

HomeBASE Habitability Checklist

This form is to be completed at the time of initial inspection. At the time of recertification, a reinspection can be done using the same form to be completed and signed off on by only the participating household and the Owner.

Please Check One: Initial Inspection Re-inspection

HomeBASE Participant: _____

HomeBASE Administering Agency Representative: _____

Address of Unit: _____

Date Apartment Viewed: _____

Disclaimer: This review does not replace a thorough inspection conducted by a municipality’s building inspector. This form is not a “statement of condition” of the apartment.

Lead Paint			
Is there a child under the age of 6 in the HomeBASE household who will be living in this unit?	Yes	No	
If yes, has the landlord provided the HomeBASE Participant and HomeBASE Administering Agency with a copy of the Letter of Compliance (LOC) showing that the unit has been inspected by a licensed lead inspector?	Yes	No	
Heat			Fuel Type
Is the heating system in the unit operational? (Enter fuel type at right)	Yes	No	
Kitchen and Bath			
Do all of the stove burners work?	Yes	No	
Does the kitchen have a working oven?	Yes	No	
Is there a working refrigerator in the unit? If not, the tenant will be responsible to provide a refrigerator.	Yes	No	
Does the tap water run clear and is it odorless?	Yes	No	Sometimes
Is there a working light fixture on the kitchen ceiling or wall?	Yes	No	
How many working wall outlets are in the kitchen?	2 or more	1	None
Is there hot and cold running water at each kitchen and bathroom sink, tub and shower?	Yes	No	
Are the kitchen and bathroom sinks or drains or pipes tight with no leaks?	Yes	No	
Is any kitchen or bathroom sink, tub or shower drain clogged?	No Problems	No, but slow	Yes, clogged
Does the bathroom have either a window that opens or a ventilation system that works?	Yes	No	
Are all toilets working today?	Yes	No	

Electrical			
Is all the building's wiring in the apartment enclosed in walls or metal coverings?	Yes	No	
Do all electrical outlets and switches have cover plates?	Yes	No	
Not counting the bathroom, does each room have at least one working outlet?	Yes	No	
Do all ceiling and wall-mounted light fixtures work?	Yes	No	
Interior			
Are walls intact without any holes or large cracks where outdoor air or rain can come in?	Yes	No	
Is the paint and plaster intact and cannot be chipped or peeled by finger scraping?	Yes	No	
Is the paint and plaster intact without any area of peeling paint or broken plaster bigger than the size of this page?	Yes	No	
Are walls, ceiling and floors without serious problems like sagging, leaning, buckling or large holes?	Yes	No	
Is the unit without mildew, mold or water damage on any wall, floor or ceiling?	Yes	No	
Are the floors intact without boards, tiles, carpeting or linoleum that are missing, curled or loose?	Yes	No	
Is the floor level without problems that can cause someone to trip?	Yes	No	
Sanitation / Health and Safety			
Is there a working carbon monoxide detector on each floor in this unit?	Yes	No	
Is there a working smoke detector on each floor in this unit?	Yes	No	
Is the unit free of bad odors such as sewer, natural gas, etc.?	Yes	No	Sometimes
Are there secure handrails on all stairs and landings with 3 steps or more?	Yes	No	N/A
Do all outside doors have locks that work?	Yes	No	
Do all bedrooms have a window that someone can open and that locks?	Yes	No	
Are all windows intact without broken glass that could cut someone?	Yes	No	
Is the unit free of evidence of rodents or vermin?	Yes	No	
In case of fire are there at least 2 ways to get out of this unit? <i>Ways include fire escape, exit door, balcony, window someone can crawl through or stairs from a public hall. For example, two ways might be a door and a window or two fire exits from a public hall.</i>	Yes	No	List: 1) 2)

Outside the unit			
Is the condition of any porch or balcony safe?	Yes	No	Does Not Apply
Are any outside handrails, steps, or stairs safe?	Yes	No	Does Not Apply
Is any sidewalk, driveway, or parking lot safe and not damaged in a way that could cause someone to trip?	Yes	No	
Are there lights outside of the front and back of the unit?	Yes	No	
Are fences or gates in bad repair?	Yes	No	Does Not Apply
Is the roof in good shape without sagging holes or missing roofing?	Yes	No	Cannot see roof
Are the walls plumb without serious leaning, buckling or large holes?	Yes	No	
Is there an appropriate area for trash to be placed prior to collection?	Yes	No	

Comments: Use this space for any additional comments about this unit that have not been covered above.

Note that conditions noted on this form are not the only relevant criteria in determining the habitability of the apartment. The apartment must meet all the requirements of the State Sanitary Code, the State Building Code, the state Lead Paint Law, and local zoning and land use laws. The HomeBASE Administering Agency representative's signature on this form is not a certification of compliance with any governmental requirements of habitability.

The undersigned acknowledge that they were present when this form was completed and that this form is accurate to the best of their knowledge:

HomeBASE Participant Signature Participant Name - Please Print Date

Administering Agency Representative HomeBASE Case Worker- Please Print Date
(Initial Inspection only; provide copy to Landlord)

Landlord Signature Landlord Name – Please Print Date
(Recertifications only; provide copy to HomeBASE Administering Agency)