



Housing Health and Safety Inspection

Instructions

AHAH-RAP has developed a unified HHS/HQS form to streamline the process for FCS providers. Please complete the form thoroughly and review the following aspects of the housing stability, assessing both the interior and exterior of the dwelling safety, security, and overall habitability. Provider are encouraged to use best judgment upon determining habitability standards.

Providers must inspect all applicable elements for each room in the unit.

- ✓ If an element passes for all the rooms of a specific type (e.g. bedrooms, bathrooms) or an element does not apply to a specific room type, check the box in that room's column to indicate it was inspected and passed.
- ✓ If an element does not pass or there are concerns that need to be addressed with/by the landlord, do not check the box. Record the specific issue and which room(s) in the "Notes" section.
- ✓ If there are questions or concerns about whether an element passes, please contact ahahrap@commerce.wa.gov for assistance.

A copy of each inspection, whether it passes or not, must be provided to the landlord and placed in the participant's file. A copy should also be offered to the participant for their records. Re-inspections should be completed on a new, blank form and all issues identified in previous inspections must be addressed for the inspection to pass.

General Information

AHAH Participant Name: _____

Housing Unit Address Inspected: _____ City: _____ Zip: _____

Number of Bedrooms: _____ Inspection Type: Initial Re-inspection Was the Unit Built Before 1978? ☐ Yes ☐ No

Will there be a child under the age of six or a pregnant woman living in the unit? ☐ Yes ☐ No

If the unit was built before 1978 and a child under age six or a pregnant woman is, or will be, living in the unit, then a lead-based paint visual assessment is required.



Do not allow a lease to be signed UNTIL Commerce has officially notified all parties that the voucher and rental are approved via an approval letter. Signing a lease prior to inspection and program approval can result in denial of the subsidy and obliges the signer to all lease requirements.

	Dwelling /Unit Inspection						If failed, note reason	
	Check ALL elements below for defects	Exterior/ Storage	Kitchen/ dining	Bed- rooms	Bath- rooms	Living/ family rooms	Notes	PASS/FAIL
Structure/Materials	Stable/sturdy (free of major deteriorations large cracks/bulges/paint flaking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Pass OR <input type="checkbox"/> Fail
	Windows/screen intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Missing shingles/damaged roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Gutters/downspouts firmly attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Condition of chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Attic – leaks, insulation, ventilation, holes/cracks for rodents to enter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Security/Safety	Leaks, floor sagging, baseboard pulling away from walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Pass OR <input type="checkbox"/> Fail
	Front porch lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Garage door safety sensor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Mold, musty odors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Signs of pest/termite activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Lead-Based Paint Verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Water heater secured to wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Fire/carbon monoxide detectors working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

	Dwelling/Unit Inspection						If failed, note reason	
Water Supply	Condition of water heater, leak pan under it,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Pass OR <input type="checkbox"/> Fail
	Adequate water pressure/temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Inspect for clear running faucets, draining/flushing adequately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Septic system up to date/ maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Heating/Cooling	Heat up and cool off properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Pass OR <input type="checkbox"/> Fail
	Air filters clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lighting/Electricity	Any exposed wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Pass OR <input type="checkbox"/> Fail
	Switches work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Electrical panel updated/maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Pass OR <input type="checkbox"/> Fail
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Signature

Date of Inspection: _____

Does this inspection pass or fail? ☐ Pass ☐ Fail

Comments:

Reviewer Name: _____

Reviewer Signature: _____

Date: _____

What Next?

If the unit passes inspection the first time, send the completed inspection form to Well Point to be uploaded to the participant's voucher for review.

If the unit passes after re-inspection, submit the original failed inspection and all re-inspection forms until the unit passed to Well Point to be uploaded to the participant's voucher for review.

If a unit does not pass inspection, the landlord has the option to correct the failing items. If they do so, a re-inspection should be scheduled by the FCS Provider. Please note, one way the landlord could get help correcting failed items is to use the [Landlord Mitigation Fund](#) if funds are available.

If the landlord is unwilling to make the necessary correction/s to the unit, the client is unable to lease this unit using the subsidy. Housing search should resume.



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