



Housing Rehabilitation Monitoring Checklist

Recipient: _____ Contract #: _____

Review the **Environment Review Checklist** before your monitoring visit. List any issues that need to be monitored below.

I. Project Administration

1. List the total number of housing units to be rehabilitated or to receive sewer or water hookups:			
	Units Proposed in Work Plan	Units with Work in Progress	Completed to Date
Number of Housing Units			
Number of Low Income Households			
Number of Very Low Income Households			
2. Did the Recipient issue a public notice informing homeowners that it was soliciting, accepting, reviewing, and approving requests for housing rehabilitation assistance?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> If the Recipient used some other method for getting homeowners names for possible housing rehabilitation, describe it in the box below: <i>(For example, did it use its State Housing Initiatives Partnership Program list.)</i> 			
3. Did the Recipient use the scoring process in its Housing Assistance Plan (HAP) to rank the requests for assistance?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Were homes selected for rehabilitation that had a minority head of household? If yes , how many units: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Were homes selected for rehabilitation that had a female head of household? If yes , how many units: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Were homes selected for rehabilitation that had a head of household who is age 62 or older? If yes , how many units: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Were homes selected for rehab that had a disabled occupant? If yes , how many units: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Did the Recipient delete any housing units that had been initially selected for rehabilitation?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> If yes, is documentation available to support that the recipient followed its policy in notifying the occupant that the unit had been deleted? 			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. Did the Recipient demolish any vacant housing units?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> If yes, is documentation available to support that the Recipient followed its policy in doing the demolition? 			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. Did the Recipient convert any housing structures to non-LMI uses?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> If yes, is documentation available to support that the Recipient followed its policy in converting those housing structures to non-LMI uses? 			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:			

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II. Case File Review

Review three case files selected at random of homes that have been completed and enter the following information:

Unit 1		Unit 2	
Head of Household:		Head of Household:	
Address:		Address:	
Name of Contractor:		Name of Contractor:	

Unit 3	
Head of Household:	
Address:	
Name of Contractor:	

Check the appropriate box.

Unit Information	Unit 1	Unit 2	Unit 3
1. What type of unit is this?			
Single Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modular/Manufactured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the Recipient's policy allow the expenditure of CDBG funds on this type of unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is this an owner-occupied unit? <i>(If yes, go to #6.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If the occupant is a renter, is the rehabilitation of rental housing allowed by local Housing Assistance Plan (HAP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Did the Recipient follow their HAP to ensure that after rehabilitation this tenant will not be charged more than affordable rents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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6. How was the ownership of the housing unit verified?	Unit 1	Unit 2	Unit 3
Warranty Deed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Tax Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
CDBG Funds			
7. What was the total CDBG funds spent on the unit?	\$	\$	\$
8. Is this amount within the limits set by the local policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> If no, did the Recipient follow its policy provisions for exceeding this amount? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			
Income Verification			
9. How many people live in the household?			
10. What is the total income of the entire household?	\$	\$	\$
11. How was the total household income verified?			
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSI Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank Statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. What is the Section 8 income limit for a household of this size?	\$	\$	\$
13. Is the household income at or below the Section 8 limit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			

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Procurement of the Housing Contractor	Unit 1	Unit 2	Unit 3
14. Did the Recipient advertise according to its Housing Assistance Plan (HAP) (if the homeowner signed the contract) or its CDBG procurement policy (if the Recipient signed the contract)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Did the Recipient maintain a mailing list of local minority and women owned businesses, which it solicited to participate in the program? (Required for contracts starting in FFY 2009.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> If not, list below the other affirmative steps did the recipient take to encourage participation by small, minority, and women owned businesses? 			
16. Did the work write-up clearly define the items or services needed in order for the bidders to properly respond to the invitation to bid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Were all bids opened publicly at the time and place specified in the Invitation for Bid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Were two or more responsive/responsible bids received? (Or three bids if not advertised in a MSA newspaper and the Recipient signed the contract.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Does the Recipient have a copy of all bids submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. What was the lowest bid on the unit?	\$	\$	\$
21. Was the lowest bid accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> If no, was the Housing Assistance Plan followed? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			
22. Was the HAP followed concerning the award of contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Contract			
23. Is the contract between the Recipient and the contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, has the homeowner given power of attorney to the Recipient so the Recipient can contract for the homeowner? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Progress and Contractor Performance			
24. Were any change orders approved? (<i>If no, go to #26.</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Do the change orders appear to be limited to eligible items?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
26. Is documentation available to support that:			
<ul style="list-style-type: none"> The housing rehabilitation specialist made site inspections? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> These site inspections were made before making progress payments? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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	Unit 1	Unit 2	Unit 3
<ul style="list-style-type: none"> The building inspector and/or rehabilitation specialist made an inspection before paying the final invoice to the contractor? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> The city or county building inspector issued a document verifying that the completed job meets adopted local standards, such as a Certificate of Occupancy? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
27. Did the homeowner sign a satisfaction statement, such as the final inspection report?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> If no, is there an explanation in the file? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Did the contractor sign a release of liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
29. Were subcontractors used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, did each subcontractor sign a release of liens? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
30. Did the contractor provide a warranty if required in the HAP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:			
Deferred Payment Loans			
31. Does the Recipient use a deferred payment loan or other type of loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, is there documentation to support that the recording of a mortgage tool place before the beneficiary moved back into the unit? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:			
Relocation			
32. Did the recipient provide relocation benefits to this household? <i>(If no, go to #37.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Was the relocation temporary? (Permanent relocation does not normally occur in Small Cities subgrants – emergency set-aside is the one possible exception.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
34. What were the amounts of benefits received?	\$	\$	\$
35. Is this relocation case closed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
36. Were the benefits provided to the household within the limitations described in the Recipient’s policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:			

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Lead-Based Paint Review	Unit 1	Unit 2	Unit 3
37. Was this house constructed before 1/1/78? <i>(If no, go to #40.)</i> <i>Note: The Recipient must have documentation of the date of construction or it must assume the construction was prior to 1978.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. If yes , review the inspection report. Indicate the date inspected:			
39. Did the inspection indicate the presence of lead?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> If yes, review the clearance report and indicate the date that the home passed the clearance test: 			
Comments:			
Field Inspection (If the work write-up did not include changes that the inspection revealed were needed [i.e. GFCI outlets in a kitchen or bathroom], add comments in the spaces provided.)			
40. Was the work done according to the work write-up specifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Did the rehabilitation involve changes to the electrical system? <i>(If no, go to #45.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
42. Were GFCI outlets installed near wet locations, such as kitchen and bathroom sinks and outdoor locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Is the size of the electrical service at least 100 amps?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
44. Does the unit have any exposed light bulbs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
45. Does the bathroom contain the following:			
<ul style="list-style-type: none"> Water closet? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Lavatory basin? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Bathtub or shower? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
46. Does the bathroom have either a window or a vent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Is an exterior clean-out plug located where the sewer line goes into the septic system or sewer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Does the unit have a working hot water heater?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Does the kitchen have the following equipment that is in good working order:			
<ul style="list-style-type: none"> Stove? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Refrigerator? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Cabinet(s) and base cabinet(s)? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Window or ventilation system? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			

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	Unit 1	Unit 2	Unit 3
50. Does the unit have a heating system that can heat the interior to at least 68° Fahrenheit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. Does the unit have any non-vented heaters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. Does the unit have a smoke detector?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. Do all of the windows have screens?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
54. Do all of the windows appear to be airtight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
55. Does the unit have an unobstructed means of exit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
56. Does the unit have any steps? <i>(If no, go to #61.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
57. Do the steps appear to be in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
58. Does the unit have a stair case with more than four steps? <i>(If no, go to #61.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
59. Has a handrail been installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
60. Does the unit have any porch floors higher than 30 inches above the ground?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
• If <i>yes</i> , have railings been installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
61. Do all exterior doors open correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
62. Do all exterior doors appear to be properly sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. Do the roof shingles appear to be in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
64. Are any foundation piers missing or broken?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
65. Does the household include a disabled person? <i>(If no, go to #68.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
66. Was the house made accessible in terms of:			
• Grab bars in the bathroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Ramp, if the unit is not built on grade?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
• Doors of proper width?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Appropriate bathroom and kitchen fixtures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
67. Is there evidence that the property owner should comply with local nuisance, trash, environmental, and/or health codes? If <i>yes</i> , this is a finding because a citation should have been issued before the initiation of the housing activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			

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Green Standards	Unit 1	Unit 2	Unit 3
68. Did the Recipient claim 40 points for including minimum Green Standards in its HAP? If yes :	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Are all appliances that were replaced or installed Energy Star certified? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> Are all exterior doors and/or windows that were replaced or installed Energy Star certified? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> Are all lighting fixtures that were replaced or installed Energy Star certified? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
69. Did the Recipient claim 35 points for including supplemental Green Standards in its HAP? If yes :	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Was the attic, and if appropriate, floor insulated, and were all exterior walls sealed? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> If an HVAC unit was installed, did it have a SEER rating of at least 14? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Comments:

V. Conclusions

Explain any finding(s) or concern(s) in the box below and specify corrective actions the Recipient must take to resolve the issue(s). Describe any technical assistance provided.