

# Inspection Checklist

Housing Choice Voucher Program

**U.S. Department of Housing and Urban Development**  
Office of Public and Indian Housing

OMB Approval No. 2577-0169  
(Exp. 04/30/2026)

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|  |  |  |  |  |  |                                      |  |  |                                 |  |  |
|--|--|--|--|--|--|--------------------------------------|--|--|---------------------------------|--|--|
| Name of Family                                     |  |  |  |  |  | Tenant ID Number                     |  |  | Date of Request (mm/dd/yyyy)    |  |  |
| Inspector<br><b>KC RE DP JD BT OS</b>              |  |  |  |  |  | Neighborhood/Census Tract            |  |  | Date of Inspection (mm/dd/yyyy) |  |  |
| Type of Inspection<br>Initial Special Reinspection |  |  |  |  |  | Date of Last Inspection (mm/dd/yyyy) |  |  | PHA                             |  |  |

|   |  |  |  |  |  |                                |  |  |  |  |  |
|---|--|--|--|--|--|--------------------------------|--|--|--|--|--|
| <b>A. General Information</b>                             |  |  |  |  |  |                                |  |  |  |  |  |
| <b>Inspected Unit</b>                                     |  |  |  |  |  | <b>Year Constructed (yyyy)</b> |  |  |  |  | <b>Housing Type</b> (check as appropriate)<br>Single Family Detached<br>Duplex or Two Family<br>Row House or Town House<br>Low Rise: 3, 4 Stories, Including Garden Apartment<br>High Rise; 5 or More Stories<br>Manufactured Home<br>Congregate<br>Cooperative<br>Independent Group Residence<br>Single Room Occupancy<br>Shared Housing<br>Other |
| Full Address (including Street, City, County, State, Zip) |  |  |  |  |  |                                |  |  |  |  |  |
| Number of Children in Family Under 6                      |  |  |  |  |  |                                |  |  |  |  |  |
| <b>Owner</b>  |  |  |  |  |  |                                |  |  |  |  |  |
| Name of Owner or Agent Authorized to Lease Unit Inspected |  |  |  |  |  | Phone Number                   |  |  |  |  |  |
| Address of Owner or Agent                                 |  |  |  |  |  |                                |  |  |  |  |  |

|   |  |  |  |  |                          |  |  |  |  |  |
|---|--|--|--|--|--------------------------|--|--|--|--|--|
| <b>B. Summary Decision On Unit</b> (To be completed after form has been filled out)                     |  |  |  |  |                          |  |  |  |  |  |
| <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail<br><input type="checkbox"/> Inconclusive |  | Number of Bedrooms for Purposes of the FMR or Payment Standard |  |  | Number of Sleeping Rooms |  |  |  |  |  |

| Inspection Checklist |                     |  |  |  |          |         |          |         |  |  |                                  |
|----------------------|---------------------|--|--|--|----------|---------|----------|---------|--|--|----------------------------------|
| Item No.             | 1. Living Room      |  |  |  | Yes Pass | No Fail | In-Conc. | Comment |  |  | Final Approval Date (mm/dd/yyyy) |
| 1.1                  | Living Room Present |  |  |  |          |         |          |         |  |  |                                  |
| 1.2                  | Electricity         |  |  |  |          |         |          |         |  |  |                                  |
| 1.3                  | Electrical Hazards  |  |  |  |          |         |          |         |  |  |                                  |
| 1.4                  | Security            |  |  |  |          |         |          |         |  |  |                                  |
| 1.5                  | Window Condition    |  |  |  |          |         |          |         |  |  |                                  |
| 1.6                  | Ceiling Condition   |  |  |  |          |         |          |         |  |  |                                  |
| 1.7                  | Wall Condition      |  |  |  |          |         |          |         |  |  |                                  |
| 1.8                  | Floor Condition     |  |  |  |          |         |          |         |  |  |                                  |

\* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room); 2 = Dining Room or Dining Area;  
 3 = Second Living Room, Family Room, Den, Playroom, TV Room; 4 = Entrance Halls, Corridors, Halls, Staircases; 5 = Additional Bathroom; 6 = Other

| Item No.           | 1. Living Room (Continued)   | Yes Pas | No Fail | In-Conc. | Comment        | Final Approval Date (mm/dd/yyyy) |
|--------------------|--|---------|---------|----------|----------------|----------------------------------|
| 1.9                | Lead-Based Paint<br>Are all painted surfaces free of deteriorated paint?<br>If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? |         |         |          | Not Applicable |                                  |
| <b>2. Kitchen</b>  |  |         |         |          |                |                                  |
| 2.1                | Kitchen Area Present   |         |         |          |                |                                  |
| 2.2                | Electricity  |         |         |          |                |                                  |
| 2.3                | Electrical Hazards   |         |         |          |                |                                  |
| 2.4                | Security   |         |         |          |                |                                  |
| 2.5                | Window Condition   |         |         |          |                |                                  |
| 2.6                | Ceiling Condition  |         |         |          |                |                                  |
| 2.7                | Wall Condition   |         |         |          |                |                                  |
| 2.8                | Floor Condition  |         |         |          |                |                                  |
| 2.9                | Lead-Based Paint<br>Are all painted surfaces free of deteriorated paint?<br>If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? |         |         |          | Not Applicable |                                  |
| 2.10               | Stove or Range with Oven   |         |         |          |                |                                  |
| 2.11               | Refrigerator   |         |         |          |                |                                  |
| 2.12               | Sink   |         |         |          |                |                                  |
| 2.13               | Space for Storage, Preparation, and Serving of Food  |         |         |          |                |                                  |
| <b>3. Bathroom</b> |  |         |         |          |                |                                  |
| 3.1                | Bathroom Present   |         |         |          |                |                                  |
| 3.2                | Electricity  |         |         |          |                |                                  |
| 3.3                | Electrical Hazards   |         |         |          |                |                                  |
| 3.4                | Security   |         |         |          |                |                                  |
| 3.5                | Window Condition   |         |         |          |                |                                  |
| 3.6                | Ceiling Condition  |         |         |          |                |                                  |
| 3.7                | Wall Condition   |         |         |          |                |                                  |
| 3.8                | Floor Condition  |         |         |          |                |                                  |
| 3.9                | Lead-Based Paint<br>Are all painted surfaces free of deteriorated paint?<br>If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? |         |         |          | Not Applicable |                                  |
| 3.10               | Flush Toilet in Enclosed Room in Unit  |         |         |          |                |                                  |
| 3.11               | Fixed Wash Basin or Lavatory in Unit   |         |         |          |                |                                  |
| 3.12               | Tub or Shower in Unit  |         |         |          |                |                                  |
| 3.13               | Ventilation  |         |         |          |                |                                  |

| Item No. | 4. Other Rooms Used For Living and Halls   | Yes Pass                          | No Fail | In-Conc.                                | Comment          | Final Approval Date (mm/dd/yyyy) |
|----------|--|-----------------------------------|---------|---|------------------|----------------------------------|
| 4.1      | Room Code* and Room Location <input type="checkbox"/>  | (Circle One)<br>Right/Center/Left |         | (Circle One)<br>Front/Center/Rear       | ____ Floor Level |                                  |
| 4.2      | Electricity/Illumination   |                                   |         |   |                  |                                  |
| 4.3      | Electrical Hazards   |                                   |         |   |                  |                                  |
| 4.4      | Security   |                                   |         |   |                  |                                  |
| 4.5      | Window Condition   |                                   |         |   |                  |                                  |
| 4.6      | Ceiling Condition  |                                   |         |   |                  |                                  |
| 4.7      | Wall Condition   |                                   |         |   |                  |                                  |
| 4.8      | Floor Condition  |                                   |         |   |                  |                                  |
| 4.9      | Lead-Based Paint<br>Are all painted surfaces free of deteriorated paint?<br>If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? |                                   |         | <input type="checkbox"/> Not Applicable |                  |                                  |
| 4.10     | Smoke Detectors  |                                   |         |   |                  |                                  |
| 4.1      | Room Code* and Room Location <input type="checkbox"/>  | (Circle One)<br>Right/Center/Left |         | (Circle One)<br>Front/Center/Rear       | ____ Floor Level |                                  |
| 4.2      | Electricity/Illumination   |                                   |         |   |                  |                                  |
| 4.3      | Electrical Hazards   |                                   |         |   |                  |                                  |
| 4.4      | Security   |                                   |         |   |                  |                                  |
| 4.5      | Window Condition   |                                   |         |   |                  |                                  |
| 4.6      | Ceiling Condition  |                                   |         |   |                  |                                  |
| 4.7      | Wall Condition   |                                   |         |   |                  |                                  |
| 4.8      | Floor Condition  |                                   |         |   |                  |                                  |
| 4.9      | Lead-Based Paint<br>Are all painted surfaces free of deteriorated paint?<br>If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? |                                   |         | <input type="checkbox"/> Not Applicable |                  |                                  |
| 4.10     | Smoke Detectors  |                                   |         |   |                  |                                  |
| 4.1      | Room Code* and Room Location <input type="checkbox"/>  | (Circle One)<br>Right/Center/Left |         | (Circle One)<br>Front/Center/Rear       | ____ Floor Level |                                  |
| 4.2      | Electricity/Illumination   |                                   |         |   |                  |                                  |
| 4.3      | Electrical Hazards   |                                   |         |   |                  |                                  |
| 4.4      | Security   |                                   |         |   |                  |                                  |
| 4.5      | Window Condition   |                                   |         |   |                  |                                  |
| 4.6      | Ceiling Condition  |                                   |         |   |                  |                                  |
| 4.7      | Wall Condition   |                                   |         |   |                  |                                  |
| 4.8      | Floor Condition  |                                   |         |   |                  |                                  |
| 4.9      | Lead-Based Paint<br>Are all painted surfaces free of deteriorated paint?<br>If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? |                                   |         | <input type="checkbox"/> Not Applicable |                  |                                  |

| Item No.  | 4. Other Rooms Used For Living and Halls   | Yes Pass                          | No Fail                           | In-Conc. | Comment          | Final Approval Date (mm/dd/yyyy) |
|---|--|-----------------------------------|-----------------------------------|----------|------------------|----------------------------------|
| 4.1   | Room Code * and Room Location  | (Circle One)<br>Right/Center/Left | (Circle One)<br>Front/Center/Rear |          | ____ Floor Level |                                  |
| 4.2   | Electricity/Illumination   |                                   |                                   |          |                  |                                  |
| 4.3   | Electrical Hazards   |                                   |                                   |          |                  |                                  |
| 4.4   | Security   |                                   |                                   |          |                  |                                  |
| 4.5   | Window Condition   |                                   |                                   |          |                  |                                  |
| 4.6   | Ceiling Condition  |                                   |                                   |          |                  |                                  |
| 4.7   | Wall Condition   |                                   |                                   |          |                  |                                  |
| 4.8   | Floor Condition  |                                   |                                   |          |                  |                                  |
| 4.9   | Lead-Based Paint<br>Are all painted surfaces free of deteriorated paint?<br>If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? |                                   |                                   |          | Not Applicable   |                                  |
| 4.10  | Smoke Detectors  |                                   |                                   |          |                  |                                  |
| 4.1   | Room Code* and Room Location   | (Circle One)<br>Right/Center/Left | (Circle One)<br>Front/Center/Rear |          | ____ Floor Level |                                  |
| 4.2   | Electricity/Illumination   |                                   |                                   |          |                  |                                  |
| 4.3   | Electrical Hazards   |                                   |                                   |          |                  |                                  |
| 4.4   | Security   |                                   |                                   |          |                  |                                  |
| 4.5   | Window Condition   |                                   |                                   |          |                  |                                  |
| 4.6   | Ceiling Condition  |                                   |                                   |          |                  |                                  |
| 4.7   | Wall Condition   |                                   |                                   |          |                  |                                  |
| 4.8   | Floor Condition  |                                   |                                   |          |                  |                                  |
| 4.9   | Lead-Based Paint<br>Are all painted surfaces free of deteriorated paint?<br>If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? |                                   |                                   |          | Not Applicable   |                                  |
| 4.10  | Smoke Detectors  |                                   |                                   |          |                  |                                  |
| <b>5. All Secondary Rooms (Rooms not used for living)</b> |  |                                   |                                   |          |                  |                                  |
| 5.1   | None Go to Part 6  |                                   |                                   |          |                  |                                  |
| 5.2   | Security   |                                   |                                   |          |                  |                                  |
| 5.3   | Electrical Hazards   |                                   |                                   |          |                  |                                  |
| 5.4   | Other Potentially Hazardous Features in these Rooms  |                                   |                                   |          |                  |                                  |

| Item No.                            | 6. Building Exterior  | Yes Pass | No Fail | In - Conc. | Comment        | Final Approval Date (mm/dd/yyyy) |
|-------------------------------------|---|----------|---------|------------|----------------|----------------------------------|
| 6.1                                 | Condition of Foundation   |          |         |            |                |                                  |
| 6.2                                 | Condition of Stairs, Rails, and Porches   |          |         |            |                |                                  |
| 6.3                                 | Condition of Roof/Gutters   |          |         |            |                |                                  |
| 6.4                                 | Condition of Exterior Surfaces  |          |         |            |                |                                  |
| 6.5                                 | Condition of Chimney  |          |         |            |                |                                  |
| 6.6                                 | Lead Paint: Exterior Surfaces<br>Are all painted surfaces free of deteriorated paint?<br><br>If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area? |          |         |            | Not Applicable |                                  |
| 6.7                                 | Manufactured Home: Tie Downs  |          |         |            |                |                                  |
| <b>7. Heating and Plumbing</b>      |   |          |         |            |                |                                  |
| 7.1                                 | Adequacy of Heating Equipment   |          |         |            |                |                                  |
| 7.2                                 | Safety of Heating Equipment   |          |         |            |                |                                  |
| 7.3                                 | Ventilation/Cooling   |          |         |            |                |                                  |
| 7.4                                 | Water Heater  |          |         |            |                |                                  |
| 7.5                                 | Approvable Water Supply   |          |         |            |                |                                  |
| 7.6                                 | Plumbing  |          |         |            |                |                                  |
| 7.7                                 | Sewer Connection  |          |         |            |                |                                  |
| <b>8. General Health and Safety</b> |   |          |         |            |                |                                  |
| 8.1                                 | Access to Unit  |          |         |            |                |                                  |
| 8.2                                 | Fire Exits  |          |         |            |                |                                  |
| 8.3                                 | Evidence of Infestation   |          |         |            |                |                                  |
| 8.4                                 | Garbage and Debris  |          |         |            |                |                                  |
| 8.5                                 | Refuse Disposal   |          |         |            |                |                                  |
| 8.6                                 | Interior Stairs and Common Halls  |          |         |            |                |                                  |
| 8.7                                 | Other Interior Hazards  |          |         |            |                |                                  |
| 8.8                                 | Elevators   |          |         |            |                |                                  |
| 8.9                                 | Interior Air Quality  |          |         |            |                |                                  |
| 8.10                                | Site and Neighborhood Conditions  |          |         |            |                |                                  |
| 8.11                                | Lead-Based Paint: Owner's Certification   |          |         |            | Not Applicable |                                  |

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead -Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

**C. Special Amenities (Optional)**

This Section is for optional use of the HA. It is designed to collect additional information about other positive features of the unit that may be present. Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent. Check/list any positive features found in relation to the unit.

**D. Questions to ask the Tenant (Optional)**  
**1. Living Room**

- High quality floors or wall coverings
- Working fireplace or stove Balcony, patio, deck, porch Special windows or doors
- Exceptional size relative to needs of family
- Other: (Specify)

**2. Kitchen**

- Dishwasher
- Separate freezer
- Garbage disposal
- Eating counter/breakfast nook
- Pantry or abundant shelving or cabinets
- Double oven/self cleaning oven, microwave
- Double sink
- High quality cabinets
- Abundant counter-top space
- Modern appliance(s)
- Exceptional size relative to needs of family
- Other: (Specify)

**3. Other Rooms Used for Living**

- High quality floors or wall coverings
- Working fireplace or stove Balcony, patio, deck, porch Special windows or doors
- Exceptional size relative to needs of family
- Other: (Specify)

**4. Bath**

- Special feature shower head
- Built-in heat lamp
- Large mirrors
- Glass door on shower/tub
- Separate dressing room
- Double sink or special lavatory
- Exceptional size relative to needs of family
- Other: (Specify)

**5. Overall Characteristics**

- Storm windows and doors
- Other forms of weatherization (e.g., insulation, weather stripping) Screen doors or windows
- Good upkeep of grounds (i.e., site cleanliness, landscaping, condition of lawn)
- Garage or parking facilities
- Driveway
- Large yard
- Good maintenance of building exterior
- Other: (Specify)

**6. Accessibility for Individuals with Disabilities**

Unit is accessible to a particular disability.  Yes  No  
Disability

1. Does the owner make repairs when asked? Yes ~~XXXXXXXXXX~~ [ ~~AAA~~
2. How many people live there? \_\_\_\_\_
3. How much money do you pay to the owner/agent for rent? \$ \_\_\_\_\_
4. Do you pay for anything else? (specify) \_\_\_\_\_
5. Who owns the range and refrigerator? (insert O = Owner or T = Tenant) Range \_\_\_\_\_ Refrigerator \_\_\_\_\_ Microwave \_\_\_
6. Is there anything else you want to tell us? (specify) Yes ~~XXXXXXXXXX~~ [



**Rent Reasonableness Data for Section 8 Subsidized Unit**

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

Inspector's Name: **KC RE DP JD BT OS**

**Unit Location:**

Name of Family/Building \_\_\_\_\_

Address of Unit/Building \_\_\_\_\_

\_\_\_\_\_

**Building Type:**

Single Family Detached \_\_\_\_\_ Duplex or Two Family \_\_\_\_\_ Row House/Town House \_\_\_\_\_

Triplex/4 Plex \_\_\_\_\_ Low Rise/3-4 Stories \_\_\_\_\_ High Rise/5+ Stories \_\_\_\_\_

Mobile Home \_\_\_\_\_

Elevator in Building: Yes \_\_\_\_\_ No \_\_\_\_\_ Year Unit was Built: \_\_\_\_\_ Square Footage: \_\_\_\_\_

**Unit Size:** CV # of Bedrooms for FMR/PS: \_\_\_\_\_ Number of Sleeping Rooms: \_\_\_\_\_

Dining Room: Yes \_\_\_\_\_ No \_\_\_\_\_

Separate Living Room: Yes \_\_\_\_\_ No \_\_\_\_\_

Separate Kitchen: Yes \_\_\_\_\_ No \_\_\_\_\_

Number of **FULL** Bathrooms: \_\_\_\_\_

Number of **HALF** Bathrooms: \_\_\_\_\_

**Amenities:** Central A/C Yes \_\_\_\_\_ No \_\_\_\_\_ Washer in Unit Yes \_\_\_\_\_ No \_\_\_\_\_  
Window A/C Yes \_\_\_\_\_ No \_\_\_\_\_ Dryer in Unit Yes \_\_\_\_\_ No \_\_\_\_\_  
Microwave Yes \_\_\_\_\_ No \_\_\_\_\_ W/D Connections Yes \_\_\_\_\_ No \_\_\_\_\_  
Ceiling Fans Yes \_\_\_\_\_ No \_\_\_\_\_ Dishwasher Yes \_\_\_\_\_ No \_\_\_\_\_  
Pool Yes \_\_\_\_\_ No \_\_\_\_\_ Deck/Patio Yes \_\_\_\_\_ No \_\_\_\_\_  
Cable Yes \_\_\_\_\_ No \_\_\_\_\_ Garbage Disposal Yes \_\_\_\_\_ No \_\_\_\_\_

**Building Facilities:**

Covered Garage/Parking Yes \_\_\_\_\_ No \_\_\_\_\_

Off-Street Parking Yes \_\_\_\_\_ No \_\_\_\_\_

Street Parking Yes \_\_\_\_\_ No \_\_\_\_\_

Onsite Laundry Yes \_\_\_\_\_ No \_\_\_\_\_

Gated Community Yes \_\_\_\_\_ No \_\_\_\_\_

**Maintenance Services:**

Lawn Yes \_\_\_\_\_ No \_\_\_\_\_ Trash Yes \_\_\_\_\_ No \_\_\_\_\_ Pest Control Yes \_\_\_\_\_ No \_\_\_\_\_

**Utility Information to Calculate Gross Rent:**

| <b>Utility</b>   | <b>Paid or Provided By</b> |              | <b>Fuel Source</b>      |                       |           |
|------------------|----------------------------|--------------|-------------------------|-----------------------|-----------|
| Heat             | Owner _____                | Tenant _____ | Gas _____               | Electric _____        | Oil _____ |
| Electric         | Owner _____                | Tenant _____ | Gas _____               | Electric _____        | Oil _____ |
| Cooking          | Owner _____                | Tenant _____ | Gas _____               | Electric _____        | Oil _____ |
| Water Heating    | Owner _____                | Tenant _____ | Gas _____               | Electric _____        | Oil _____ |
| Water            | Owner _____                | Tenant _____ |                         |                       |           |
| Sewer            | Owner _____                | Tenant _____ |                         |                       |           |
| Stove            | Owner _____                | Tenant _____ | Gas _____               | Electric _____        |           |
| Refrigerator     | Owner _____                | Tenant _____ |                         |                       |           |
| Air Conditioning | Owner _____                | Tenant _____ | Central Y _____ N _____ | Units Y _____ N _____ |           |

**Overall Quality Rating:**

- \_\_\_\_\_ A. Newly constructed or completely renovated.
- \_\_\_\_\_ B. Well maintained and/or partially renovated.
- \_\_\_\_\_ C. Adequate - Some repairs may be needed soon.
- \_\_\_\_\_ D. Fail - Repairs needed to pass HQS.