

**HOME EVALUATION AND SAFETY CHECKLIST**  
 Compliant housing and all required furnishings must be provided upon arrival.

Name:		Evaluation Completed by:	
Other Adult Members:		DOA:	Date Conducted:
Case Size:	# of Occupants:	# of Bedrooms:	Temporary <b>(T)</b> or Permanent <b>(P)</b> Housing: (at least one home evaluation should be completed for each home)
Address:			

**A. Affordability**

*To the extent possible, the family should be able to assume payment of the rent at the end of the initial 90 day period, based upon projected family income from all sources. The family should be left with sufficient resources for other essential expenses (food, transportation, utilities, etc.) after rent payments are made.*

Length of Lease Agreement:

Monthly Rent: \$ \_\_\_\_\_ Security Deposit: \$ \_\_\_\_\_ Waived: Yes / No

**B. Acceptability**

*Housing is decent, safe and sanitary based on federal housing standards or local or state standards if they are higher.*

Both the housing site/complex and neighborhood appear safe  Compliant  Follow up Needed  Date fixed \_\_\_\_\_

**C. Disability Accommodations**

*In cases of refugees with disabilities, housing should be free of, or permit the removal of, architectural barriers and otherwise accommodate known disabilities, to the extent required by law.*

Identified Disability: \_\_\_\_\_

Accommodations Provided: \_\_\_\_\_

Is the housing Accessible?  Compliant  Follow up Needed  Date fixed \_\_\_\_\_

**D. Space**

*Local minimum standard for habitable area requires a minimum number of bedrooms/sleeping areas for the number of people living there. The local minimum standard is as follows:*

Local minimum standard for habitable area requires a minimum number of bedrooms/sleeping areas for the number of people living there. The local minimum standard is as follows:	# of Bedrooms:	# of People:
	<input type="checkbox"/> Compliant <input type="checkbox"/> Follow up Needed <input type="checkbox"/> Date fixed _____	

**E. Lead Safety Check**

*Houses built before 1978 often used lead paint. If that paint is peeling or flaking, it can easily end up on the floor where children play. This paint can then be ingested by children, causing potential lead poisoning. For this reason, housing built before 1978 should have no peeling or flaking paint inside.*

Residence is either built after 1978 or meets all lead safety requirements  Compliant  Follow up Needed  Date fixed \_\_\_\_\_

*Note any concerns or follow up needed regarding affordability, acceptability, accessibility, and space of housing:*

<b>F. Safety</b>	
<i>All areas and components of the housing (interior and exterior) should be free of visible health and safety hazards and in good repair. Complete a thorough check of the house to ensure the following:</i>	
There is no visible bare wiring	<input type="checkbox"/> Compliant <input type="checkbox"/> Follow up Needed <input type="checkbox"/> Date fixed _____
There is no peeling or flaking interior paint or plaster	<input type="checkbox"/> Compliant <input type="checkbox"/> Follow up Needed <input type="checkbox"/> Date fixed _____
There is no visible mold	<input type="checkbox"/> Compliant <input type="checkbox"/> Follow up Needed <input type="checkbox"/> Date fixed _____
There are no detectable dangerous or unsanitary odors	<input type="checkbox"/> Compliant <input type="checkbox"/> Follow up Needed <input type="checkbox"/> Date fixed _____
Emergency escape route(s) have been identified and are accessible	<input type="checkbox"/> Compliant <input type="checkbox"/> Follow up Needed <input type="checkbox"/> Date fixed _____
Fire extinguishers can be easily located and are accessible where required	<input type="checkbox"/> Compliant <input type="checkbox"/> Follow up Needed <input type="checkbox"/> Date fixed _____
All windows and outside doors have working locks	<input type="checkbox"/> Compliant <input type="checkbox"/> Follow up Needed <input type="checkbox"/> Date fixed _____
Appropriate number of working smoke detectors (check all detectors to make sure batteries are working)	<input type="checkbox"/> Compliant <input type="checkbox"/> Follow up Needed <input type="checkbox"/> Date fixed _____
Windows are in working order with no evidence of broken glass	<input type="checkbox"/> Compliant <input type="checkbox"/> Follow up Needed <input type="checkbox"/> Date fixed _____
Heat, ventilation, lighting, and hot and cold running water are adequate	<input type="checkbox"/> Compliant <input type="checkbox"/> Follow up Needed <input type="checkbox"/> Date fixed _____
Electrical fixtures are in good repair (check for light bulbs, check to see if the electricity works)	<input type="checkbox"/> Compliant <input type="checkbox"/> Follow up Needed <input type="checkbox"/> Date fixed _____
<b>G. Appliances and Fixtures</b>	
Kitchen: residence equipped with a stove, oven, and refrigerator in good repair	<input type="checkbox"/> Compliant <input type="checkbox"/> Follow up Needed <input type="checkbox"/> Date fixed _____
Bathrooms: residence equipped with sink, flushing toilet, and shower or bath in good repair	<input type="checkbox"/> Compliant <input type="checkbox"/> Follow up Needed <input type="checkbox"/> Date fixed _____
<b>H. Garbage and Extermination</b>	
Easily accessible storage or disposal facilities for garbage	<input type="checkbox"/> Compliant <input type="checkbox"/> Follow up Needed <input type="checkbox"/> Date fixed _____
No evidence of current rodent or insect infestation	<input type="checkbox"/> Compliant <input type="checkbox"/> Follow up Needed <input type="checkbox"/> Date fixed _____
<i>Note any repairs or maintenance and action-plan to remedy issues before client arrival</i>	

**Based on the above findings on this date, I find this housing meets the basic minimum standards.**

Case Worker or Home Evaluation Provider Name:

\_\_\_\_\_

Date: