floor Condition					
Previo	us editions are obsolete				Page 1 of 8	form HUD-52580 (7/2019)
					•	
	n Codes: 1 = Bedroom or Any Other Room Used fo Second Living Room, Family Room, Den, Playroon					ing Area; litional Bathroom: 6 = Other
Item		1, 1 7 1	T	1	litarios mails, comdors, mails, otalicases, 5 – Add	Final Approval
No.	1. Living Room (Continued)	Yes Pas	No Fail	In- Conc	Comment	Date (mm/dd/yyyy)
1.9	Lead-Based Paint				Not Applicable	
	Are all painted surfaces free of deteriorated	1				
	paint? If not, do deteriorated surfaces exceed			_		
	two square feet per room and/or is more					
	than 10% of a component?					
•	2. Kitchen			1		
2.1	Kitchen Area Present					
2.2	Electricity					
2.3	Electrical Hazards				0	
2.4	Security					
2.5	Window Condition					
2.6	Ceiling Condition					
2.7	Wall Condition					
2.8	Floor Condition					
2.9	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?					
	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving					
	of Food			<u> </u>		
3.1	3. Bathroom Bathroom Present	_				
3.1	Ballioon Flesen					
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?	Not Applicable	
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?		
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		

Previous editions are obsolete

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form HUD-52580 (7/2019)

4.1 Room Code'and Room Location Right/CenterLeft Front/Center/Rear FloorLevel 4.2 Electrical/Illumination 4.3 Electrical Hazards 4.4 Security 4.5 Window Condition 4.6 Ceiling Condition 4.7 Wall Condition 4.9 Lead-Based Paint Are all painted surfaces exceed two Square Association Room Location Regulation 4.1 Room Code'and Recordition 4.1 Room Code'and Recordition 4.2 Electrical Hazards 4.3 Electrical Hazards 4.4 Security 4.5 Window Condition 4.6 Ceiling Condition 4.7 Wall Condition 4.7 Wall Condition 4.8 Floor Code'and Recordition 4.9 Lead-Based Paint Are all painted surfaces exceed two Regulation Recordition 4.1 Room Code'and Recordition 4.2 Electrical Hazards 4.3 Electrical Hazards 4.4 Security 4.5 Window Condition 4.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? I not do deteriorated surfaces exceed two Square fiet per from and/or 10% of a component? 4.10 Smoke Detectors 4.1 Room Code'and Room Location 4.2 Electrical Hazards 4.3 Electrical Hazards 4.4 Security 4.10 Smoke Detectors 4.1 Room Code'and Room Location 4.2 Electrical Hazards 4.3 Electrical Hazards 4.4 Security 4.5 Window Condition 4.5 Electrical Hazards 4.6 Ceiling Condition 4.7 Wall Condition 4.7 Wall Condition 4.8 Floor Condition 4.9 Electrical Hazards 4.1 Security 4.5 Window Condition 4.8 Floor Condition 4.9 Electrical Hazards 4.1 Security 4.5 Window Condition 4.7 Wall Condition 4.8 Floor Condition 4.8 Floor Condition 4.9 Floor Condition 4.9 Floor Condition 4.1 Security 4.5 Window Condition 4.8 Floor Condition 4.8 Floor Condition 4.9 Floor Condition 4.9 Floor Condition 4.9 Floor Condition 4.9 Floor Condition 4.1 Room Condition 4.1 Room Condition 4.1 Room Condition 4.2 Electrical Hazards 4.3 Floor Condition	$Item_{No.}$ 4.Other Rooms Used For Living and Halls	Yes		In- Conc.	Comment	Final Approval Date(mm/dd/yyyy)
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4.8 Floor Condition						
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4.9 Lead-Based Paint Not Applicable	4.9 Lead-Based Paint				Not Applicable	
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If not, do deteriorated surfaces exceed two Square feet per room and/orr more than 10%of a component	Square feet per room and/orr more than					

iten No	Tale item and it at Eithig and halls	Yes Pass	No Fail	In- Conc.	Comment		Final Approval Date
4.1	Room Code * and Room Location	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear		(mm/dd/yyyy)
4.2					· · · · · · · · · · · · · · · · · · ·	Floor Level	
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	(0	Circle	One)	(Circle One)		
	Room Location	Right/0	Cente	r/Left	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						
	5. All Secondary Rooms (Rooms not used for living)						
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?				Not Applicable	
	If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?					
6.7	Manufactured Home: Tie Downs					
	7. Heating and Plumbing	120				
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					
	8. General Health and Safety					more described and the second
8.1	Access to Unit		*****			71 San and San
8.2	Fire Exits		I no be to be provide			W and a supplemental and a suppl
8.3	Evidence of Infestation					
8.4	Garbage and Debris					
8.5	Refuse Disposal					
8.6	Interior Stairs and Commom 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 HAP contract 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 co	llect 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 ableness of the rent. Check/list any positive features found in relation to the unit.
Living Room	Bath
High quality floors or wall coverings Working fireplace or stove Balcony, patio, deck, porch Special windows or doors	Special feature shower head Built-in heat lamp Large mirrors Glass door on shower/tub
Exceptional size relative to needs of family Other: (Specify)	Separate dressing room Double sink or special lavatory Exceptional size relative to needs of family Other: (Specify)
Kitchen	
Dishwasher Separate freezer Garbage disposal	
Eating counter/breakfast nook Pantry or abundant shelving or cabinets Double oven/self cleaning oven, microwave Double sink	Overall Characteristics Storm windows and doors
High quality cabinets Abundant counter-top space Modern appliance(s) Exceptional size relative to needs of family Other: (Specify)	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)
ther Rooms Used for Living	Disabled Accessibility
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)	Unit is accessible to a particular disability. Disability No

	1.	Does owner make repairs when asked?
	2. 3.	How many people live here? 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)
Prev	ious	editions are obsolete
E. In	spec	ction Summary/Comments (Optional)
Prov	ide a	summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."
ltem	#	Reason for "Fail" or "Pass with Comments"
Ta-	للقسا	Inspector Inspector Signature Date of Inspection
Tena Type		Inspector Inspector Signature Date of Inspection

D. Questions to Ask the Tenant (Optional)

Previous editions are obsolete 8

HUD-52580 (4/2015) ref Handbook 7420.8