# 5.0 NC ESG Minimum Habitability Standards for Rapid Rehousing

The Emergency Solutions Grants (ESG) Program Interim Rule establishes habitability standards for Rapid Rehousing and Homelessness Prevention activities. This checklist has been developed to assist Rapid Rehousing and Homeless Prevention providers assess the habitability of units receiving ESG Financial Assistance.

1. Carefully read each statement and indicate the unit’s status for each requirement (Approved or Deficient).
2. Add any comments and corrective actions needed in the appropriate box.
3. The reviewer must complete the information and sign/date the form.

# Unit Information

Name of ESG Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Household Members\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Bedrooms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Bathrooms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Staff Conducting Inspection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Inspection\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Instructions:** Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards in order to be approved. A copy of this checklist must be placed in the client file. | | |
| --- | --- | --- |
| **Approved** | **Deficient** | **Standard (24 CFR part 576.403(c))** |
|  |  | 1. *Structure and materials*: The structure is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents. |
|  |  | 1. *Space and security*: Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided an acceptable place to sleep. |
|  |  | 1. *Interior air quality*: Each room or space has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents. |
|  |  | 1. *Water Supply*: The water supply is free from contamination. |
|  |  | 1. *Sanitary Facilities*: Residents have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste. |
|  |  | 1. *Thermal environment*: The housing has any necessary heating/cooling facilities in proper operating condition. |
|  |  | 1. *Illumination and electricity*: The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the structure. |
|  |  | 1. *Food preparation*: All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner. |
|  |  | 1. *Sanitary condition*: The housing is maintained in sanitary condition. |
|  |  | 1. *Fire safety*: |
|  |  | * 1. There is a second means of exiting the building in the event of fire or other emergency.   2. The unit includes at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors are located, to the extent practicable, in a hallway adjacent to a bedroom.   3. If the unit is occupied by hearing-impaired persons, smoke detectors have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.   4. The public areas are equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas. |
|  |  | 11. Meets additional recipient/subrecipient standards (if any). |

# Lead Based Paint Compliance

If the answer to one or both of the following questions is ‘no,’ a visual assessment is not triggered for this unit and no further action is required at this time. If the answer to both of these questions is ‘yes,’ then a visual assessment is triggered for this unit and program staff should continue.

1. Was the leased property constructed before 1978?

Yes

No

1. Will a child under the age of six be living in the unit occupied by the household receiving ESG assistance?

Yes

No

If the answer to any of the following questions is ‘yes,’ the property is exempt from the visual assessment requirement and no further action is needed at this point. If the answer to all of these questions is ‘no,’ then continue.

1. Is it a zero-bedroom or SRO-sized unit?

Yes

No

1. Has X-ray or laboratory testing of all painted surfaces by certified personnel been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint?

Yes

No

1. Has this property had all lead-based paint identified and removed in accordance with HUD regulations?

Yes

No

1. Is the client receiving Federal assistance from another program, where the unit has already undergone (and passed) a visual assessment within the past 12 months (e.g., if the client has a Section 8 voucher and is receiving ESG assistance for a security deposit or arrears)?

Yes (Obtain documentation for the case file.)

No

1. Does the property meet any of the other exemptions described in 24 CFR Part 35.115(a).

Yes

No

Please describe the exemption and provide appropriate documentation of the exemption.

If no problems with paint surfaces are identified during the visual assessment, then no further action is required at this time. If any problems with paint surfaces are identified during the visual assessment, then continue to determine whether safe work practices and clearance are required.

1. Has a visual assessment of the unit been conducted?

Yes

No

1. Were any problems with paint surfaces identified in the unit during the visual assessment?

Yes

No

All deteriorated paint identified during the visual assessment must be repaired prior to clearing the unit for assistance. However, if the area of paint to be stabilized exceeds the de minimus levels (defined below), the use of lead safe work practices and clearance is required.

If deteriorating paint exists but the area of paint to be stabilized does not exceed these levels, then the paint must be repaired prior to clearing the unit for assistance, but safe work practices and clearance are not required.

1. Does the area of paint to be stabilized exceed any of the de minimus levels below?
   * 20 square feet on exterior surfaces  Yes  No
   * 2 square feet in any one interior room or space  Yes  No
   * 10 percent of the total surface area on an interior or exterior component with a small surface area, like window sills, baseboards, and trim  Yes  No

If *any* of the above are ‘yes,’ then safe work practices and clearance are required prior to clearing the unit for assistance.

Program staff must work with property owners/managers to ensure that all deteriorated paint identified during the visual assessment has been stabilized. If the area of paint to be stabilized does not exceed the de minimus level, safe work practices and a clearance exam are not required (though safe work practices are always recommended). In these cases, the ESG program staff should confirm that the identified deteriorated paint has been repaired by conducting a follow-up assessment.

If the area of paint to be stabilized exceeds the de minimus level, program staff should ensure that the clearance inspection is conducted by an independent certified lead professional. A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician. Note, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint.

1. Has a follow-up visual assessment of the unit been conducted?

Yes

No

1. Have all identified problems with the paint surfaces been repaired?

Yes

No

1. Were all identified problems with paint surfaces repaired using safe work practices?

Yes

No

Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

1. Was a clearance exam conducted by an independent, certified lead professional?

Yes

No

Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

1. Did the unit pass the clearance exam?

Yes

No

Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

Note: A copy of the clearance report should be placed in the program participant’s file.

# CERTIFICATION STATEMENT

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

Property meets all of the above standards.

Property does not meet all of the above standards.

**COMMENTS:**

|  |
| --- |
| ESG Recipient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ESG Subrecipient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Apartment: \_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_  Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Evaluator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |