

# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

**112759 Inspected: 12/10/2009 15:06:00**

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		11/01/2009
Inspector <b>Octavius Mitchell</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>12/10/2009</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>03/27/2009</b>	PHA <b>Galveston Housing Authority</b>

<b>A. General Information</b>				<b>Housing Type (check as appropriate)</b>	
<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	<b>1978</b>	<input checked="" type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other		
Full Address (including Street, City, County, State, Zip)					
<b>3104 53rd Street</b>		<b>Galveston TX</b>	<b>77551</b>		
<b>Apt 439-B</b>		<b>Galveston</b>			
Number of Children in Family Under 6					
<b>1</b>					
<b>Owner</b>					
Name of Owner or Agent Authorized to Lease Unit Inspected				Phone Number	
<b>Woman Inc.</b>				<b>[409] 741-9098</b>	
Address of Owner or Agent					
<b>P O Box 571898</b>					
<b>Houston TX 77257</b>					

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>			
<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	<b>No Show</b>
<input type="checkbox"/> Fail			
<input checked="" type="checkbox"/> Inconclusive			

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	✓				12/10/2009
1.2	Electricity	✓				12/10/2009
1.3	Electrical Hazards	✓				12/10/2009
1.4	Security	✓				12/10/2009
1.5	Window Condition	✓				12/10/2009
1.6	Ceiling Condition	✓				12/10/2009
1.7	Wall Condition	✓				12/10/2009
1.8	Floor Condition	✓				12/10/2009

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	12/10/2009
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				12/10/2009
2.2	Electricity	✓				12/10/2009
2.3	Electrical Hazards	✓				12/10/2009
2.4	Security	✓				12/10/2009
2.5	Window Condition	✓				12/10/2009
2.6	Ceiling Condition	✓				12/10/2009
2.7	Wall Condition	✓				12/10/2009
2.8	Floor Condition	✓				12/10/2009
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	12/10/2009
2.10	Stove or Range with Oven	✓				12/10/2009
2.11	Refrigerator	✓				12/10/2009
2.12	Sink	✓				12/10/2009
2.13	Space for Storage, Preparation, and Serving of Food	✓				12/10/2009
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				12/10/2009
3.2	Electricity	✓				12/10/2009
3.3	Electrical Hazards	✓				12/10/2009
3.4	Security	✓				12/10/2009
3.5	Window Condition	✓				12/10/2009
3.6	Ceiling Condition	✓				12/10/2009
3.7	Wall Condition	✓				12/10/2009
3.8	Floor Condition	✓				12/10/2009
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	12/10/2009
3.10	Flush Toilet in Enclosed Room in Unit	✓				12/10/2009
3.11	Fixed Wash Basin or Lavatory in Unit	✓				12/10/2009
3.12	Tub or Shower in Unit	✓				12/10/2009
3.13	Ventilation	✓				12/10/2009

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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	✓				12/10/2009
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				12/10/2009
5.3	Electrical Hazards	✓				12/10/2009
5.4	Other Potentially Hazardous Features in these Rooms	✓				12/10/2009

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				12/10/2009
6.2	Condition of Stairs, Rails, and Porches	✓				12/10/2009
6.3	Condition of Roof/Gutters	✓				12/10/2009
6.4	Condition of Exterior Surfaces	✓				12/10/2009
6.5	Condition of Chimney	✓				12/10/2009
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?	✓			<input type="checkbox"/> Not Applicable	12/10/2009
	If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?					
6.7	Manufactured Home: Tie Downs	✓				12/10/2009
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				12/10/2009
7.2	Safety of Heating Equipment	✓				12/10/2009
7.3	Ventilation/Cooling	✓				12/10/2009
7.4	Water Heater	✓				12/10/2009
7.5	Approvable Water Supply	✓				12/10/2009
7.6	Plumbing	✓				12/10/2009
7.7	Sewer Connection	✓				12/10/2009
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				12/10/2009
8.2	Fire Exits	✓				12/10/2009
8.3	Evidence of Infestation	✓				12/10/2009
8.4	Garbage and Debris	✓				12/10/2009
8.5	Refuse Disposal	✓				12/10/2009
8.6	Interior Stairs and Common Halls	✓				12/10/2009
8.7	Other Interior Hazards	✓				12/10/2009
8.8	Elevators	✓				12/10/2009
8.9	Interior Air Quality	✓				12/10/2009
8.10	Site and Neighborhood Conditions	✓				12/10/2009
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	12/10/2009

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000026344	Inspector Octavius Mitchell	Date of Inspection (mm/dd/yyyy) 12/10/2009	Address of Inspected Unit 3104 53rd Street Apt 439-B Galveston TX 77551
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
Item Number	Reason for "Fail" or "Pass with Comments" Rating		

Continued on additional page  Yes  No

Previous editions are obsolete





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107587 Inspected: 03/27/2009 09:45:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		03/27/2009
Inspector <b>Robert Jefferies</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>03/27/2009</b>
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>07/23/2008</b>	PHA <b>Galveston Housing Authority</b>

<b>A. General Information</b>				<b>Housing Type (check as appropriate)</b> <input checked="" type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise: 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	<b>1978</b>		
<b>Full Address (Including Street, City, County, State, Zip)</b> <b>3104 53rd Street Galveston TX 77551</b> <b>Apt 439-B Galveston</b>				
<b>Number of Children in Family Under 6</b>	<b>1</b>			
<b>Owner</b>				
<b>Name of Owner or Agent Authorized to Lease Unit Inspected</b> <b>Woman Inc.</b>			<b>Phone Number</b> <b>[409] 741-9098</b>	
<b>Address of Owner or Agent</b> <b>P O Box 571898</b> <b>Houston TX 77257</b>				

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>			
<input checked="" type="checkbox"/> Pass	<b>Number of Bedrooms for Purposes of the FMR or Payment Standard</b>	<b>Number of Sleeping Rooms</b>	
<input type="checkbox"/> Fail	<b>3</b>	<b>4</b>	
<input type="checkbox"/> Inconclusive			

<b>Inspection Checklist</b>						
Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				03/27/2009
1.2	Electricity	✓				03/27/2009
1.3	Electrical Hazards	✓				03/27/2009
1.4	Security	✓				03/27/2009
1.5	Window Condition	✓				03/27/2009
1.6	Ceiling Condition	✓				03/27/2009
1.7	Wall Condition	✓				03/27/2009
1.8	Floor Condition	✓				03/27/2009

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/27/2009
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				03/27/2009
2.2	Electricity	✓				03/27/2009
2.3	Electrical Hazards	✓				03/27/2009
2.4	Security	✓				03/27/2009
2.5	Window Condition	✓				03/27/2009
2.6	Ceiling Condition	✓				03/27/2009
2.7	Wall Condition	✓				03/27/2009
2.8	Floor Condition	✓				03/27/2009
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/27/2009
2.10	Stove or Range with Oven	✓				03/27/2009
2.11	Refrigerator	✓				03/27/2009
2.12	Sink	✓				03/27/2009
2.13	Space for Storage, Preparation, and Serving of Food	✓				03/27/2009
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				03/27/2009
3.2	Electricity	✓				03/27/2009
3.3	Electrical Hazards	✓				03/27/2009
3.4	Security	✓				03/27/2009
3.5	Window Condition	✓				03/27/2009
3.6	Ceiling Condition	✓				03/27/2009
3.7	Wall Condition	✓				03/27/2009
3.8	Floor Condition	✓				03/27/2009
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/27/2009
3.10	Flush Toilet in Enclosed Room in Unit	✓				03/27/2009
3.11	Fixed Wash Basin or Lavatory in Unit	✓				03/27/2009
3.12	Tub or Shower in Unit	✓				03/27/2009
3.13	Ventilation	✓				03/27/2009

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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	✓				03/27/2009
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fall	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				03/27/2009
5.3	Electrical Hazards	✓				03/27/2009
5.4	Other Potentially Hazardous Features in these Rooms	✓				03/27/2009

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				03/27/2009
6.2	Condition of Stairs, Rails, and Porches	✓				03/27/2009
6.3	Condition of Roof/Gutters	✓				03/27/2009
6.4	Condition of Exterior Surfaces	✓				03/27/2009
6.5	Condition of Chimney	✓				03/27/2009
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	03/27/2009
6.7	Manufactured Home: Tie Downs	✓				03/27/2009
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				03/27/2009
7.2	Safety of Heating Equipment	✓				03/27/2009
7.3	Ventilation/Cooling	✓				03/27/2009
7.4	Water Heater	✓				03/27/2009
7.5	Approvable Water Supply	✓				03/27/2009
7.6	Plumbing	✓				03/27/2009
7.7	Sewer Connection	✓				03/27/2009
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				03/27/2009
8.2	Fire Exits	✓				03/27/2009
8.3	Evidence of Infestation	✓				03/27/2009
8.4	Garbage and Debris	✓				03/27/2009
8.5	Refuse Disposal	✓				03/27/2009
8.6	Interior Stairs and Common Halls	✓				03/27/2009
8.7	Other Interior Hazards	✓				03/27/2009
8.8	Elevators	✓				03/27/2009
8.9	Interior Air Quality	✓				03/27/2009
8.10	Site and Neighborhood Conditions	✓				03/27/2009
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	03/27/2009

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000026344	Inspector <b>Robert Jefferies</b>	Date of Inspection (mm/dd/yyyy) <b>03/27/2009</b>	Address of Inspected Unit 3104 53rd Street Apt 439-B
Type of Inspection	Initial <input checked="" type="checkbox"/> Special <input type="checkbox"/> Reinspection <input type="checkbox"/>		Galveston TX 77551

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

113187 Inspected: 12/31/2009 14:52:21

Name of Family <b>a</b>		Tenant ID Number	Date of Request (mm/dd/yyyy) <b>03/01/2010</b>
Inspector <b>Palace Inspections-HCV</b>		Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>12/31/2009</b>
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection		Date of Last Inspection (mm/dd/yyyy) <b>12/10/2009</b>	PHA <b>Galveston Housing Authority</b>
<b>A. General Information</b>			Housing Type (check as appropriate) <input checked="" type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Inspected Unit		Year Constructed (yyyy) <b>1978</b>	
Full Address (including Street, City, County, State, Zip) <b>3104 53rd Street</b>		<b>Galveston TX 77551</b>	
<b>Apt. 439-B</b>		<b>Galveston</b>	
Number of Children in Family Under 6 <b>0</b>			
<b>Owner</b>			
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		Phone Number <b>[409] 741-9098</b>	
Address of Owner or Agent <b>P O Box 571898</b>			
<b>Houston TX 77257</b>			

**B. Summary Decision On Unit (To be completed after form has been filled out)**

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard <b>3</b>	Number of Sleeping Rooms <b>4</b>
<input type="checkbox"/> Fail		
<input type="checkbox"/> Inconclusive		

**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	✓				12/31/2009
1.2	Electricity	✓				12/31/2009
1.3	Electrical Hazards	✓				12/31/2009
1.4	Security	✓				12/31/2009
1.5	Window Condition	✓				12/31/2009
1.6	Ceiling Condition	✓				12/31/2009
1.7	Wall Condition	✓				12/31/2009
1.8	Floor Condition	✓				12/31/2009

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	12/31/2009
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				12/31/2009
2.2	Electricity	✓				12/31/2009
2.3	Electrical Hazards	✓				12/31/2009
2.4	Security	✓				12/31/2009
2.5	Window Condition	✓				12/31/2009
2.6	Ceiling Condition	✓				12/31/2009
2.7	Wall Condition	✓				12/31/2009
2.8	Floor Condition	✓				12/31/2009
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	12/31/2009
2.10	Stove or Range with Oven	✓				12/31/2009
2.11	Refrigerator	✓				12/31/2009
2.12	Sink	✓				12/31/2009
2.13	Space for Storage, Preparation, and Serving of Food	✓				12/31/2009
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				12/31/2009
3.2	Electricity	✓				12/31/2009
3.3	Electrical Hazards	✓				12/31/2009
3.4	Security	✓				12/31/2009
3.5	Window Condition	✓				12/31/2009
3.6	Ceiling Condition	✓				12/31/2009
3.7	Wall Condition	✓				12/31/2009
3.8	Floor Condition	✓				12/31/2009
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	12/31/2009
3.10	Flush Toilet in Enclosed Room in Unit	✓				12/31/2009
3.11	Fixed Wash Basin or Lavatory in Unit	✓				12/31/2009
3.12	Tub or Shower in Unit	✓				12/31/2009
3.13	Ventilation	✓				12/31/2009

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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	✓				12/31/2009
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				12/31/2009
5.3	Electrical Hazards	✓				12/31/2009
5.4	Other Potentially Hazardous Features in these Rooms	✓				12/31/2009

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				12/31/2009
6.2	Condition of Stairs, Rails, and Porches	✓				12/31/2009
6.3	Condition of Roof/Gutters	✓				12/31/2009
6.4	Condition of Exterior Surfaces	✓				12/31/2009
6.5	Condition of Chimney	✓				12/31/2009
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?	✓			<input type="checkbox"/> Not Applicable	12/31/2009
	If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?					
6.7	Manufactured Home: Tie Downs	✓				12/31/2009
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				12/31/2009
7.2	Safety of Heating Equipment	✓				12/31/2009
7.3	Ventilation/Cooling	✓				12/31/2009
7.4	Water Heater	✓				12/31/2009
7.5	Approvable Water Supply	✓				12/31/2009
7.6	Plumbing	✓				12/31/2009
7.7	Sewer Connection	✓				12/31/2009
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				12/31/2009
8.2	Fire Exits	✓				12/31/2009
8.3	Evidence of Infestation	✓				12/31/2009
8.4	Garbage and Debris	✓				12/31/2009
8.5	Refuse Disposal	✓				12/31/2009
8.6	Interior Stairs and Common Halls	✓				12/31/2009
8.7	Other Interior Hazards	✓				12/31/2009
8.8	Elevators	✓				12/31/2009
8.9	Interior Air Quality	✓				12/31/2009
8.10	Site and Neighborhood Conditions	✓				12/31/2009
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	12/31/2009

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 123093	Inspector Palace Inspections-HCV	Date of Inspection (mm/dd/yyyy) 12/31/2009	Address of Inspected Unit 3104 53rd Street Apt 439-B Galveston TX 77551
Type of Inspection	Initial <input checked="" type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>
Item Number	Reason for "Fail" or "Pass with Comments" Rating		

Continued on additional page  Yes  No





# 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. 4/30/2014)

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116707 Inspected: 08/25/2010 10:00:00

Name of Family <b>a</b>	Tenant ID Number	Date of Request (mm/dd/yyyy) <b>08/03/2010</b>
Inspector <b>Palace Inspections-HCV</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>08/25/2010</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>12/31/2009</b>	PHA <b>Galveston Housing Authority</b>

## A. General Information

Inspected Unit	Year Constructed (yyyy)	<b>1978</b>	Housing Type (check as appropriate) <input checked="" type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Full Address (including Street, City, County, State, Zip) <b>3104 53rd Street</b>	<b>Galveston TX 77551</b>		
<b>Apt 439-B</b>	<b>Galveston</b>		
Number of Children in Family Under 6 <b>0</b>			
Owner Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		Phone Number <b>[409] 741-9098</b>	
Address of Owner or Agent <b>P O Box 571898</b>		<b>Houston TX 77257</b>	

## B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard <b>3</b>	Number of Sleeping Rooms <b>4</b>
<input type="checkbox"/> Fail		
<input type="checkbox"/> Inconclusive		

## 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	✓				08/25/2010
1.2	Electricity	✓				08/25/2010
1.3	Electrical Hazards	✓				08/25/2010
1.4	Security	✓				08/25/2010
1.5	Window Condition	✓				08/25/2010
1.6	Ceiling Condition	✓				08/25/2010
1.7	Wall Condition	✓				08/25/2010
1.8	Floor Condition	✓				08/25/2010

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	08/25/2010
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				08/25/2010
2.2	Electricity	✓				08/25/2010
2.3	Electrical Hazards	✓				08/25/2010
2.4	Security	✓				08/25/2010
2.5	Window Condition	✓				08/25/2010
2.6	Ceiling Condition	✓				08/25/2010
2.7	Wall Condition	✓				08/25/2010
2.8	Floor Condition	✓				08/25/2010
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	08/25/2010
2.10	Stove or Range with Oven	✓				08/25/2010
2.11	Refrigerator	✓				08/25/2010
2.12	Sink	✓				08/25/2010
2.13	Space for Storage, Preparation, and Serving of Food	✓				08/25/2010
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				08/25/2010
3.2	Electricity	✓				08/25/2010
3.3	Electrical Hazards	✓				08/25/2010
3.4	Security	✓				08/25/2010
3.5	Window Condition	✓				08/25/2010
3.6	Ceiling Condition	✓				08/25/2010
3.7	Wall Condition	✓				08/25/2010
3.8	Floor Condition	✓				08/25/2010
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	08/25/2010
3.10	Flush Toilet in Enclosed Room in Unit	✓				08/25/2010
3.11	Fixed Wash Basin or Lavatory in Unit	✓				08/25/2010
3.12	Tub or Shower in Unit	✓				08/25/2010
3.13	Ventilation	✓				08/25/2010

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fall	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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	✓				08/25/2010
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				08/25/2010
5.3	Electrical Hazards	✓				08/25/2010
5.4	Other Potentially Hazardous Features in these Rooms	✓				08/25/2010

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				08/25/2010
6.2	Condition of Stairs, Rails, and Porches	✓				08/25/2010
6.3	Condition of Roof/Gutters	✓				08/25/2010
6.4	Condition of Exterior Surfaces	✓				08/25/2010
6.5	Condition of Chimney	✓				08/25/2010
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	08/25/2010
6.7	Manufactured Home: Tie Downs	✓				08/25/2010
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				08/25/2010
7.2	Safety of Heating Equipment	✓				08/25/2010
7.3	Ventilation/Cooling	✓				08/25/2010
7.4	Water Heater	✓				08/25/2010
7.5	Approvable Water Supply	✓				08/25/2010
7.6	Plumbing	✓				08/25/2010
7.7	Sewer Connection	✓				08/25/2010
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				08/25/2010
8.2	Fire Exits	✓				08/25/2010
8.3	Evidence of Infestation	✓				08/25/2010
8.4	Garbage and Debris	✓				08/25/2010
8.5	Refuse Disposal	✓				08/25/2010
8.6	Interior Stairs and Common Halls	✓				08/25/2010
8.7	Other Interior Hazards	✓				08/25/2010
8.8	Elevators	✓				08/25/2010
8.9	Interior Air Quality	✓				08/25/2010
8.10	Site and Neighborhood Conditions	✓				08/25/2010
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	08/25/2010

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
 Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 123093	Inspector Palace Inspections-HCV	Date of Inspection (mm/dd/yyyy) 08/25/2010	Address of Inspected Unit 3104 53rd Street Apt 439-B Galveston TX 77551
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
Item Number	Reason for "Fail" or "Pass with Comments" Rating		

Continued on additional page  Yes  No





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

119527 Inspected: 09/06/2011 14:12:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		08/30/2011
Inspector <b>Curt Gillins</b>	Neighborhood/Census Tract 7241	Date of Inspection (mm/dd/yyyy) 09/06/2011
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) 08/25/2010	PHA Galveston Housing Authority

## A. General Information

Inspected Unit	Year Constructed (yyyy)	1978	Housing Type (check as appropriate)
Full Address (including Street, City, County, State, Zip)			
3104 53rd Street Apt 439-B	Galveston TX 77551 Galveston		
Number of Children in Family Under 6		1	<input checked="" type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise: 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Owner	Name of Owner or Agent Authorized to Lease Unit Inspected		Phone Number
	Woman Inc.		[409] 741-9098
Address of Owner or Agent			
P O Box 571898 Houston TX 77257			

## B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input type="checkbox"/> Fail	3	4
<input type="checkbox"/> Inconclusive		

## 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	✓				09/06/2011
1.2	Electricity	✓				09/06/2011
1.3	Electrical Hazards	✓				09/06/2011
1.4	Security	✓				09/06/2011
1.5	Window Condition	✓				09/06/2011
1.6	Ceiling Condition	✓				09/06/2011
1.7	Wall Condition	✓				09/06/2011
1.8	Floor Condition	✓				09/06/2011

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	09/06/2011
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				09/06/2011
2.2	Electricity	✓				09/06/2011
2.3	Electrical Hazards	✓				09/06/2011
2.4	Security	✓				09/06/2011
2.5	Window Condition	✓				09/06/2011
2.6	Ceiling Condition	✓				09/06/2011
2.7	Wall Condition	✓				09/06/2011
2.8	Floor Condition	✓				09/06/2011
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	09/06/2011
2.10	Stove or Range with Oven	✓				09/06/2011
2.11	Refrigerator	✓				09/06/2011
2.12	Sink	✓				09/06/2011
2.13	Space for Storage, Preparation, and Serving of Food	✓				09/06/2011
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				09/06/2011
3.2	Electricity	✓				09/06/2011
3.3	Electrical Hazards	✓				09/06/2011
3.4	Security	✓				09/06/2011
3.5	Window Condition	✓				09/06/2011
3.6	Ceiling Condition	✓				09/06/2011
3.7	Wall Condition	✓				09/06/2011
3.8	Floor Condition	✓				09/06/2011
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	09/06/2011
3.10	Flush Toilet in Enclosed Room in Unit	✓				09/06/2011
3.11	Fixed Wash Basin or Lavatory in Unit	✓				09/06/2011
3.12	Tub or Shower in Unit	✓				09/06/2011
3.13	Ventilation	✓				09/06/2011

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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	✓				09/06/2011
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				09/06/2011
5.3	Electrical Hazards	✓				09/06/2011
5.4	Other Potentially Hazardous Features in these Rooms	✓				09/06/2011

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				09/06/2011
6.2	Condition of Stairs, Rails, and Porches	✓				09/06/2011
6.3	Condition of Roof/Gutters	✓				09/06/2011
6.4	Condition of Exterior Surfaces	✓				09/06/2011
6.5	Condition of Chimney	✓				09/06/2011
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?	✓			<input type="checkbox"/> Not Applicable	09/06/2011
	If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?					
6.7	Manufactured Home: Tie Downs	✓				09/06/2011
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				09/06/2011
7.2	Safety of Heating Equipment	✓				09/06/2011
7.3	Ventilation/Cooling	✓				09/06/2011
7.4	Water Heater	✓				09/06/2011
7.5	Approvable Water Supply	✓				09/06/2011
7.6	Plumbing	✓				09/06/2011
7.7	Sewer Connection	✓				09/06/2011
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				09/06/2011
8.2	Fire Exits	✓				09/06/2011
8.3	Evidence of Infestation	✓				09/06/2011
8.4	Garbage and Debris	✓				09/06/2011
8.5	Refuse Disposal	✓				09/06/2011
8.6	Interior Stairs and Common Halls	✓				09/06/2011
8.7	Other Interior Hazards	✓				09/06/2011
8.8	Elevators	✓				09/06/2011
8.9	Interior Air Quality	✓				09/06/2011
8.10	Site and Neighborhood Conditions	✓				09/06/2011
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	09/06/2011

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000029328	Inspector Curt Gillins	Date of Inspection (mm/dd/yyyy) 09/06/2011	Address of Inspected Unit 3104 53rd Street Apt 439-B
Type of Inspection	Initial <input checked="" type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>
			Galveston TX 77551

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

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119664 Inspected: 10/06/2011 09:43:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		08/02/2012
Inspector <b>Curt Gillins</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>10/06/2011</b>
Type of Inspection <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>09/06/2011</b>	PHA <b>Galveston Housing Authority</b>

## A. General Information

<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	<b>1978</b>	<b>Housing Type (check as appropriate)</b> <input checked="" type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Full Address (including Street, City, County, State, Zip) <b>3104 53rd Street Galveston TX 77551</b> <b>Apt 439-B Galveston</b>			
Number of Children in Family Under 6 <b>2</b>			
<b>Owner</b>			
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		Phone Number <b>[409] 741-9098</b>	
Address of Owner or Agent <b>P O Box 571898</b> <b>Houston TX 77257</b>			

## B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard <b>3</b>	Number of Sleeping Rooms <b>4</b>
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## 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	✓				10/06/2011
1.2	Electricity	✓				10/06/2011
1.3	Electrical Hazards	✓				10/06/2011
1.4	Security	✓				10/06/2011
1.5	Window Condition	✓				10/06/2011
1.6	Ceiling Condition	✓				10/06/2011
1.7	Wall Condition	✓				10/06/2011
1.8	Floor Condition	✓				10/06/2011

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	10/06/2011
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				10/06/2011
2.2	Electricity	✓				10/06/2011
2.3	Electrical Hazards	✓				10/06/2011
2.4	Security	✓				10/06/2011
2.5	Window Condition	✓				10/06/2011
2.6	Ceiling Condition	✓				10/06/2011
2.7	Wall Condition	✓				10/06/2011
2.8	Floor Condition	✓				10/06/2011
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	10/06/2011
2.10	Stove or Range with Oven	✓				10/06/2011
2.11	Refrigerator	✓				10/06/2011
2.12	Sink	✓				10/06/2011
2.13	Space for Storage, Preparation, and Serving of Food	✓				10/06/2011
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				10/06/2011
3.2	Electricity	✓				10/06/2011
3.3	Electrical Hazards	✓				10/06/2011
3.4	Security	✓				10/06/2011
3.5	Window Condition	✓				10/06/2011
3.6	Ceiling Condition	✓				10/06/2011
3.7	Wall Condition	✓				10/06/2011
3.8	Floor Condition	✓				10/06/2011
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	10/06/2011
3.10	Flush Toilet in Enclosed Room in Unit	✓				10/06/2011
3.11	Fixed Wash Basin or Lavatory in Unit	✓				10/06/2011
3.12	Tub or Shower in Unit	✓				10/06/2011
3.13	Ventilation	✓				10/06/2011

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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	✓				10/06/2011
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				10/06/2011
5.3	Electrical Hazards	✓				10/06/2011
5.4	Other Potentially Hazardous Features in these Rooms	✓				10/06/2011

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				10/06/2011
6.2	Condition of Stairs, Rails, and Porches	✓				10/06/2011
6.3	Condition of Roof/Gutters	✓				10/06/2011
6.4	Condition of Exterior Surfaces	✓				10/06/2011
6.5	Condition of Chimney	✓				10/06/2011
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?	✓			<input type="checkbox"/> Not Applicable	10/06/2011
	If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?					
6.7	Manufactured Home: Tie Downs	✓				10/06/2011
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				10/06/2011
7.2	Safety of Heating Equipment	✓				10/06/2011
7.3	Ventilation/Cooling	✓				10/06/2011
7.4	Water Heater	✓				10/06/2011
7.5	Approvable Water Supply	✓				10/06/2011
7.6	Plumbing	✓				10/06/2011
7.7	Sewer Connection	✓				10/06/2011
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				10/06/2011
8.2	Fire Exits	✓				10/06/2011
8.3	Evidence of Infestation	✓				10/06/2011
8.4	Garbage and Debris	✓				10/06/2011
8.5	Refuse Disposal	✓				10/06/2011
8.6	Interior Stairs and Common Halls	✓				10/06/2011
8.7	Other Interior Hazards	✓				10/06/2011
8.8	Elevators	✓				10/06/2011
8.9	Interior Air Quality	✓				10/06/2011
8.10	Site and Neighborhood Conditions	✓				10/06/2011
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	10/06/2011

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000033299	Inspector <b>Curt Gillins</b>	Date of Inspection (mm/dd/yyyy) <b>10/06/2011</b>	Address of Inspected Unit <b>3104 53rd Street Apt 439-B</b>
Type of Inspection	Initial <input type="checkbox"/>	Special <input checked="" type="checkbox"/>	Reinspection <input type="checkbox"/>
Item Number	Reason for "Fail" or "Pass with Comments" Rating		<b>Galveston TX 77551</b>

Continued on additional page  Yes  No





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

121957 Inspected: 04/27/2012 09:41:00

Name of Family		Tenant ID Number	Date of Request (mm/dd/yyyy)
			04/20/2012
Inspector <b>Richard Simons</b>		Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>04/27/2012</b>
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection		Date of Last Inspection (mm/dd/yyyy) <b>10/06/2011</b>	PHA <b>Galveston Housing Authority</b>
<b>A. General Information</b>			Housing Type (check as appropriate) <input checked="" type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Inspected Unit		Year Constructed (yyyy) <b>1978</b>	
Full Address (including Street, City, County, State, Zip) <b>3104 53rd Street</b>		<b>Galveston TX 77551</b>	
<b>Apt 439-B</b>		<b>Galveston</b>	
Number of Children in Family Under 6 <b>2</b>			
<b>Owner</b>			
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		Phone Number <b>[409] 741-9098</b>	
Address of Owner or Agent <b>P O Box 571898</b>			
<b>Houston TX 77257</b>			

**B. Summary Decision On Unit (To be completed after form has been filled out)**

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input type="checkbox"/> Fail	<b>3</b>	<b>4</b>
<input type="checkbox"/> Inconclusive		

**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	✓				04/27/2012
1.2	Electricity	✓				04/27/2012
1.3	Electrical Hazards	✓				04/27/2012
1.4	Security	✓				04/27/2012
1.5	Window Condition	✓				04/27/2012
1.6	Ceiling Condition	✓				04/27/2012
1.7	Wall Condition	✓				04/27/2012
1.8	Floor Condition	✓				04/27/2012

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	04/27/2012
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				04/27/2012
2.2	Electricity	✓				04/27/2012
2.3	Electrical Hazards	✓				04/27/2012
2.4	Security	✓				04/27/2012
2.5	Window Condition	✓				04/27/2012
2.6	Ceiling Condition	✓				04/27/2012
2.7	Wall Condition	✓				04/27/2012
2.8	Floor Condition	✓				04/27/2012
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	04/27/2012
2.10	Stove or Range with Oven	✓				04/27/2012
2.11	Refrigerator	✓				04/27/2012
2.12	Sink	✓				04/27/2012
2.13	Space for Storage, Preparation, and Serving of Food	✓				04/27/2012
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				04/27/2012
3.2	Electricity	✓				04/27/2012
3.3	Electrical Hazards	✓				04/27/2012
3.4	Security	✓				04/27/2012
3.5	Window Condition	✓				04/27/2012
3.6	Ceiling Condition	✓				04/27/2012
3.7	Wall Condition	✓				04/27/2012
3.8	Floor Condition	✓				04/27/2012
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	04/27/2012
3.10	Flush Toilet in Enclosed Room in Unit	✓				04/27/2012
3.11	Fixed Wash Basin or Lavatory in Unit	✓				04/27/2012
3.12	Tub or Shower in Unit	✓				04/27/2012
3.13	Ventilation	✓				04/27/2012

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fall	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear <del>Rear</del> ___ 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 Are all painted surfaces free of deteriorated paint? 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	✓				04/27/2012
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				04/27/2012
5.3	Electrical Hazards	✓				04/27/2012
5.4	Other Potentially Hazardous Features in these Rooms	✓				04/27/2012

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				04/27/2012
6.2	Condition of Stairs, Rails, and Porches	✓				04/27/2012
6.3	Condition of Roof/Gutters	✓				04/27/2012
6.4	Condition of Exterior Surfaces	✓				04/27/2012
6.5	Condition of Chimney	✓				04/27/2012
6.6	Lead Paint: Exterior Surfaces				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	✓				04/27/2012
	If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?					
6.7	Manufactured Home: Tie Downs	✓				04/27/2012
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				04/27/2012
7.2	Safety of Heating Equipment	✓				04/27/2012
7.3	Ventilation/Cooling	✓				04/27/2012
7.4	Water Heater	✓				04/27/2012
7.5	Approvable Water Supply	✓				04/27/2012
7.6	Plumbing	✓				04/27/2012
7.7	Sewer Connection	✓				04/27/2012
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				04/27/2012
8.2	Fire Exits	✓				04/27/2012
8.3	Evidence of Infestation	✓				04/27/2012
8.4	Garbage and Debris	✓				04/27/2012
8.5	Refuse Disposal	✓				04/27/2012
8.6	Interior Stairs and Common Halls	✓				04/27/2012
8.7	Other Interior Hazards	✓				04/27/2012
8.8	Elevators	✓				04/27/2012
8.9	Interior Air Quality	✓				04/27/2012
8.10	Site and Neighborhood Conditions	✓				04/27/2012
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	04/27/2012

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000033299	Inspector Richard Simons	Date of Inspection (mm/dd/yyyy) 04/27/2012	Address of Inspected Unit 3104 53rd Street Apt 439-B Galveston TX 77551
Type of Inspection	Initial <input checked="" type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>
Item Number	Reason for "Fail" or "Pass with Comments" Rating		

Continued on additional page  Yes  No





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

**124333 Inspected: 01/04/2013 11:30:00**

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		12/11/2012
Inspector <b>Richard Simons</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>01/04/2013</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>04/27/2012</b>	PHA <b>Galveston Housing Authority</b>

<b>A. General Information</b>		Housing Type (check as appropriate) <input checked="" type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b> <b>1978</b>	
Full Address (including Street, City, County, State, Zip) <b>3104 53rd Street Galveston TX 77551</b> <b>Apt 439-B Galveston</b>		
Number of Children in Family Under 6 <b>1</b>		
<b>Owner</b>		
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		Phone Number <b>[409] 741-9098</b>
Address of Owner or Agent <b>P O Box 571898</b> <b>Houston TX 77257</b>		

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>		
<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input checked="" type="checkbox"/> Fail	<b>3</b>	<b>4</b>
<input type="checkbox"/> Inconclusive		

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	✓				01/04/2013
1.2	Electricity	✓				01/04/2013
1.3	Electrical Hazards		✓		2 missing electrical outlet covers.	
1.4	Security	✓				01/04/2013
1.5	Window Condition	✓				01/04/2013
1.6	Ceiling Condition		✓		Ceiling bubbled off of the substrate caused by a current or prior water leak.	
1.7	Wall Condition	✓				01/04/2013
1.8	Floor Condition	✓				01/04/2013

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	01/04/2013
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				01/04/2013
2.2	Electricity	✓				01/04/2013
2.3	Electrical Hazards	✓				01/04/2013
2.4	Security	✓				01/04/2013
2.5	Window Condition	✓				01/04/2013
2.6	Ceiling Condition	✓				01/04/2013
2.7	Wall Condition	✓				01/04/2013
2.8	Floor Condition	✓				01/04/2013
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	01/04/2013
2.10	Stove or Range with Oven	✓				01/04/2013
2.11	Refrigerator	✓				01/04/2013
2.12	Sink	✓				01/04/2013
2.13	Space for Storage, Preparation, and Serving of Food	✓				01/04/2013
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				01/04/2013
3.2	Electricity	✓				01/04/2013
3.3	Electrical Hazards	✓				01/04/2013
3.4	Security	✓				01/04/2013
3.5	Window Condition	✓				01/04/2013
3.6	Ceiling Condition	✓				01/04/2013
3.7	Wall Condition	✓				01/04/2013
3.8	Floor Condition	✓				01/04/2013
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	01/04/2013
3.10	Flush Toilet in Enclosed Room in Unit	✓				01/04/2013
3.11	Fixed Wash Basin or Lavatory in Unit		✓		Clogged sink.	
3.12	Tub or Shower in Unit		✓		The second floor bathtub shower leaks down to a bucket in the first floor dining room	
3.13	Ventilation	✓				01/04/2013

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fall	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location <input type="checkbox"/> 1				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear <u>2</u> Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition		✓		The bedroom ceiling has a black substance directly above the window blind.	
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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		✓		Operable smoke detectors required in each bedroom and any hall that connects directly	
4.1	Room Code* and Room Location <input type="checkbox"/> 2				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear <u>1</u> Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition		✓		Ceiling repair and a mildew like substance on the sheetrock. The inspector had the	
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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"/> 2				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear <u>1</u> 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		✓		Paint peeling off of wall in the dining room.	
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				01/04/2013
5.3	Electrical Hazards	✓				01/04/2013
5.4	Other Potentially Hazardous Features in these Rooms	✓				01/04/2013

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				01/04/2013
6.2	Condition of Stairs, Rails, and Porches	✓				01/04/2013
6.3	Condition of Roof/Gutters	✓				01/04/2013
6.4	Condition of Exterior Surfaces	✓				01/04/2013
6.5	Condition of Chimney	✓				01/04/2013
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?	✓			<input type="checkbox"/> Not Applicable	01/04/2013
	If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?					
6.7	Manufactured Home: Tie Downs	✓				01/04/2013
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				01/04/2013
7.2	Safety of Heating Equipment	✓				01/04/2013
7.3	Ventilation/Cooling	✓				01/04/2013
7.4	Water Heater	✓				01/04/2013
7.5	Approvable Water Supply	✓				01/04/2013
7.6	Plumbing	✓				01/04/2013
7.7	Sewer Connection	✓				01/04/2013
<b>8. General Health and Safety</b>						
8.1	Access to Unit		✓		Keyless deadbolt repair needed on one of the exterior doors. The thumb bolt on the	
8.2	Fire Exits	✓				01/04/2013
8.3	Evidence of Infestation	✓				01/04/2013
8.4	Garbage and Debris	✓				01/04/2013
8.5	Refuse Disposal	✓				01/04/2013
8.6	Interior Stairs and Common Halls	✓				01/04/2013
8.7	Other Interior Hazards	✓				01/04/2013
8.8	Elevators	✓				01/04/2013
8.9	Interior Air Quality	✓				01/04/2013
8.10	Site and Neighborhood Conditions	✓				01/04/2013
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	01/04/2013

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000033299	Inspector Richard Simons	Date of Inspection (mm/dd/yyyy) 01/04/2013	Address of Inspected Unit 3104 53rd Street Apt 439-B
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
			Galveston TX 77551

- | Item Number  | Reason for "Fail" or "Pass with Comments" Rating   |
|--|--|
| - 1.3 Living Room, Electrical Hazards:                 | Fail, Responsible Party - Owner, Comments: 2 missing electrical outlet covers.   |
| - 1.6 Living Room, Ceiling Condition:                  | Fail, Responsible Party - Owner, Comments: Ceiling bubbled off of the substrate caused by a current or prior water leak.   |
| - 3.11 Bathroom, Fixed Wash Basin or Lavatory in Unit: | Fail, Responsible Party - , Comments: Clogged sink.  |
| - 3.12 Bathroom, Tub or Shower in Unit:                | Fail, Responsible Party - Owner, Comments: The second floor bathtub shower leaks down to a bucket in the first floor dining room immediately after the shower is turned on which caused damage to the dining room ceiling.   |
| - 4.10 Bedroom or Any Other Room Used for Sleeping     | regardless of type of room , Smoke Detectors: Fail, Responsible Party - Owner, Left to Right: C, Front to Rear: C, Floor Level: 2, Comments: Operable smoke detectors required in each bedroom and any hall that connects directly to the bedrooms.  |
| - 4.6 Dining Room or Dining Area, Ceiling Condition:   | Fail, Responsible Party - Owner, Left to Right: L, Front to Rear: R, Floor Level: 1, Comments: Ceiling repair and a mildew like substance on the sheetrock. The inspector had the tenant turn on the shower upstairs which immediately leaked down into a bucket in the first floor dining room. |
| - 4.6 Bedroom or Any Other Room Used for Sleeping      | regardless of type of room , Ceiling Condition: Fail, Responsible Party - Owner, Left to Right: C, Front to Rear: C, Floor Level: 2, Comments: The bedroom ceiling has a black substance directly where the A/C vent blows air.  |
| - 4.7 Dining Room or Dining Area, Wall Condition:      | Fail, Responsible Party - , Left to Right: R, Front to Rear: R, Floor Level: 1, Comments: Paint peeling off of wall in the dining room.  |
| - 8.1 General Health and Safety, Access to Unit:       | Fail, Responsible Party - Owner, Comments: Keyless deadbolt repair needed on one of the exterior doors. The thumb bolt on the inside is missing.   |

Continued on additional page  Yes  No





# 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. 4/30/2014)

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108172 Inspected: 05/12/2009 14:45:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		06/03/2009
Inspector <b>Robert Jefferies</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>05/12/2009</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>10/31/2008</b>	PHA <b>Galveston Housing Authority</b>

<b>A. General Information</b>		Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Inspected Unit	Year Constructed (yyyy) <b>1978</b>	
Full Address (including Street, City, County, State, Zip) <b>3104 53rd Street Galveston TX 77550</b> <b>Apt 442-B Galveston</b>		
Number of Children in Family Under 6 <b>1</b>		
<b>Owner</b>		
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		Phone Number <b>[409] 741-9098</b>
Address of Owner or Agent <b>P O Box 571898</b> <b>Houston TX 77257</b>		

<b>B. Summary Decision On Unit</b> (To be completed after form has been filled out)			
<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	<b>Cancelled</b>
<input type="checkbox"/> Fail			
<input checked="" type="checkbox"/> Inconclusive	<b>3</b>	<b>3</b>	

Inspection Checklist				Comment	Final Approval Date (mm/dd/yyyy)
Item No.	1. Living Room	Yes Pass	No Fail		
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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	
<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 Are all painted surfaces free of deteriorated paint? 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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					05/12/2009
<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 Are all painted surfaces free of deteriorated paint? 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	
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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000026015	Inspector Robert Jefferies	Date of Inspection (mm/dd/yyyy) 05/12/2009	Address of Inspected Unit 3104 53rd Street Apt 442-B Galveston TX 77550
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

109916 Inspected: 06/03/2009 11:45:00

Name of Family		Tenant ID Number	Date of Request (mm/dd/yyyy)																																																				
			06/01/2009																																																				
Inspector <b>Robert Jefferies</b>		Neighborhood/Census Tract 7241	Date of Inspection (mm/dd/yyyy) 06/03/2009																																																				
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection		Date of Last Inspection (mm/dd/yyyy) 05/12/2009	PHA <b>Galveston Housing Authority</b>																																																				
<b>A. General Information</b>																																																							
<b>Inspected Unit</b>		<b>Year Constructed (yyyy)</b>	<b>1978</b>																																																				
Full Address (including Street, City, County, State, Zip)																																																							
3104 53rd Street		Galveston TX	77550																																																				
<b>Apt 442-B</b>		Galveston																																																					
Number of Children in Family Under 6 1																																																							
<b>Owner</b>																																																							
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		Phone Number [409] 741-9098																																																					
Address of Owner or Agent P O Box 571898  Houston TX 77257																																																							
<table border="0"> <tr> <td colspan="4"><b>Housing Type (check as appropriate)</b></td> </tr> <tr> <td><input type="checkbox"/></td><td>Single Family Detached</td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Duplex or Two Family</td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Row House or Town House</td><td></td><td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td>Low Rise; 3, 4 Stories, Including Garden Apartment</td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>High Rise; 5 or More Stories</td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Manufactured Home</td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Congregate</td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Cooperative</td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Independent Group Residence</td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Single Room Occupancy</td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Shared Housing</td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Other</td><td></td><td></td> </tr> </table>				<b>Housing Type (check as appropriate)</b>				<input type="checkbox"/>	Single Family Detached			<input type="checkbox"/>	Duplex or Two Family			<input type="checkbox"/>	Row House or Town House			<input checked="" type="checkbox"/>	Low Rise; 3, 4 Stories, Including Garden Apartment			<input type="checkbox"/>	High Rise; 5 or More Stories			<input type="checkbox"/>	Manufactured Home			<input type="checkbox"/>	Congregate			<input type="checkbox"/>	Cooperative			<input type="checkbox"/>	Independent Group Residence			<input type="checkbox"/>	Single Room Occupancy			<input type="checkbox"/>	Shared Housing			<input type="checkbox"/>	Other		
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<input type="checkbox"/>	Other																																																						

## B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input type="checkbox"/> Fail	3	3
<input type="checkbox"/> Inconclusive		

## 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	
<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 Are all painted surfaces free of deteriorated paint? 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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					06/03/2009
<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 Are all painted surfaces free of deteriorated paint? 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	
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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) Front/Center/Rear ____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
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4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) Front/Center/Rear ____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
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4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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					

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fall	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) Front/Center/Rear ___ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
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4.5	Window Condition					
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4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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					
<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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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				<input type="checkbox"/> 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.

**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
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- 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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000026015	Inspector Robert Jefferies	Date of Inspection (mm/dd/yyyy) 06/03/2009	Address of Inspected Unit 3104 53rd Street Apt 442-B
Type of Inspection	Initial <input checked="" type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>
			Galveston TX 77550

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

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113908 Inspected: 02/10/2010 13:47:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		02/01/2010
Inspector <b>Palace Inspections-HCV</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>02/10/2010</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>06/03/2009</b>	PHA <b>Galveston Housing Authority</b>

<b>A. General Information</b>			
<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	<b>1978</b>	
Full Address (including Street, City, County, State, Zip)			
<b>3104 53rd Street</b>	<b>Galveston TX</b>	<b>77550</b>	
<b>Apt 442-B</b>	<b>Galveston</b>		
Number of Children in Family Under 6	1		
<b>Owner</b>	Name of Owner or Agent Authorized to Lease Unit Inspected		
	<b>Woman Inc.</b>		Phone Number <b>[409] 741-9098</b>
Address of Owner or Agent			
<b>P O Box 571898</b>			
<b>Houston TX 77257</b>			
Housing Type (check as appropriate)			
<input type="checkbox"/> Single Family Detached			
<input type="checkbox"/> Duplex or Two Family			
<input type="checkbox"/> Row House or Town House			
<input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment			
<input type="checkbox"/> High Rise; 5 or More Stories			
<input type="checkbox"/> Manufactured Home			
<input type="checkbox"/> Congregate			
<input type="checkbox"/> Cooperative			
<input type="checkbox"/> Independent Group Residence			
<input type="checkbox"/> Single Room Occupancy			
<input type="checkbox"/> Shared Housing			
<input type="checkbox"/> Other			

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>			
<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	
<input type="checkbox"/> Fail	3	3	
<input type="checkbox"/> Inconclusive			

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	✓				02/10/2010
1.2	Electricity	✓				02/10/2010
1.3	Electrical Hazards	✓				02/10/2010
1.4	Security	✓				02/10/2010
1.5	Window Condition	✓				02/10/2010
1.6	Ceiling Condition	✓				02/10/2010
1.7	Wall Condition	✓				02/10/2010
1.8	Floor Condition	✓				02/10/2010

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	02/10/2010
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				02/10/2010
2.2	Electricity	✓				02/10/2010
2.3	Electrical Hazards	✓				02/10/2010
2.4	Security	✓				02/10/2010
2.5	Window Condition	✓				02/10/2010
2.6	Ceiling Condition	✓				02/10/2010
2.7	Wall Condition	✓				02/10/2010
2.8	Floor Condition	✓				02/10/2010
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	02/10/2010
2.10	Stove or Range with Oven	✓				02/10/2010
2.11	Refrigerator	✓				02/10/2010
2.12	Sink	✓				02/10/2010
2.13	Space for Storage, Preparation, and Serving of Food	✓				02/10/2010
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				02/10/2010
3.2	Electricity	✓				02/10/2010
3.3	Electrical Hazards	✓				02/10/2010
3.4	Security	✓				02/10/2010
3.5	Window Condition	✓				02/10/2010
3.6	Ceiling Condition	✓				02/10/2010
3.7	Wall Condition	✓				02/10/2010
3.8	Floor Condition	✓				02/10/2010
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	02/10/2010
3.10	Flush Toilet in Enclosed Room in Unit	✓				02/10/2010
3.11	Fixed Wash Basin or Lavatory in Unit	✓				02/10/2010
3.12	Tub or Shower in Unit	✓				02/10/2010
3.13	Ventilation	✓				02/10/2010

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				02/10/2010
5.3	Electrical Hazards	✓				02/10/2010
5.4	Other Potentially Hazardous Features in these Rooms	✓				02/10/2010

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				02/10/2010
6.2	Condition of Stairs, Rails, and Porches	✓				02/10/2010
6.3	Condition of Roof/Gutters	✓				02/10/2010
6.4	Condition of Exterior Surfaces	✓				02/10/2010
6.5	Condition of Chimney	✓				02/10/2010
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	02/10/2010
6.7	Manufactured Home: Tie Downs	✓				02/10/2010
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				02/10/2010
7.2	Safety of Heating Equipment	✓				02/10/2010
7.3	Ventilation/Cooling	✓				02/10/2010
7.4	Water Heater	✓				02/10/2010
7.5	Approvable Water Supply	✓				02/10/2010
7.6	Plumbing	✓				02/10/2010
7.7	Sewer Connection	✓				02/10/2010
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				02/10/2010
8.2	Fire Exits	✓				02/10/2010
8.3	Evidence of Infestation	✓				02/10/2010
8.4	Garbage and Debris	✓				02/10/2010
8.5	Refuse Disposal	✓				02/10/2010
8.6	Interior Stairs and Common Halls	✓				02/10/2010
8.7	Other Interior Hazards	✓				02/10/2010
8.8	Elevators	✓				02/10/2010
8.9	Interior Air Quality	✓				02/10/2010
8.10	Site and Neighborhood Conditions	✓				02/10/2010
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	02/10/2010

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000026015	Inspector Palace Inspections-HCV	Date of Inspection (mm/dd/yyyy) 02/10/2010	Address of Inspected Unit 3104 53rd Street Apt 442-B Galveston TX 77550
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

**115063 Inspected: 03/31/2010 13:38:00**

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		02/01/2010
Inspector <b>Palace Inspections-HCV2</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>03/31/2010</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>02/10/2010</b>	PHA <b>Galveston Housing Authority</b>

<b>A. General Information</b>				Housing Type (check as appropriate)	
Inspected Unit	Year Constructed (yyyy)	<b>1978</b>		<input type="checkbox"/> Single Family Detached	
Full Address (including Street, City, County, State, Zip)				<input type="checkbox"/> Duplex or Two Family	
<b>3104 53rd Street</b>	<b>Galveston TX</b>	<b>77550</b>		<input type="checkbox"/> Row House or Town House	
<b>Apt 442-B</b>	<b>Galveston</b>			<input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment	
Number of Children in Family Under 6					
<b>1</b>					
<b>Owner</b>					
Name of Owner or Agent Authorized to Lease Unit Inspected	Phone Number				
<b>Woman Inc.</b>	<b>[409] 741-9098</b>				
Address of Owner or Agent					
<b>P O Box 571898</b>					
<b>Houston TX 77257</b>					
<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>					
<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms			
<input type="checkbox"/> Fail	<b>3</b>	<b>3</b>			
<input type="checkbox"/> Inconclusive					

<b>Inspection Checklist</b>						
Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)

Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				03/31/2010
1.2	Electricity	✓				03/31/2010
1.3	Electrical Hazards	✓				03/31/2010
1.4	Security	✓				03/31/2010
1.5	Window Condition	✓				03/31/2010
1.6	Ceiling Condition	✓				03/31/2010
1.7	Wall Condition	✓				03/31/2010
1.8	Floor Condition	✓				03/31/2010

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/31/2010
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				03/31/2010
2.2	Electricity	✓				03/31/2010
2.3	Electrical Hazards	✓				03/31/2010
2.4	Security	✓				03/31/2010
2.5	Window Condition	✓				03/31/2010
2.6	Ceiling Condition	✓				03/31/2010
2.7	Wall Condition	✓				03/31/2010
2.8	Floor Condition	✓				03/31/2010
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/31/2010
2.10	Stove or Range with Oven	✓				03/31/2010
2.11	Refrigerator	✓				03/31/2010
2.12	Sink	✓				03/31/2010
2.13	Space for Storage, Preparation, and Serving of Food	✓				03/31/2010
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				03/31/2010
3.2	Electricity	✓				03/31/2010
3.3	Electrical Hazards	✓				03/31/2010
3.4	Security	✓				03/31/2010
3.5	Window Condition	✓				03/31/2010
3.6	Ceiling Condition	✓				03/31/2010
3.7	Wall Condition	✓				03/31/2010
3.8	Floor Condition	✓				03/31/2010
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/31/2010
3.10	Flush Toilet in Enclosed Room in Unit	✓				03/31/2010
3.11	Fixed Wash Basin or Lavatory in Unit	✓				03/31/2010
3.12	Tub or Shower in Unit	✓				03/31/2010
3.13	Ventilation	✓				03/31/2010

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fall	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fall	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)	
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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						
<b>5. All Secondary Rooms (Rooms not used for living)</b>							
5.1	None Go to Part 6						
5.2	Security	✓				03/31/2010	
5.3	Electrical Hazards	✓				03/31/2010	
5.4	Other Potentially Hazardous Features in these Rooms	✓				03/31/2010	

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				03/31/2010
6.2	Condition of Stairs, Rails, and Porches	✓				03/31/2010
6.3	Condition of Roof/Gutters	✓				03/31/2010
6.4	Condition of Exterior Surfaces	✓				03/31/2010
6.5	Condition of Chimney	✓				03/31/2010
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?	✓			<input type="checkbox"/> Not Applicable	03/31/2010
	If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?					
6.7	Manufactured Home: Tie Downs	✓				03/31/2010
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				03/31/2010
7.2	Safety of Heating Equipment	✓				03/31/2010
7.3	Ventilation/Cooling	✓				03/31/2010
7.4	Water Heater	✓				03/31/2010
7.5	Approvable Water Supply	✓				03/31/2010
7.6	Plumbing	✓				03/31/2010
7.7	Sewer Connection	✓				03/31/2010
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				03/31/2010
8.2	Fire Exits	✓				03/31/2010
8.3	Evidence of Infestation	✓				03/31/2010
8.4	Garbage and Debris	✓				03/31/2010
8.5	Refuse Disposal	✓				03/31/2010
8.6	Interior Stairs and Common Halls	✓				03/31/2010
8.7	Other Interior Hazards	✓				03/31/2010
8.8	Elevators	✓				03/31/2010
8.9	Interior Air Quality	✓				03/31/2010
8.10	Site and Neighborhood Conditions	✓				03/31/2010
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	03/31/2010

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000026015	Inspector Palace Inspections-HCV	Date of Inspection (mm/dd/yyyy) 03/31/2010	Address of Inspected Unit 3104 53rd Street Apt 442-B Galveston TX 77550
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

118722 Inspected: 04/12/2011 15:00:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		04/08/2011
Inspector <b>Octavius Mitchell</b>	Neighborhood/Census Tract 7241	Date of Inspection (mm/dd/yyyy) 04/12/2011
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) 03/31/2010	PHA Galveston Housing Authority

<b>A. General Information</b>				<b>Housing Type (check as appropriate)</b>	
<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	1978		<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other	
Full Address (including Street, City, County, State, Zip)					
3104 53rd Street		Galveston	TX	77550	
Apt 442-B		Galveston			
Number of Children in Family Under 6		3			
<b>Owner</b>					
Name of Owner or Agent Authorized to Lease Unit Inspected			Phone Number		
Woman Inc.			[409] 741-9098		
Address of Owner or Agent					
P O Box 571898					
Houston		TX	77257		

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>			
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	
	3	3	

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	✓				04/12/2011
1.2	Electricity	✓				04/12/2011
1.3	Electrical Hazards	✓				04/12/2011
1.4	Security	✓				04/12/2011
1.5	Window Condition	✓				04/12/2011
1.6	Ceiling Condition	✓				04/12/2011
1.7	Wall Condition	✓				04/12/2011
1.8	Floor Condition	✓				04/12/2011

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	04/12/2011
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				04/12/2011
2.2	Electricity	✓				04/12/2011
2.3	Electrical Hazards	✓				04/12/2011
2.4	Security	✓				04/12/2011
2.5	Window Condition	✓				04/12/2011
2.6	Ceiling Condition	✓				04/12/2011
2.7	Wall Condition	✓				04/12/2011
2.8	Floor Condition	✓				04/12/2011
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	04/12/2011
2.10	Stove or Range with Oven	✓				04/12/2011
2.11	Refrigerator	✓				04/12/2011
2.12	Sink	✓				04/12/2011
2.13	Space for Storage, Preparation, and Serving of Food	✓				04/12/2011
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				04/12/2011
3.2	Electricity	✓				04/12/2011
3.3	Electrical Hazards	✓				04/12/2011
3.4	Security	✓				04/12/2011
3.5	Window Condition	✓				04/12/2011
3.6	Ceiling Condition	✓				04/12/2011
3.7	Wall Condition	✓				04/12/2011
3.8	Floor Condition	✓				04/12/2011
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	04/12/2011
3.10	Flush Toilet in Enclosed Room in Unit	✓				04/12/2011
3.11	Fixed Wash Basin or Lavatory in Unit	✓				04/12/2011
3.12	Tub or Shower in Unit	✓				04/12/2011
3.13	Ventilation	✓				04/12/2011

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"/> 4				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear <u>2</u> Floor Level	
4.2	Electricity/Illumination	✓				04/12/2011
4.3	Electrical Hazards	✓				04/12/2011
4.4	Security	✓				04/12/2011
4.5	Window Condition	✓				04/12/2011
4.6	Ceiling Condition	✓				04/12/2011
4.7	Wall Condition	✓				04/12/2011
4.8	Floor Condition	✓				04/12/2011
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	✓				04/12/2011
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors	✓			Present & Working	04/12/2011
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				04/12/2011
5.3	Electrical Hazards	✓				04/12/2011
5.4	Other Potentially Hazardous Features in these Rooms	✓				04/12/2011

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				04/12/2011
6.2	Condition of Stairs, Rails, and Porches	✓				04/12/2011
6.3	Condition of Roof/Gutters	✓				04/12/2011
6.4	Condition of Exterior Surfaces	✓				04/12/2011
6.5	Condition of Chimney	✓				04/12/2011
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	04/12/2011
6.7	Manufactured Home: Tie Downs	✓				04/12/2011
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				04/12/2011
7.2	Safety of Heating Equipment	✓				04/12/2011
7.3	Ventilation/Cooling	✓				04/12/2011
7.4	Water Heater	✓				04/12/2011
7.5	Approvable Water Supply	✓				04/12/2011
7.6	Plumbing	✓				04/12/2011
7.7	Sewer Connection	✓				04/12/2011
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				04/12/2011
8.2	Fire Exits	✓				04/12/2011
8.3	Evidence of Infestation	✓				04/12/2011
8.4	Garbage and Debris	✓				04/12/2011
8.5	Refuse Disposal	✓				04/12/2011
8.6	Interior Stairs and Common Halls	✓				04/12/2011
8.7	Other Interior Hazards	✓				04/12/2011
8.8	Elevators	✓				04/12/2011
8.9	Interior Air Quality	✓				04/12/2011
8.10	Site and Neighborhood Conditions	✓			End of Row / Average	04/12/2011
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	04/12/2011

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000028954	Inspector Octavius Mitchell	Date of Inspection (mm/dd/yyyy) 04/12/2011	Address of Inspected Unit 3104 53rd Street Apt 442-B
Type of Inspection	Initial <input checked="" type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>
			Galveston TX 77550

Item Number Reason for "Fail" or "Pass with Comments" Rating

- 4.10 Entrance Halls, Corridors, Halls, Staircases, Smoke Detectors: Pass, Left to Right: L, Front to Rear: F, Floor Level: 2, Comments: Present & Working
- 8.10 General Health and Safety, Site and Neighborhood Conditions: Pass, Comments: End of Row / Average

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

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**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

104020 Inspected: 10/31/2008 13:30:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		10/01/2009
Inspector <b>Teri Holcomb</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>10/31/2008</b>
Type of Inspection <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>05/30/2008</b>	PHA <b>Galveston Housing Authority</b>

<b>A. General Information</b>				<b>Housing Type (check as appropriate)</b>	
<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	<b>1978</b>		<input type="checkbox"/> Single Family Detached	
<b>Full Address (including Street, City, County, State, Zip)</b>				<input type="checkbox"/> Duplex or Two Family	
<b>3104 53rd Street</b>		<b>Galveston TX</b>	<b>77551</b>	<input type="checkbox"/> Row House or Town House	
<b>Apt 439-A</b>		<b>Galveston</b>		<input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment	
<b>Number of Children in Family Under 6</b>	<b>0</b>				
<b>Owner</b>					
<b>Name of Owner or Agent Authorized to Lease Unit Inspected</b>			<b>Phone Number</b>		
<b>Woman Inc.</b>			<b>[409] 741-9098</b>		
<b>Address of Owner or Agent</b>					
<b>P O Box 571898</b>					
<b>Houston TX 77257</b>					

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>			
<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	
<input type="checkbox"/> Fail	<b>3</b>	<b>3</b>	
<input type="checkbox"/> Inconclusive			

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	✓				10/31/2008
1.2	Electricity	✓				10/31/2008
1.3	Electrical Hazards	✓				10/31/2008
1.4	Security	✓				10/31/2008
1.5	Window Condition	✓				10/31/2008
1.6	Ceiling Condition	✓				10/31/2008
1.7	Wall Condition	✓				10/31/2008
1.8	Floor Condition	✓				10/31/2008

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	10/31/2008
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				10/31/2008
2.2	Electricity	✓				10/31/2008
2.3	Electrical Hazards	✓				10/31/2008
2.4	Security	✓				10/31/2008
2.5	Window Condition	✓				10/31/2008
2.6	Ceiling Condition	✓				10/31/2008
2.7	Wall Condition	✓				10/31/2008
2.8	Floor Condition	✓				10/31/2008
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	10/31/2008
2.10	Stove or Range with Oven	✓				10/31/2008
2.11	Refrigerator	✓				10/31/2008
2.12	Sink	✓				10/31/2008
2.13	Space for Storage, Preparation, and Serving of Food	✓				10/31/2008
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				10/31/2008
3.2	Electricity	✓				10/31/2008
3.3	Electrical Hazards	✓				10/31/2008
3.4	Security	✓				10/31/2008
3.5	Window Condition	✓				10/31/2008
3.6	Ceiling Condition	✓				10/31/2008
3.7	Wall Condition	✓				10/31/2008
3.8	Floor Condition	✓				10/31/2008
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	10/31/2008
3.10	Flush Toilet in Enclosed Room in Unit	✓				10/31/2008
3.11	Fixed Wash Basin or Lavatory in Unit	✓				10/31/2008
3.12	Tub or Shower in Unit	✓				10/31/2008
3.13	Ventilation	✓				10/31/2008

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fail	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				10/31/2008
5.3	Electrical Hazards	✓				10/31/2008
5.4	Other Potentially Hazardous Features in these Rooms	✓				10/31/2008

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				10/31/2008
6.2	Condition of Stairs, Rails, and Porches	✓				10/31/2008
6.3	Condition of Roof/Gutters	✓				10/31/2008
6.4	Condition of Exterior Surfaces	✓				10/31/2008
6.5	Condition of Chimney	✓				10/31/2008
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	10/31/2008
6.7	Manufactured Home: Tie Downs	✓				10/31/2008
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				10/31/2008
7.2	Safety of Heating Equipment	✓				10/31/2008
7.3	Ventilation/Cooling	✓				10/31/2008
7.4	Water Heater	✓				10/31/2008
7.5	Approvable Water Supply	✓				10/31/2008
7.6	Plumbing	✓				10/31/2008
7.7	Sewer Connection	✓				10/31/2008
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				10/31/2008
8.2	Fire Exits	✓				10/31/2008
8.3	Evidence of Infestation	✓				10/31/2008
8.4	Garbage and Debris	✓				10/31/2008
8.5	Refuse Disposal	✓				10/31/2008
8.6	Interior Stairs and Common Halls	✓				10/31/2008
8.7	Other Interior Hazards	✓				10/31/2008
8.8	Elevators	✓				10/31/2008
8.9	Interior Air Quality	✓				10/31/2008
8.10	Site and Neighborhood Conditions	✓				10/31/2008
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	10/31/2008

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000021116	Inspector Teri Holcomb	Date of Inspection (mm/dd/yyyy) 10/31/2008	Address of Inspected Unit 3104 53rd Street Apt 439-A
Type of Inspection	Initial <input type="checkbox"/>	Special <input checked="" type="checkbox"/>	Reinspection <input type="checkbox"/>
			Galveston TX 77551

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

108171 Inspected: 05/12/2009 14:30:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		06/03/2009
Inspector <b>Robert Jefferies</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>05/12/2009</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>10/31/2008</b>	PHA <b>Galveston Housing Authority</b>

## A. General Information

<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	<b>1978</b>	<b>Housing Type (check as appropriate)</b> <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Full Address (including Street, City, County, State, Zip) <b>3104 53rd Street Galveston TX 77551</b>			
<b>Apt 439-A Galveston</b>			
Number of Children in Family Under 6 <b>2</b>			
<b>Owner</b>			
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		Phone Number <b>[409] 741-9098</b>	
Address of Owner or Agent <b>P O Box 571898 Houston TX 77257</b>			

## B. Summary Decision On Unit (To be completed after form has been filled out)

<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	<b>Cancelled</b>
<input type="checkbox"/> Fail			
<input checked="" type="checkbox"/> Inconclusive	<b>3</b>	<b>3</b>	

## 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	
<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 Are all painted surfaces free of deteriorated paint?  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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					05/12/2009
<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 Are all painted surfaces free of deteriorated paint?  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	
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) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fall	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000028289	Inspector Robert Jefferies	Date of Inspection (mm/dd/yyyy) 05/12/2009	Address of Inspected Unit 3104 53rd Street Apt 439-A Galveston TX 77551
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No





# 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. 4/30/2014)

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110878 Inspected: 09/08/2009 10:17:00

Name of Family		Tenant ID Number	Date of Request (mm/dd/yyyy)
			08/31/2009
Inspector	Neighborhood/Census Tract		Date of Inspection (mm/dd/yyyy)
Palace Inspections-HCV	7241		09/08/2009
Type of Inspection		Date of Last Inspection (mm/dd/yyyy)	PHA
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection		05/12/2009	Galveston Housing Authority

<b>A. General Information</b>				<b>Housing Type (check as appropriate)</b>	
<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	1978		<input type="checkbox"/> Single Family Detached	
Full Address (including Street, City, County, State, Zip)				<input type="checkbox"/> Duplex or Two Family	
3104 53rd Street		Galveston TX	77551	<input type="checkbox"/> Row House or Town House	
Apt 439-A		Galveston		<input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment	
Number of Children in Family Under 6		0		<input type="checkbox"/> High Rise; 5 or More Stories	
<b>Owner</b>				<input type="checkbox"/> Manufactured Home	
Name of Owner or Agent Authorized to Lease Unit Inspected		Phone Number		<input type="checkbox"/> Congregate	
Woman Inc.		[409] 741-9098		<input type="checkbox"/> Cooperative	
Address of Owner or Agent				<input type="checkbox"/> Independent Group Residence	
P O Box 571898				<input type="checkbox"/> Single Room Occupancy	
Houston TX		77257		<input type="checkbox"/> Shared Housing	
				<input type="checkbox"/> Other	

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>			
<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	
<input type="checkbox"/> Fail	3	3	
<input type="checkbox"/> Inconclusive			

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	✓				09/08/2009
1.2	Electricity	✓				09/08/2009
1.3	Electrical Hazards	✓				09/08/2009
1.4	Security	✓				09/08/2009
1.5	Window Condition	✓				09/08/2009
1.6	Ceiling Condition	✓				09/08/2009
1.7	Wall Condition	✓				09/08/2009
1.8	Floor Condition	✓				09/08/2009

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	09/08/2009
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				09/08/2009
2.2	Electricity	✓				09/08/2009
2.3	Electrical Hazards	✓				09/08/2009
2.4	Security	✓				09/08/2009
2.5	Window Condition	✓				09/08/2009
2.6	Ceiling Condition	✓				09/08/2009
2.7	Wall Condition	✓				09/08/2009
2.8	Floor Condition	✓				09/08/2009
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	09/08/2009
2.10	Stove or Range with Oven	✓				09/08/2009
2.11	Refrigerator	✓				09/08/2009
2.12	Sink	✓				09/08/2009
2.13	Space for Storage, Preparation, and Serving of Food	✓				09/08/2009
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				09/08/2009
3.2	Electricity	✓				09/08/2009
3.3	Electrical Hazards	✓				09/08/2009
3.4	Security	✓				09/08/2009
3.5	Window Condition	✓				09/08/2009
3.6	Ceiling Condition	✓				09/08/2009
3.7	Wall Condition	✓				09/08/2009
3.8	Floor Condition	✓				09/08/2009
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	09/08/2009
3.10	Flush Toilet in Enclosed Room in Unit	✓				09/08/2009
3.11	Fixed Wash Basin or Lavatory in Unit	✓				09/08/2009
3.12	Tub or Shower in Unit	✓				09/08/2009
3.13	Ventilation	✓				09/08/2009

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				09/08/2009
5.3	Electrical Hazards	✓				09/08/2009
5.4	Other Potentially Hazardous Features in these Rooms	✓				09/08/2009

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				09/08/2009
6.2	Condition of Stairs, Rails, and Porches	✓				09/08/2009
6.3	Condition of Roof/Gutters	✓				09/08/2009
6.4	Condition of Exterior Surfaces	✓				09/08/2009
6.5	Condition of Chimney	✓				09/08/2009
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	09/08/2009
6.7	Manufactured Home: Tie Downs	✓				09/08/2009
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				09/08/2009
7.2	Safety of Heating Equipment	✓				09/08/2009
7.3	Ventilation/Cooling	✓				09/08/2009
7.4	Water Heater	✓				09/08/2009
7.5	Approvable Water Supply	✓				09/08/2009
7.6	Plumbing	✓				09/08/2009
7.7	Sewer Connection	✓				09/08/2009
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				09/08/2009
8.2	Fire Exits	✓				09/08/2009
8.3	Evidence of Infestation	✓				09/08/2009
8.4	Garbage and Debris	✓				09/08/2009
8.5	Refuse Disposal	✓				09/08/2009
8.6	Interior Stairs and Common Halls	✓				09/08/2009
8.7	Other Interior Hazards	✓				09/08/2009
8.8	Elevators	✓				09/08/2009
8.9	Interior Air Quality	✓				09/08/2009
8.10	Site and Neighborhood Conditions	✓				09/08/2009
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	09/08/2009

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000021116	Inspector <b>Palace Inspections-HCV</b>	Date of Inspection (mm/dd/yyyy) 09/08/2009	Address of Inspected Unit 3104 53rd Street Apt 439-A Galveston TX 77551
Type of Inspection	Initial <input checked="" type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

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**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

115658 Inspected: 05/11/2010 12:15:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		05/11/2010
Inspector <b>Palace Inspections-HCV</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>05/11/2010</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>05/11/2010</b>	PHA <b>Galveston Housing Authority</b>

<b>A. General Information</b>				<b>Housing Type (check as appropriate)</b>	
<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	<b>1978</b>		<input type="checkbox"/> Single Family Detached	
Full Address (including Street, City, County, State, Zip)				<input type="checkbox"/> Duplex or Two Family	
<b>3104 53rd Street</b>		<b>Galveston TX</b>	<b>77551</b>	<input type="checkbox"/> Row House or Town House	
<b>Apt 439-A</b>		<b>Galveston</b>		<input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment	
Number of Children in Family Under 6 <b>0</b>				<input type="checkbox"/> High Rise; 5 or More Stories	
<b>Owner</b>				<input type="checkbox"/> Manufactured Home	
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		Phone Number <b>[409] 741-9098</b>		<input type="checkbox"/> Congregate	
Address of Owner or Agent <b>P O Box 571898</b>				<input type="checkbox"/> Cooperative	
<b>Houston TX</b>		<b>77257</b>		<input type="checkbox"/> Independent Group Residence	
				<input type="checkbox"/> Single Room Occupancy	
				<input type="checkbox"/> Shared Housing	
				<input type="checkbox"/> Other	

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>			
<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	
<input type="checkbox"/> Fail			
<input checked="" type="checkbox"/> Inconclusive	<b>3</b>	<b>3</b>	

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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	
<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 Are all painted surfaces free of deteriorated paint?  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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					05/11/2010
<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 Are all painted surfaces free of deteriorated paint?  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	
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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fall	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
 Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000021116	Inspector Palace Inspections-HCV	Date of Inspection (mm/dd/yyyy) 05/11/2010	Address of Inspected Unit 3104 53rd Street Apt 439-A
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
			Galveston TX 77551

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

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124333 Inspected: 01/24/2013 15:30:00

Name of Family:	Tenant ID Number:	Date of Request (mm/dd/yyyy)
		02/03/2013
Inspector <b>Richard Simons</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>01/24/2013</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>01/04/2013</b>	PHA <b>Galveston Housing Authority</b>

## A. General Information

Inspected Unit	Year Constructed (yyyy)	1978	Housing Type (check as appropriate) <input checked="" type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Full Address (including Street, City, County, State, Zip)			
3104 53rd Street Apt 439-B	Galveston TX 77551 Galveston		
Number of Children in Family Under 6	1		
Owner			
Name of Owner or Agent Authorized to Lease Unit Inspected	Phone Number		
Woman Inc.	[409] 741-9098		
Address of Owner or Agent			
P O Box 571898			
Houston TX 77257			

## B. Summary Decision On Unit (To be completed after form has been filled out)

<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input checked="" type="checkbox"/> Fail	3	4
<input type="checkbox"/> Inconclusive		

## 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 outlet cover still missing leaving a square hole in the wall.	
1.4	Security					
1.5	Window Condition					
1.6	Ceiling Condition		✓		Ceiling bubbled off of the substrate caused by a current or prior water leak.	
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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	
<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 Are all painted surfaces free of deteriorated paint?  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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					01/24/2013
<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 Are all painted surfaces free of deteriorated paint?  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	
3.10	Flush Toilet in Enclosed Room in Unit					
3.11	Fixed Wash Basin or Lavatory in Unit	✓				01/24/2013
3.12	Tub or Shower in Unit	✓				01/24/2013
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="text" value="1"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear <u>2</u> Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition		<input checked="" type="checkbox"/>		The bedroom ceiling has a black substance	
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	<input checked="" type="checkbox"/>				01/24/2013
4.1	Room Code* and Room Location <input type="text" value="2"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear <u>1</u> Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition		<input checked="" type="checkbox"/>		Ceiling repairs where leak was present were not properly made. Plugged used to cover	
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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="text" value="2"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear <u>1</u> 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	<input checked="" type="checkbox"/>				01/24/2013
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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					

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fall	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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	✓				01/24/2013
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				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000033299	Inspector Richard Simons	Date of Inspection (mm/dd/yyyy) 01/24/2013	Address of Inspected Unit 3104 53rd Street Apt 439-B
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
			Galveston TX 77551

- | Item Number  | Reason for "Fail" or "Pass with Comments"  | Rating |
|--|--|--------|
| - 1.3 Living Room, Electrical Hazards:               | Fail, Responsible Party - Owner, Comments: 1 outlet cover still missing leaving a square hole in the wall.   |        |
| - 1.6 Living Room, Ceiling Condition:                | Fail, Responsible Party - Owner, Comments: Ceiling bubbled off of the substrate caused by a current or prior water leak.   |        |
| - 4.6 Dining Room or Dining Area, Ceiling Condition: | Fail, Responsible Party - Owner, Left to Right: L, Front to Rear: R, Floor Level: 1, Comments: Ceiling repairs where leak was present were not properly made. Plywood used to cover hole has cracks around it due to improper installation. Area around plywood is still moist/soggy to the touch. Inspector touched area and his finger went right thru it. |        |
| - 4.6 Bedroom or Any Other Room Used for Sleeping    | regardless of type of room , Ceiling Condition: Fail, Responsible Party - Owner, Left to Right: C, Front to Rear: C, Floor Level: 2, Comments: The bedroom ceiling has a black substance directly where the A/C vent blows air.  |        |

Continued on additional page  Yes  No





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

115658 Inspected: 05/11/2010 12:15:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		05/11/2010
Inspector <b>Palace Inspections-HCV</b>	Neighborhood/Census Tract 7241	Date of Inspection (mm/dd/yyyy) 05/11/2010
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) 05/11/2010	PHA Galveston Housing Authority

<b>A. General Information</b>				Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Inspected Unit	Year Constructed (yyyy)	1978		
Full Address (including Street, City, County, State, Zip)				
3104 53rd Street Apt 439-A	Galveston Galveston	TX	77551	
Number of Children in Family Under 6	0			
<b>Owner</b>				
Name of Owner or Agent Authorized to Lease Unit Inspected		Phone Number		
Woman Inc.		[409] 741-9098		
Address of Owner or Agent				
P O Box 571898 Houston TX 77257				

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

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	✓				05/11/2010
1.2	Electricity	✓				05/11/2010
1.3	Electrical Hazards	✓				05/11/2010
1.4	Security	✓				05/11/2010
1.5	Window Condition	✓				05/11/2010
1.6	Ceiling Condition	✓				05/11/2010
1.7	Wall Condition	✓				05/11/2010
1.8	Floor Condition	✓				05/11/2010

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	05/11/2010
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				05/11/2010
2.2	Electricity	✓				05/11/2010
2.3	Electrical Hazards	✓				05/11/2010
2.4	Security	✓				05/11/2010
2.5	Window Condition	✓				05/11/2010
2.6	Ceiling Condition	✓				05/11/2010
2.7	Wall Condition	✓				05/11/2010
2.8	Floor Condition	✓				05/11/2010
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	05/11/2010
2.10	Stove or Range with Oven	✓				05/11/2010
2.11	Refrigerator	✓				05/11/2010
2.12	Sink	✓				05/11/2010
2.13	Space for Storage, Preparation, and Serving of Food	✓				05/11/2010
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				05/11/2010
3.2	Electricity	✓				05/11/2010
3.3	Electrical Hazards	✓				05/11/2010
3.4	Security	✓				05/11/2010
3.5	Window Condition	✓				05/11/2010
3.6	Ceiling Condition	✓				05/11/2010
3.7	Wall Condition	✓				05/11/2010
3.8	Floor Condition	✓				05/11/2010
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	05/11/2010
3.10	Flush Toilet in Enclosed Room in Unit	✓				05/11/2010
3.11	Fixed Wash Basin or Lavatory in Unit	✓				05/11/2010
3.12	Tub or Shower in Unit	✓				05/11/2010
3.13	Ventilation	✓				05/11/2010

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) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fall	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				05/11/2010
5.3	Electrical Hazards	✓				05/11/2010
5.4	Other Potentially Hazardous Features in these Rooms	✓				05/11/2010

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				05/11/2010
6.2	Condition of Stairs, Rails, and Porches	✓				05/11/2010
6.3	Condition of Roof/Gutters	✓				05/11/2010
6.4	Condition of Exterior Surfaces	✓				05/11/2010
6.5	Condition of Chimney	✓				05/11/2010
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	05/11/2010
6.7	Manufactured Home: Tie Downs	✓				05/11/2010
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				05/11/2010
7.2	Safety of Heating Equipment	✓				05/11/2010
7.3	Ventilation/Cooling	✓				05/11/2010
7.4	Water Heater	✓				05/11/2010
7.5	Approvable Water Supply	✓				05/11/2010
7.6	Plumbing	✓				05/11/2010
7.7	Sewer Connection	✓				05/11/2010
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				05/11/2010
8.2	Fire Exits	✓				05/11/2010
8.3	Evidence of Infestation	✓				05/11/2010
8.4	Garbage and Debris	✓				05/11/2010
8.5	Refuse Disposal	✓				05/11/2010
8.6	Interior Stairs and Common Halls	✓				05/11/2010
8.7	Other Interior Hazards	✓				05/11/2010
8.8	Elevators	✓				05/11/2010
8.9	Interior Air Quality	✓				05/11/2010
8.10	Site and Neighborhood Conditions	✓				05/11/2010
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	05/11/2010

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000021116	Inspector Palace Inspections-HCV	Date of Inspection (mm/dd/yyyy) 05/11/2010	Address of Inspected Unit 3104 53rd Street Apt 439-A
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
Item Number	Reason for "Fail" or "Pass with Comments" Rating		

Galveston TX 77551

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

116174 Inspected: 06/25/2010 11:01:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		06/24/2010
Inspector <b>Palace Inspections-HCV</b>	Neighborhood/Census Tract 7241	Date of Inspection (mm/dd/yyyy) 06/25/2010
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) 05/11/2010	PHA <b>Galveston Housing Authority</b>

<b>A. General Information</b>				<b>Housing Type (check as appropriate)</b>	
<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	1978		<input type="checkbox"/> Single Family Detached	
Full Address (including Street, City, County, State, Zip)					
3104 53rd Street	Galveston	TX	77551	<input type="checkbox"/> Duplex or Two Family	
Apt 439-A	Galveston			<input type="checkbox"/> Row House or Town House	
Number of Children in Family Under 6	2				
<b>Owner</b>					
Name of Owner or Agent Authorized to Lease Unit Inspected	Woman Inc.		Phone Number	[409] 741-9098	
Address of Owner or Agent			P O Box 571898		
Houston			TX	77257	
<input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other					

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>			
<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	
<input type="checkbox"/> Fail	3	3	
<input type="checkbox"/> Inconclusive			

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	✓				06/25/2010
1.2	Electricity	✓				06/25/2010
1.3	Electrical Hazards	✓				06/25/2010
1.4	Security	✓				06/25/2010
1.5	Window Condition	✓				06/25/2010
1.6	Ceiling Condition	✓				06/25/2010
1.7	Wall Condition	✓				06/25/2010
1.8	Floor Condition	✓				06/25/2010

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	06/25/2010
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				06/25/2010
2.2	Electricity	✓				06/25/2010
2.3	Electrical Hazards	✓				06/25/2010
2.4	Security	✓				06/25/2010
2.5	Window Condition	✓				06/25/2010
2.6	Ceiling Condition	✓				06/25/2010
2.7	Wall Condition	✓				06/25/2010
2.8	Floor Condition	✓				06/25/2010
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	06/25/2010
2.10	Stove or Range with Oven	✓				06/25/2010
2.11	Refrigerator	✓				06/25/2010
2.12	Sink	✓				06/25/2010
2.13	Space for Storage, Preparation, and Serving of Food	✓				06/25/2010
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				06/25/2010
3.2	Electricity	✓				06/25/2010
3.3	Electrical Hazards	✓				06/25/2010
3.4	Security	✓				06/25/2010
3.5	Window Condition	✓				06/25/2010
3.6	Ceiling Condition	✓				06/25/2010
3.7	Wall Condition	✓				06/25/2010
3.8	Floor Condition	✓				06/25/2010
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	06/25/2010
3.10	Flush Toilet in Enclosed Room in Unit	✓				06/25/2010
3.11	Fixed Wash Basin or Lavatory in Unit	✓				06/25/2010
3.12	Tub or Shower in Unit	✓				06/25/2010
3.13	Ventilation	✓				06/25/2010

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				06/25/2010
5.3	Electrical Hazards	✓				06/25/2010
5.4	Other Potentially Hazardous Features in these Rooms	✓				06/25/2010

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				06/25/2010
6.2	Condition of Stairs, Rails, and Porches	✓				06/25/2010
6.3	Condition of Roof/Gutters	✓				06/25/2010
6.4	Condition of Exterior Surfaces	✓				06/25/2010
6.5	Condition of Chimney	✓				06/25/2010
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	06/25/2010
6.7	Manufactured Home: Tie Downs	✓				06/25/2010
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				06/25/2010
7.2	Safety of Heating Equipment	✓				06/25/2010
7.3	Ventilation/Cooling	✓				06/25/2010
7.4	Water Heater	✓				06/25/2010
7.5	Approvable Water Supply	✓				06/25/2010
7.6	Plumbing	✓				06/25/2010
7.7	Sewer Connection	✓				06/25/2010
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				06/25/2010
8.2	Fire Exits	✓				06/25/2010
8.3	Evidence of Infestation	✓				06/25/2010
8.4	Garbage and Debris	✓				06/25/2010
8.5	Refuse Disposal	✓				06/25/2010
8.6	Interior Stairs and Common Halls	✓				06/25/2010
8.7	Other Interior Hazards	✓				06/25/2010
8.8	Elevators	✓				06/25/2010
8.9	Interior Air Quality	✓				06/25/2010
8.10	Site and Neighborhood Conditions	✓			townhouse	06/25/2010
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	06/25/2010

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000028289	Inspector Palace Inspections-HCV	Date of Inspection (mm/dd/yyyy) 06/25/2010	Address of Inspected Unit 3104 53rd Street Apt 439-A
Type of Inspection	Initial <input checked="" type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>
			Galveston TX 77551

Item Number Reason for "Fail" or "Pass with Comments" Rating

- 8.10 General Health and Safety, Site and Neighborhood Conditions: Pass, Comments: townhouse

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

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118297 Inspected: 03/15/2011 09:18:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		02/01/2011
Inspector <b>Octavius Mitchell</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>03/15/2011</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>06/25/2010</b>	PHA <b>Galveston Housing Authority</b>

### A. General Information

<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	<b>1978</b>	<b>Housing Type (check as appropriate)</b> <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
<b>Full Address (including Street, City, County, State, Zip)</b>	<b>Galveston TX</b>	<b>77551</b>	
<b>3104 53rd Street</b> <b>Apt 439-A</b>	<b>Galveston</b>		
<b>Number of Children in Family Under 6</b>	<b>1</b>		
<b>Owner</b>			
<b>Name of Owner or Agent Authorized to Lease Unit Inspected</b>	<b>Phone Number</b>		
<b>Woman Inc.</b>	<b>[409] 741-9098</b>		
<b>Address of Owner or Agent</b>			
<b>P O Box 571898</b>			
<b>Houston TX 77257</b>			

### B. Summary Decision On Unit (To be completed after form has been filled out)

<input type="checkbox"/> Pass	<b>Number of Bedrooms for Purposes of the FMR or Payment Standard</b>	<b>Number of Sleeping Rooms</b>	<b>No Show</b>
<input type="checkbox"/> Fail	<b>3</b>	<b>3</b>	
<input checked="" type="checkbox"/> Inconclusive			

### 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	
<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 Are all painted surfaces free of deteriorated paint?  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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					03/15/2011
<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 Are all painted surfaces free of deteriorated paint?  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	
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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					
<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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000028289	Inspector Octavius Mitchell	Date of Inspection (mm/dd/yyyy) 03/15/2011	Address of Inspected Unit 3104 53rd Street Apt 439-A
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
Item Number	Reason for "Fail" or "Pass with Comments" Rating		

Galveston TX 77551

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

118297 Inspected: 03/21/2011 09:55:00

Inspector <b>Donald Griffin</b>		Neighborhood/Census Tract <b>7241</b>	Date of Request (mm/dd/yyyy) <b>03/15/2011</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection		Date of Last Inspection (mm/dd/yyyy) <b>03/15/2011</b>	PHA <b>Galveston Housing Authority</b>

### A. General Information

Inspected Unit	Year Constructed (yyyy)	<b>1978</b>		Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Full Address (including Street, City, County, State, Zip)	<b>3104 53rd Street Galveston TX 77551</b> <b>Apt 439-A Galveston</b>			
Number of Children in Family Under 6	<b>1</b>			
Owner	Name of Owner or Agent Authorized to Lease Unit Inspected	Phone Number		
	<b>Woman Inc.</b>		<b>[409] 741-9098</b>	
Address of Owner or Agent <b>P O Box 571898</b> <b>Houston TX 77257</b>				

### B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input type="checkbox"/> Fail	<b>3</b>	<b>3</b>
<input type="checkbox"/> Inconclusive		

### 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	✓				03/21/2011
1.2	Electricity	✓				03/21/2011
1.3	Electrical Hazards	✓				03/21/2011
1.4	Security	✓				03/21/2011
1.5	Window Condition	✓				03/21/2011
1.6	Ceiling Condition	✓				03/21/2011
1.7	Wall Condition	✓				03/21/2011
1.8	Floor Condition	✓				03/21/2011

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	03/21/2011
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				03/21/2011
2.2	Electricity	✓				03/21/2011
2.3	Electrical Hazards	✓				03/21/2011
2.4	Security	✓				03/21/2011
2.5	Window Condition	✓				03/21/2011
2.6	Ceiling Condition	✓				03/21/2011
2.7	Wall Condition	✓				03/21/2011
2.8	Floor Condition	✓				03/21/2011
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	03/21/2011
2.10	Stove or Range with Oven	✓				03/21/2011
2.11	Refrigerator	✓				03/21/2011
2.12	Sink	✓				03/21/2011
2.13	Space for Storage, Preparation, and Serving of Food	✓				03/21/2011
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				03/21/2011
3.2	Electricity	✓				03/21/2011
3.3	Electrical Hazards	✓				03/21/2011
3.4	Security	✓				03/21/2011
3.5	Window Condition	✓				03/21/2011
3.6	Ceiling Condition	✓				03/21/2011
3.7	Wall Condition	✓				03/21/2011
3.8	Floor Condition	✓				03/21/2011
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	03/21/2011
3.10	Flush Toilet in Enclosed Room in Unit	✓				03/21/2011
3.11	Fixed Wash Basin or Lavatory in Unit	✓				03/21/2011
3.12	Tub or Shower in Unit	✓				03/21/2011
3.13	Ventilation	✓				03/21/2011

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) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fall	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				03/21/2011
5.3	Electrical Hazards	✓				03/21/2011
5.4	Other Potentially Hazardous Features in these Rooms	✓				03/21/2011

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				03/21/2011
6.2	Condition of Stairs, Rails, and Porches	✓				03/21/2011
6.3	Condition of Roof/Gutters	✓				03/21/2011
6.4	Condition of Exterior Surfaces	✓				03/21/2011
6.5	Condition of Chimney	✓				03/21/2011
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	03/21/2011
6.7	Manufactured Home: Tie Downs	✓				03/21/2011
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				03/21/2011
7.2	Safety of Heating Equipment	✓				03/21/2011
7.3	Ventilation/Cooling	✓				03/21/2011
7.4	Water Heater	✓				03/21/2011
7.5	Approvable Water Supply	✓				03/21/2011
7.6	Plumbing	✓				03/21/2011
7.7	Sewer Connection	✓				03/21/2011
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				03/21/2011
8.2	Fire Exits	✓				03/21/2011
8.3	Evidence of Infestation	✓				03/21/2011
8.4	Garbage and Debris	✓				03/21/2011
8.5	Refuse Disposal	✓				03/21/2011
8.6	Interior Stairs and Common Halls	✓				03/21/2011
8.7	Other Interior Hazards	✓				03/21/2011
8.8	Elevators	✓				03/21/2011
8.9	Interior Air Quality	✓				03/21/2011
8.10	Site and Neighborhood Conditions	✓				03/21/2011
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	03/21/2011

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000028289	Inspector Donald Griffin	Date of Inspection (mm/dd/yyyy) 03/21/2011	Address of Inspected Unit 3104 53rd Street Apt 439-A Galveston TX 77551
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

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119921 Inspected: 11/15/2011 10:16:00

Inspector <b>Curt Gillins</b>		Neighborhood/Census Tract <b>7241</b>	Date of Request (mm/dd/yyyy) <b>06/01/2012</b>
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection		Date of Last Inspection (mm/dd/yyyy) <b>03/21/2011</b>	PHA <b>Galveston Housing Authority</b>

### A. General Information

Inspected Unit	Year Constructed (yyyy)	<b>1978</b>		Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Full Address (including Street, City, County, State, Zip)				
<b>3104 53rd Street</b>		<b>Galveston TX</b>	<b>77551</b>	
<b>Apt 439-A</b>		<b>Galveston</b>		
Number of Children in Family Under 6 <b>2</b>				
Owner Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		Phone Number <b>[409] 741-9098</b>		
Address of Owner or Agent <b>P O Box 571898</b>  <b>Houston TX 77257</b>				

### B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input type="checkbox"/> Fail	<b>3</b>	<b>3</b>
<input type="checkbox"/> Inconclusive		

### 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	✓				11/15/2011
1.2	Electricity	✓				11/15/2011
1.3	Electrical Hazards	✓				11/15/2011
1.4	Security	✓				11/15/2011
1.5	Window Condition	✓				11/15/2011
1.6	Ceiling Condition	✓				11/15/2011
1.7	Wall Condition	✓				11/15/2011
1.8	Floor Condition	✓				11/15/2011

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	11/15/2011
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				11/15/2011
2.2	Electricity	✓				11/15/2011
2.3	Electrical Hazards	✓				11/15/2011
2.4	Security	✓				11/15/2011
2.5	Window Condition	✓				11/15/2011
2.6	Ceiling Condition	✓				11/15/2011
2.7	Wall Condition	✓				11/15/2011
2.8	Floor Condition	✓				11/15/2011
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	11/15/2011
2.10	Stove or Range with Oven	✓				11/15/2011
2.11	Refrigerator	✓				11/15/2011
2.12	Sink	✓				11/15/2011
2.13	Space for Storage, Preparation, and Serving of Food	✓				11/15/2011
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				11/15/2011
3.2	Electricity	✓				11/15/2011
3.3	Electrical Hazards	✓				11/15/2011
3.4	Security	✓				11/15/2011
3.5	Window Condition	✓				11/15/2011
3.6	Ceiling Condition	✓				11/15/2011
3.7	Wall Condition	✓				11/15/2011
3.8	Floor Condition	✓				11/15/2011
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	11/15/2011
3.10	Flush Toilet in Enclosed Room in Unit	✓				11/15/2011
3.11	Fixed Wash Basin or Lavatory in Unit	✓				11/15/2011
3.12	Tub or Shower in Unit	✓				11/15/2011
3.13	Ventilation	✓				11/15/2011

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fall	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

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) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
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	✓				11/15/2011
5.3	Electrical Hazards	✓				11/15/2011
5.4	Other Potentially Hazardous Features in these Rooms	✓				11/15/2011

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				11/15/2011
6.2	Condition of Stairs, Rails, and Porches	✓				11/15/2011
6.3	Condition of Roof/Gutters	✓				11/15/2011
6.4	Condition of Exterior Surfaces	✓				11/15/2011
6.5	Condition of Chimney	✓				11/15/2011
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	11/15/2011
6.7	Manufactured Home: Tie Downs	✓				11/15/2011
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				11/15/2011
7.2	Safety of Heating Equipment	✓				11/15/2011
7.3	Ventilation/Cooling	✓				11/15/2011
7.4	Water Heater	✓				11/15/2011
7.5	Approvable Water Supply	✓				11/15/2011
7.6	Plumbing	✓				11/15/2011
7.7	Sewer Connection	✓				11/15/2011
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				11/15/2011
8.2	Fire Exits	✓				11/15/2011
8.3	Evidence of Infestation	✓				11/15/2011
8.4	Garbage and Debris	✓				11/15/2011
8.5	Refuse Disposal	✓				11/15/2011
8.6	Interior Stairs and Common Halls	✓				11/15/2011
8.7	Other Interior Hazards	✓				11/15/2011
8.8	Elevators	✓				11/15/2011
8.9	Interior Air Quality	✓				11/15/2011
8.10	Site and Neighborhood Conditions	✓				11/15/2011
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	11/15/2011

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.

**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, weatherstripping)
- 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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 118940	Inspector Curt Gillins	Date of Inspection (mm/dd/yyyy) 11/15/2011	Address of Inspected Unit 3104 53rd Street Apt 439-A Galveston TX 77551
Type of Inspection	Initial <input checked="" type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

108569 Inspected: 06/03/2009 11:30:00

		Date of Request (mm/dd/yyyy)
		07/04/2009
Inspector	Neighborhood/Census Tract	Date of Inspection (mm/dd/yyyy)
Robert Jefferies	7241	06/03/2009
Type of Inspection	Date of Last Inspection (mm/dd/yyyy)	PHA
<input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	10/31/2008	Galveston Housing Authority

### A. General Information

Inspected Unit	Year Constructed (yyyy)	1978	Housing Type (check as appropriate)	
Full Address (including Street, City, County, State, Zip)			<input type="checkbox"/> Single Family Detached	
3104 53rd Street	Galveston TX	77551	<input type="checkbox"/> Duplex or Two Family	
Apt 433-B	Galveston		<input type="checkbox"/> Row House or Town House	
			<input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment	
Number of Children in Family Under 6			<input type="checkbox"/> High Rise; 5 or More Stories	
1			<input type="checkbox"/> Manufactured Home	
Owner			<input type="checkbox"/> Congregate	
Name of Owner or Agent Authorized to Lease Unit Inspected	Phone Number		<input type="checkbox"/> Cooperative	
Woman Inc.	[409] 741-9098		<input type="checkbox"/> Independent Group Residence	
Address of Owner or Agent			<input type="checkbox"/> Single Room Occupancy	
P O Box 571898			<input type="checkbox"/> Shared Housing	
			<input type="checkbox"/> Other	
Houston TX		77257		

### B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input type="checkbox"/> Fail	3	4
<input type="checkbox"/> Inconclusive		

### Inspection Checklist

Item No.	1. Living Room	Yes Pass	No Fall	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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	
<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 Are all painted surfaces free of deteriorated paint?  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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					06/03/2009
<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 Are all painted surfaces free of deteriorated paint?  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	
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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					
<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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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				<input type="checkbox"/> 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.

**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)

**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)

**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)

**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)

**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)

**6. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000018737	Inspector <b>Robert Jefferies</b>	Date of Inspection (mm/dd/yyyy) 06/03/2009	Address of Inspected Unit 3104 53rd Street Apt 433-B Galveston TX 77551
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

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122545 Inspected: 07/06/2012 15:10:00

Inspector <b>Octavius Mitchell</b>		Neighborhood/Census Tract <b>7241</b>	Date of Request (mm/dd/yyyy) <b>07/04/2012</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection		Date of Last Inspection (mm/dd/yyyy) <b>11/15/2011</b>	PHA <b>Galveston Housing Authority</b>

### A. General Information

Inspected Unit	Year Constructed (yyyy)	<b>1978</b>		Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Full Address (including Street, City, County, State, Zip) <b>3104 53rd Street Galveston TX 77551</b> <b>Apt 439-A Galveston</b>				
Number of Children in Family Under 6 <b>2</b>				
Owner Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		Phone Number <b>[409] 741-9098</b>		
Address of Owner or Agent <b>P O Box 571898</b> <b>Houston TX 77257</b>				

### B. Summary Decision On Unit (To be completed after form has been filled out)

<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input checked="" type="checkbox"/> Fail	<b>3</b>	<b>3</b>
<input type="checkbox"/> Inconclusive		

### 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	<b>Lead-Based Paint</b> Are all painted surfaces free of deteriorated paint?  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	
<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		✓		Missing Light Cover	
2.7	Wall Condition					
2.8	Floor Condition					
2.9	<b>Lead-Based Paint</b> Are all painted surfaces free of deteriorated paint?  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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					07/06/2012
<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	<b>Lead-Based Paint</b> Are all painted surfaces free of deteriorated paint?  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	
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="text" value="1"/>				(Circle One) Right/Center/Left <input checked="" type="radio"/> (Circle One) Front/Center/Rear <input checked="" type="radio"/> <u>1</u> 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 Are all painted surfaces free of deteriorated paint? 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		<input checked="" type="checkbox"/>		Missing smoke detector	
4.1	Room Code* and Room Location <input type="text" value="1"/>				(Circle One) Right/Center/Left <input checked="" type="radio"/> (Circle One) Front/Center/Rear <input checked="" type="radio"/> <u>2</u> 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 Are all painted surfaces free of deteriorated paint? 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		<input checked="" type="checkbox"/>		Needs Battery in smoke detector	
4.1	Room Code* and Room Location <input type="text" value="1"/>				(Circle One) Right/Center/Left <input checked="" type="radio"/> (Circle One) Front/Center/Rear <input checked="" type="radio"/> <u>2</u> 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 Are all painted surfaces free of deteriorated paint? 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		<input checked="" type="checkbox"/>		Needs battery in smoke detector	

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fall	Conc.		
4.1	Room Code* and Room Location <span style="border: 1px solid black; padding: 2px;">1</span>				(Circle One) Right/Center/Left <input checked="" type="checkbox"/> Right/Center/Left (Circle One) Front/Center/Rear <input checked="" type="checkbox"/> Front/Center/Rear <u>2</u> 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 Are all painted surfaces free of deteriorated paint?  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		<input checked="" type="checkbox"/>		Missing smoke detector	
4.1	Room Code* and Room Location <span style="border: 1px solid black; padding: 2px;">2</span>				(Circle One) Right/Center/Left <input checked="" type="checkbox"/> Right/Center/Left (Circle One) Front/Center/Rear <input checked="" type="checkbox"/> Front/Center/Rear <u>1</u> 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		<input checked="" type="checkbox"/>		Repair hole on Wall	
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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					
<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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 118940	Inspector Octavius Mitchell	Date of Inspection (mm/dd/yyyy) 07/06/2012	Address of Inspected Unit 3104 53rd Street Apt 439-A
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
			Galveston TX 77551

- | Item Number  | Reason for "Fail" or "Pass with Comments" | Rating |
|--|---|--------|
| - 2.6 Kitchen, Ceiling Condition: Fail, Responsible Party - Owner, Left to Right: C, Front to Rear: C, Floor Level: 1, Comments: Missing Light Cover   |   |        |
| - 4.10 Bedroom or Any Other Room Used for Sleeping regardless of type of room , Smoke Detectors: Fail, Responsible Party - Both, Left to Right: L, Front to Rear: R, Floor Level: 2, Comments: Needs battery in smoke detector |   |        |
| - 4.10 Bedroom or Any Other Room Used for Sleeping regardless of type of room , Smoke Detectors: Fail, Responsible Party - Both, Left to Right: L, Front to Rear: F, Floor Level: 2, Comments: Needs Battery in smoke detector |   |        |
| - 4.10 Bedroom or Any Other Room Used for Sleeping regardless of type of room , Smoke Detectors: Fail, Responsible Party - Owner, Left to Right: R, Front to Rear: R, Floor Level: 2, Comments: Missing smoke detector         |   |        |
| - 4.10 Bedroom or Any Other Room Used for Sleeping regardless of type of room , Smoke Detectors: Fail, Responsible Party - Owner, Left to Right: L, Front to Rear: F, Floor Level: 1, Comments: Missing smoke detector         |   |        |
| - 4.7 Dining Room or Dining Area, Wall Condition: Fail, Responsible Party - Owner, Left to Right: C, Front to Rear: R, Floor Level: 1, Comments: Repair hole on Wall   |   |        |

Continued on additional page  Yes  No





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

113907 Inspected: 02/10/2010 13:46:00

Date of Request (mm/dd/yyyy)		07/04/2010
Inspector <b>Palace Inspections-HCV</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>02/10/2010</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>06/03/2009</b>	PHA <b>Galveston Housing Authority</b>

### A. General Information

Inspected Unit	Year Constructed (yyyy)	1978	Housing Type (check as appropriate)	
Full Address (including Street, City, County, State, Zip)	3104 53rd Street Galveston TX 77551 Apt 433-B Galveston		<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other	
Number of Children in Family Under 6	0			
Owner	Name of Owner or Agent Authorized to Lease Unit Inspected			
Woman Inc.		Phone Number [409] 741-9098		
Address of Owner or Agent P O Box 571898 Houston TX 77257				

### B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	3	Number of Sleeping Rooms	4
<input type="checkbox"/> Fail				
<input type="checkbox"/> Inconclusive				

### 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	✓				02/10/2010
1.2	Electricity	✓				02/10/2010
1.3	Electrical Hazards	✓				02/10/2010
1.4	Security	✓				02/10/2010
1.5	Window Condition	✓				02/10/2010
1.6	Ceiling Condition	✓				02/10/2010
1.7	Wall Condition	✓				02/10/2010
1.8	Floor Condition	✓				02/10/2010

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	02/10/2010
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				02/10/2010
2.2	Electricity	✓				02/10/2010
2.3	Electrical Hazards	✓				02/10/2010
2.4	Security	✓				02/10/2010
2.5	Window Condition	✓				02/10/2010
2.6	Ceiling Condition	✓				02/10/2010
2.7	Wall Condition	✓				02/10/2010
2.8	Floor Condition	✓				02/10/2010
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	02/10/2010
2.10	Stove or Range with Oven	✓				02/10/2010
2.11	Refrigerator	✓				02/10/2010
2.12	Sink	✓				02/10/2010
2.13	Space for Storage, Preparation, and Serving of Food	✓				02/10/2010
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				02/10/2010
3.2	Electricity	✓				02/10/2010
3.3	Electrical Hazards	✓				02/10/2010
3.4	Security	✓				02/10/2010
3.5	Window Condition	✓				02/10/2010
3.6	Ceiling Condition	✓				02/10/2010
3.7	Wall Condition	✓				02/10/2010
3.8	Floor Condition	✓				02/10/2010
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	02/10/2010
3.10	Flush Toilet in Enclosed Room in Unit	✓				02/10/2010
3.11	Fixed Wash Basin or Lavatory in Unit	✓				02/10/2010
3.12	Tub or Shower in Unit	✓				02/10/2010
3.13	Ventilation	✓				02/10/2010

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fail	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				02/10/2010
5.3	Electrical Hazards	✓				02/10/2010
5.4	Other Potentially Hazardous Features in these Rooms	✓				02/10/2010

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				02/10/2010
6.2	Condition of Stairs, Rails, and Porches	✓				02/10/2010
6.3	Condition of Roof/Gutters	✓				02/10/2010
6.4	Condition of Exterior Surfaces	✓				02/10/2010
6.5	Condition of Chimney	✓				02/10/2010
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	02/10/2010
6.7	Manufactured Home: Tie Downs	✓				02/10/2010
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				02/10/2010
7.2	Safety of Heating Equipment	✓				02/10/2010
7.3	Ventilation/Cooling	✓				02/10/2010
7.4	Water Heater	✓				02/10/2010
7.5	Approvable Water Supply	✓				02/10/2010
7.6	Plumbing	✓				02/10/2010
7.7	Sewer Connection	✓				02/10/2010
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				02/10/2010
8.2	Fire Exits	✓				02/10/2010
8.3	Evidence of Infestation	✓				02/10/2010
8.4	Garbage and Debris	✓				02/10/2010
8.5	Refuse Disposal	✓				02/10/2010
8.6	Interior Stairs and Common Halls	✓				02/10/2010
8.7	Other Interior Hazards	✓				02/10/2010
8.8	Elevators	✓				02/10/2010
8.9	Interior Air Quality	✓				02/10/2010
8.10	Site and Neighborhood Conditions	✓				02/10/2010
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	02/10/2010

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000028144	Inspector Palace Inspections-HCV	Date of Inspection (mm/dd/yyyy) 02/10/2010	Address of Inspected Unit 3104 53rd Street Apt 433-B
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
			Galveston TX 77551

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

122545 Inspected: 07/17/2012 09:00:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		08/05/2012
Inspector <b>Octavius Mitchell</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>07/17/2012</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>07/06/2012</b>	PHA <b>Galveston Housing Authority</b>

## A. General Information

<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	<b>1978</b>	<b>Housing Type (check as appropriate)</b> <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Full Address (including Street, City, County, State, Zip) <b>3104 53rd Street Galveston TX 77551</b> <b>Apt 439-A Galveston</b>			
Number of Children in Family Under 6 <b>2</b>			
<b>Owner</b>			
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		Phone Number <b>[409] 741-9098</b>	
Address of Owner or Agent <b>P O Box 571898</b> <b>Houston TX 77257</b>			

## B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input type="checkbox"/> Fail	<b>3</b>	<b>3</b>
<input type="checkbox"/> Inconclusive		

## 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	
<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	✓				07/17/2012
2.7	Wall Condition					
2.8	Floor Condition					
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					07/17/2012
<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 Are all painted surfaces free of deteriorated paint? 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	
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="text" value="1"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear 1 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 Are all painted surfaces free of deteriorated paint? 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	✓				07/17/2012
4.1	Room Code* and Room Location <input type="text" value="1"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear 2 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 Are all painted surfaces free of deteriorated paint? 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	✓				07/17/2012
4.1	Room Code* and Room Location <input type="text" value="1"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear 2 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 Are all painted surfaces free of deteriorated paint? 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	✓				07/17/2012

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)	
		Pass	Fall	Conc.			
4.1	Room Code* and Room Location <span style="border: 1px solid black; padding: 0 5px;">1</span>				(Circle One) Right/Center/Left <input checked="" type="checkbox"/> Right	(Circle One) Front/Center/Rear <input checked="" type="checkbox"/> Rear	<u>2</u> 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 Are all painted surfaces free of deteriorated paint?  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	<input checked="" type="checkbox"/>					07/17/2012
4.1	Room Code* and Room Location <span style="border: 1px solid black; padding: 0 5px;">2</span>				(Circle One) Right/Center/Left <input checked="" type="checkbox"/> Center	(Circle One) Front/Center/Rear <input checked="" type="checkbox"/> Rear	<u>1</u> 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	<input checked="" type="checkbox"/>					07/17/2012
4.8	Floor Condition						
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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						
<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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number <b>118940</b>	Inspector <b>Octavius Mitchell</b>	Date of Inspection (mm/dd/yyyy) <b>07/17/2012</b>	Address of Inspected Unit <b>3104 53rd Street Apt 439-A</b>
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
Item Number	Reason for "Fail" or "Pass with Comments" Rating		Galveston TX 77551

Continued on additional page  Yes  No





# 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. 4/30/2014)

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115595 Inspected: 04/29/2010 12:00:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		11/01/2010
Inspector <b>Palace Inspections-HCV2</b>	Neighborhood/Census Tract 7241	Date of Inspection (mm/dd/yyyy) 04/29/2010
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) 02/10/2010	PHA Galveston Housing Authority

<b>A. General Information</b>				<b>Housing Type (check as appropriate)</b> <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	1978		
Full Address (including Street, City, County, State, Zip)				
3104 53rd Street Apt 433-B	Galveston Galveston	TX	77551	
Number of Children in Family Under 6	0			
<b>Owner</b>				
Name of Owner or Agent Authorized to Lease Unit Inspected		Phone Number		
Woman Inc.		[409] 741-9098		
Address of Owner or Agent				
P O Box 571898 Houston TX 77257				

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>			
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	
	3	4	

Inspection Checklist					Final Approval Date (mm/dd/yyyy)
Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	Comment
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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	
<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 Are all painted surfaces free of deteriorated paint? 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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					04/29/2010
<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 Are all painted surfaces free of deteriorated paint? 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	
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	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fall	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fail	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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	✓			Inner Row	04/29/2010
8.11	Lead-Based Paint: Owner's Certification				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000028144	Inspector Palace Inspections-HCW	Date of Inspection (mm/dd/yyyy) 04/29/2010	Address of Inspected Unit 3104 53rd Street Apt 433-B
Type of Inspection	Initial <input checked="" type="checkbox"/> Special <input type="checkbox"/> Reinspection <input type="checkbox"/>	Galveston TX 77551	

Item Number Reason for "Fail" or "Pass with Comments" Rating

- 8.10 General Health and Safety, Site and Neighborhood Conditions: Pass, Comments: Inner Row

Continued on additional page  Yes  No





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

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**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

119235 Inspected: 07/07/2011 15:25:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		06/29/2011
Inspector <b>Octavius Mitchell</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>07/07/2011</b>
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>04/29/2010</b>	PHA <b>Galveston Housing Authority</b>

<b>A. General Information</b>		Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Inspected Unit	Year Constructed (yyyy) <b>1978</b>	
Full Address (including Street, City, County, State, Zip) <b>3104 53rd Street Galveston TX 77551</b> <b>Apt 433-B Galveston</b>		
Number of Children in Family Under 6 <b>0</b>		
<b>Owner</b>		
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		Phone Number <b>[409] 741-9098</b>
Address of Owner or Agent <b>P O Box 571898</b> <b>Houston TX 77257</b>		

<b>B. Summary Decision On Unit</b> (To be completed after form has been filled out)		
<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input checked="" type="checkbox"/> Fail	<b>3</b>	<b>4</b>
<input type="checkbox"/> Inconclusive		

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	✓				07/07/2011
1.2	Electricity	✓				07/07/2011
1.3	Electrical Hazards		✓		Two Electrical outlet covers missing	
1.4	Security	✓				07/07/2011
1.5	Window Condition	✓				07/07/2011
1.6	Ceiling Condition	✓				07/07/2011
1.7	Wall Condition	✓				07/07/2011
1.8	Floor Condition	✓				07/07/2011

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/07/2011
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				07/07/2011
2.2	Electricity	✓				07/07/2011
2.3	Electrical Hazards		✓		Electrical outlets Inoperable	
2.4	Security	✓				07/07/2011
2.5	Window Condition	✓				07/07/2011
2.6	Ceiling Condition	✓				07/07/2011
2.7	Wall Condition	✓				07/07/2011
2.8	Floor Condition	✓				07/07/2011
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/07/2011
2.10	Stove or Range with Oven	✓				07/07/2011
2.11	Refrigerator	✓				07/07/2011
2.12	Sink	✓				07/07/2011
2.13	Space for Storage, Preparation, and Serving of Food	✓				07/07/2011
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				07/07/2011
3.2	Electricity	✓				07/07/2011
3.3	Electrical Hazards	✓				07/07/2011
3.4	Security	✓				07/07/2011
3.5	Window Condition	✓				07/07/2011
3.6	Ceiling Condition	✓				07/07/2011
3.7	Wall Condition	✓				07/07/2011
3.8	Floor Condition	✓				07/07/2011
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/07/2011
3.10	Flush Toilet in Enclosed Room in Unit		✓		Improper size toilet top	
3.11	Fixed Wash Basin or Lavatory in Unit	✓				07/07/2011
3.12	Tub or Shower in Unit	✓				07/07/2011
3.13	Ventilation	✓				07/07/2011

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="text" value="2"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear <u>1</u> Floor Level	
4.2	Electricity/Illumination	✓				07/07/2011
4.3	Electrical Hazards		✓		Electrical outlets Inoperable	
4.4	Security	✓				07/07/2011
4.5	Window Condition	✓				07/07/2011
4.6	Ceiling Condition	✓				07/07/2011
4.7	Wall Condition	✓				07/07/2011
4.8	Floor Condition	✓				07/07/2011
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	✓				07/07/2011
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors	✓				07/07/2011
4.1	Room Code* and Room Location <input type="text" value="4"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear <u>1</u> Floor Level	
4.2	Electricity/Illumination	✓				07/07/2011
4.3	Electrical Hazards	✓				07/07/2011
4.4	Security	✓				07/07/2011
4.5	Window Condition	✓				07/07/2011
4.6	Ceiling Condition	✓				07/07/2011
4.7	Wall Condition	✓				07/07/2011
4.8	Floor Condition	✓				07/07/2011
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	✓				07/07/2011
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors	✓			Present & Working	07/07/2011
4.1	Room Code* and Room Location <input type="text" value="5"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear <u>1</u> Floor Level	
4.2	Electricity/Illumination	✓				07/07/2011
4.3	Electrical Hazards	✓				07/07/2011
4.4	Security	✓				07/07/2011
4.5	Window Condition	✓				07/07/2011
4.6	Ceiling Condition	✓				07/07/2011
4.7	Wall Condition	✓				07/07/2011
4.8	Floor Condition	✓				07/07/2011
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	✓				07/07/2011
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors	✓				07/07/2011

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) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
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	✓				07/07/2011
5.3	Electrical Hazards	✓				07/07/2011
5.4	Other Potentially Hazardous Features in these Rooms	✓				07/07/2011

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				07/07/2011
6.2	Condition of Stairs, Rails, and Porches	✓				07/07/2011
6.3	Condition of Roof/Gutters	✓				07/07/2011
6.4	Condition of Exterior Surfaces	✓				07/07/2011
6.5	Condition of Chimney	✓				07/07/2011
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	07/07/2011
6.7	Manufactured Home: Tie Downs	✓				07/07/2011
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓			PWC: No AC on upstairs floor	07/07/2011
7.2	Safety of Heating Equipment	✓				07/07/2011
7.3	Ventilation/Cooling	✓				07/07/2011
7.4	Water Heater	✓				07/07/2011
7.5	Approvable Water Supply	✓				07/07/2011
7.6	Plumbing	✓				07/07/2011
7.7	Sewer Connection	✓				07/07/2011
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				07/07/2011
8.2	Fire Exits	✓				07/07/2011
8.3	Evidence of Infestation	✓				07/07/2011
8.4	Garbage and Debris	✓				07/07/2011
8.5	Refuse Disposal	✓				07/07/2011
8.6	Interior Stairs and Common Halls	✓				07/07/2011
8.7	Other Interior Hazards	✓				07/07/2011
8.8	Elevators	✓				07/07/2011
8.9	Interior Air Quality	✓				07/07/2011
8.10	Site and Neighborhood Conditions	✓			BoR/ Average	07/07/2011
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	07/07/2011

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.

**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)

**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)

**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)

**5. Overall Characteristics**

- Storm windows and doors
- Other forms of weatherization (e.g., insulation, weatherstripping)
- 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)

**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)

**6. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000028144	Inspector Octavius Mitchell	Date of Inspection (mm/dd/yyyy) 07/07/2011	Address of Inspected Unit 3104 53rd Street Apt 433-B
Type of Inspection	Initial <input checked="" type="checkbox"/> Special <input type="checkbox"/> Reinspection <input type="checkbox"/>	Galveston TX 77551	

- | Item Number   | Reason for "Fail" or "Pass with Comments" Rating |
|---|--|
| - 1.3 Living Room, Electrical Hazards: Fail, Responsible Party - Owner, Left to Right: L, Front to Rear: F, Floor Level: 1, Comments: Two Electrical outlet covers missing  |  |
| - 2.3 Kitchen, Electrical Hazards: Fail, Responsible Party - Owner, Left to Right: L, Front to Rear: F, Floor Level: 1, Comments: Electrical outlets Inoperable   |  |
| - 3.10 Bathroom, Flush Toilet in Enclosed Room in Unit: Fail, Responsible Party - Owner, Left to Right: L, Front to Rear: F, Floor Level: 1, Comments: Improper size toilet top   |  |
| - 4.1 Additional Bathroom also check presence of sink trap and clogged toilet, Room is Present: Fail, Responsible Party - Owner, Left to Right: L, Front to Rear: F, Floor Level: 1, Comments: Upstairs bathroom: insufficient water pressure |  |
| - 4.10 Entrance Halls, Corridors, Halls, Staircases, Smoke Detectors: Pass, Left to Right: L, Front to Rear: F, Floor Level: 1, Comments: Present & Working   |  |
| - 4.3 Dining Room or Dining Area, Electrical Hazards: Fail, Responsible Party - Owner, Left to Right: L, Front to Rear: F, Floor Level: 1, Comments: Electrical outlets Inoperable  |  |
| - 7.1 Heating and Plumbing, Adequacy of Heating Equipment: Pass, Left to Right: L, Front to Rear: F, Floor Level: 1, Comments: PWC: No AC on upstairs floor   |  |
| - 8.10 General Health and Safety, Site and Neighborhood Conditions: Pass, Comments: EoR/ Average  |  |

Continued on additional page  Yes  No





# 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. 4/30/2014)

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119235 Inspected: 07/11/2011 15:17:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		08/06/2011
Inspector Octavius Mitchell	Neighborhood/Census Tract 7241	Date of Inspection (mm/dd/yyyy) 07/11/2011
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) 07/07/2011	PHA Galveston Housing Authority

<b>A. General Information</b>				Housing Type (check as appropriate)	
Inspected Unit	Year Constructed (yyyy)	1978	<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other		
Full Address (including Street, City, County, State, Zip)					
3104 53rd Street		Galveston TX	77551		
Apt 433-B		Galveston			
Number of Children in Family Under 6	0				
<b>Owner</b>					
Name of Owner or Agent Authorized to Lease Unit Inspected			Phone Number		
Woman Inc.			[409] 741-9098		
Address of Owner or Agent					
P O Box 571898					
Houston TX		77257			

<b>B. Summary Decision On Unit</b> (To be completed after form has been filled out)			
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	
	3	4	

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	✓				07/11/2011
1.2	Electricity	✓				07/11/2011
1.3	Electrical Hazards	✓			Two Electrical outlet covers missing	07/11/2011
1.4	Security	✓				07/11/2011
1.5	Window Condition	✓				07/11/2011
1.6	Ceiling Condition	✓				07/11/2011
1.7	Wall Condition	✓				07/11/2011
1.8	Floor Condition	✓				07/11/2011

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/11/2011
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				07/11/2011
2.2	Electricity	✓				07/11/2011
2.3	Electrical Hazards	✓			Electrical outlets Inoperable	07/11/2011
2.4	Security	✓				07/11/2011
2.5	Window Condition	✓				07/11/2011
2.6	Ceiling Condition	✓				07/11/2011
2.7	Wall Condition	✓				07/11/2011
2.8	Floor Condition	✓				07/11/2011
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/11/2011
2.10	Stove or Range with Oven	✓				07/11/2011
2.11	Refrigerator	✓				07/11/2011
2.12	Sink	✓				07/11/2011
2.13	Space for Storage, Preparation, and Serving of Food	✓				07/11/2011
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				07/11/2011
3.2	Electricity	✓				07/11/2011
3.3	Electrical Hazards	✓				07/11/2011
3.4	Security	✓				07/11/2011
3.5	Window Condition	✓				07/11/2011
3.6	Ceiling Condition	✓				07/11/2011
3.7	Wall Condition	✓				07/11/2011
3.8	Floor Condition	✓				07/11/2011
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/11/2011
3.10	Flush Toilet in Enclosed Room in Unit	✓			Improper size toilet top	07/11/2011
3.11	Fixed Wash Basin or Lavatory in Unit	✓				07/11/2011
3.12	Tub or Shower in Unit	✓				07/11/2011
3.13	Ventilation	✓				07/11/2011

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="text" value="2"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/Rear		<u>1</u> Floor Level
4.2	Electricity/Illumination	✓				07/11/2011
4.3	Electrical Hazards	✓			Electrical outlets Inoperable	07/11/2011
4.4	Security	✓				07/11/2011
4.5	Window Condition	✓				07/11/2011
4.6	Ceiling Condition	✓				07/11/2011
4.7	Wall Condition	✓				07/11/2011
4.8	Floor Condition	✓				07/11/2011
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	✓				07/11/2011
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors	✓				07/11/2011
4.1	Room Code* and Room Location <input type="text" value="4"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/Rear		<u>1</u> Floor Level
4.2	Electricity/Illumination	✓				07/11/2011
4.3	Electrical Hazards	✓				07/11/2011
4.4	Security	✓				07/11/2011
4.5	Window Condition	✓				07/11/2011
4.6	Ceiling Condition	✓				07/11/2011
4.7	Wall Condition	✓				07/11/2011
4.8	Floor Condition	✓				07/11/2011
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	✓				07/11/2011
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors	✓			Present & Working	07/11/2011
4.1	Room Code* and Room Location <input type="text" value="5"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/Rear		<u>1</u> Floor Level
4.2	Electricity/Illumination	✓				07/11/2011
4.3	Electrical Hazards	✓				07/11/2011
4.4	Security	✓				07/11/2011
4.5	Window Condition	✓				07/11/2011
4.6	Ceiling Condition	✓				07/11/2011
4.7	Wall Condition	✓				07/11/2011
4.8	Floor Condition	✓				07/11/2011
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	✓				07/11/2011
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors	✓				07/11/2011

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) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
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	✓				07/11/2011
5.3	Electrical Hazards	✓				07/11/2011
5.4	Other Potentially Hazardous Features in these Rooms	✓				07/11/2011

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				07/11/2011
6.2	Condition of Stairs, Rails, and Porches	✓				07/11/2011
6.3	Condition of Roof/Gutters	✓				07/11/2011
6.4	Condition of Exterior Surfaces	✓				07/11/2011
6.5	Condition of Chimney	✓				07/11/2011
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	07/11/2011
6.7	Manufactured Home: Tie Downs	✓				07/11/2011
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓			PWC: No AC on upstairs floor	07/11/2011
7.2	Safety of Heating Equipment	✓				07/11/2011
7.3	Ventilation/Cooling	✓				07/11/2011
7.4	Water Heater	✓				07/11/2011
7.5	Approvable Water Supply	✓				07/11/2011
7.6	Plumbing	✓				07/11/2011
7.7	Sewer Connection	✓				07/11/2011
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				07/11/2011
8.2	Fire Exits	✓				07/11/2011
8.3	Evidence of Infestation	✓				07/11/2011
8.4	Garbage and Debris	✓				07/11/2011
8.5	Refuse Disposal	✓				07/11/2011
8.6	Interior Stairs and Common Halls	✓				07/11/2011
8.7	Other Interior Hazards	✓				07/11/2011
8.8	Elevators	✓				07/11/2011
8.9	Interior Air Quality	✓				07/11/2011
8.10	Site and Neighborhood Conditions	✓			BoR/ Average	07/11/2011
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	07/11/2011

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.

**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)

**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)

**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)

**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)

**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)

**6. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000029199	Inspector Octavius Mitchell	Date of Inspection (mm/dd/yyyy) 07/11/2011	Address of Inspected Unit 3104 53rd Street Apt 433-B Galveston TX 77551
Type of Inspection	Initial <input checked="" type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>

- | Item Number  | Reason for "Fail" or "Pass with Comments" Rating |
|--|--|
| - 1.3 Living Room, Electrical Hazards: Pass, Left to Right: L, Front to Rear: F, Floor Level: 1, Comments: Two Electrical outlet covers missing  |  |
| - 2.3 Kitchen, Electrical Hazards: Pass, Left to Right: L, Front to Rear: F, Floor Level: 1, Comments: Electrical outlets Inoperable   |  |
| - 3.10 Bathroom, Flush Toilet in Enclosed Room in Unit: Pass, Left to Right: L, Front to Rear: F, Floor Level: 1, Comments: Improper size toilet top   |  |
| - 4.1 Additional Bathroom also check presence of sink trap and clogged toilet, Room is Present: Pass, Left to Right: L, Front to Rear: F, Floor Level: 1, Comments: Upstairs bathroom: insufficient water pressure |  |
| - 4.10 Entrance Halls, Corridors, Halls, Staircases, Smoke Detectors: Pass, Left to Right: L, Front to Rear: F, Floor Level: 1, Comments: Present & Working  |  |
| - 4.3 Dining Room or Dining Area, Electrical Hazards: Pass, Left to Right: L, Front to Rear: F, Floor Level: 1, Comments: Electrical outlets Inoperable  |  |
| - 7.1 Heating and Plumbing, Adequacy of Heating Equipment: Pass, Left to Right: L, Front to Rear: F, Floor Level: 1, Comments: PWC: No AC on upstairs floor  |  |
| - 8.10 General Health and Safety, Site and Neighborhood Conditions: Pass, Comments: EoR/ Average   |  |

Continued on additional page  Yes  No





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

109858 Inspected: 07/06/2009 14:16:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		07/10/2009
Inspector <b>Palace Inspections</b>	Neighborhood/Census Tract 7241	Date of Inspection (mm/dd/yyyy) 07/06/2009
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) 11/14/2008	PHA Galveston Housing Authority

<b>A. General Information</b>		Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Inspected Unit	Year Constructed (yyyy) 1978	
Full Address (Including Street, City, County, State, Zip)		
3104 53rd Street Galveston TX 77550 Apt 440-B Galveston		
Number of Children in Family Under 6	0	
<b>Owner</b>		
Name of Owner or Agent Authorized to Lease Unit Inspected		Phone Number
Woman Inc.		[409] 741-9098
Address of Owner or Agent		
P O Box 571898		
Houston TX 77257		

<b>B. Summary Decision On Unit</b> (To be completed after form has been filled out)		
<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input checked="" type="checkbox"/> Fail		
<input type="checkbox"/> Inconclusive		
	3	3

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	✓				07/06/2009
1.2	Electricity	✓				07/06/2009
1.3	Electrical Hazards	✓				07/06/2009
1.4	Security	✓				07/06/2009
1.5	Window Condition	✓				07/06/2009
1.6	Ceiling Condition	✓				07/06/2009
1.7	Wall Condition	✓				07/06/2009
1.8	Floor Condition	✓				07/06/2009

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/06/2009
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				07/06/2009
2.2	Electricity		✓		plug for fridge don't work	
2.3	Electrical Hazards	✓				07/06/2009
2.4	Security	✓				07/06/2009
2.5	Window Condition	✓				07/06/2009
2.6	Ceiling Condition	✓				07/06/2009
2.7	Wall Condition	✓				07/06/2009
2.8	Floor Condition	✓				07/06/2009
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/06/2009
2.10	Stove or Range with Oven	✓				07/06/2009
2.11	Refrigerator	✓				07/06/2009
2.12	Sink	✓				07/06/2009
2.13	Space for Storage, Preparation, and Serving of Food	✓				07/06/2009
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				07/06/2009
3.2	Electricity	✓				07/06/2009
3.3	Electrical Hazards	✓				07/06/2009
3.4	Security	✓				07/06/2009
3.5	Window Condition	✓				07/06/2009
3.6	Ceiling Condition	✓				07/06/2009
3.7	Wall Condition	✓				07/06/2009
3.8	Floor Condition	✓				07/06/2009
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/06/2009
3.10	Flush Toilet in Enclosed Room in Unit	✓				07/06/2009
3.11	Fixed Wash Basin or Lavatory in Unit	✓				07/06/2009
3.12	Tub or Shower in Unit	✓				07/06/2009
3.13	Ventilation	✓				07/06/2009

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"/> 2	(Circle One) Right/Center/Left		(Circle One) Front/Center/Rear		2 Floor Level
4.2	Electricity/Illumination	<input checked="" type="checkbox"/>				07/06/2009
4.3	Electrical Hazards	<input checked="" type="checkbox"/>				07/06/2009
4.4	Security	<input checked="" type="checkbox"/>				07/06/2009
4.5	Window Condition	<input checked="" type="checkbox"/>				07/06/2009
4.6	Ceiling Condition	<input checked="" type="checkbox"/>				07/06/2009
4.7	Wall Condition	<input checked="" type="checkbox"/>				07/06/2009
4.8	Floor Condition	<input checked="" type="checkbox"/>				07/06/2009
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	<input checked="" type="checkbox"/>				07/06/2009
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors		<input checked="" type="checkbox"/>			
4.1	Room Code* and Room Location <input type="checkbox"/> 4	(Circle One) Right/Center/Left		(Circle One) Front/Center/Rear		2 Floor Level
4.2	Electricity/Illumination	<input checked="" type="checkbox"/>				07/06/2009
4.3	Electrical Hazards	<input checked="" type="checkbox"/>				07/06/2009
4.4	Security	<input checked="" type="checkbox"/>				07/06/2009
4.5	Window Condition	<input checked="" type="checkbox"/>				07/06/2009
4.6	Ceiling Condition	<input checked="" type="checkbox"/>				07/06/2009
4.7	Wall Condition	<input checked="" type="checkbox"/>				07/06/2009
4.8	Floor Condition	<input checked="" type="checkbox"/>				07/06/2009
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	<input checked="" type="checkbox"/>				07/06/2009
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors		<input checked="" type="checkbox"/>			
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fail	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
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	✓				07/06/2009
5.3	Electrical Hazards	✓				07/06/2009
5.4	Other Potentially Hazardous Features in these Rooms	✓				07/06/2009

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				07/06/2009
6.2	Condition of Stairs, Rails, and Porches	✓				07/06/2009
6.3	Condition of Roof/Gutters	✓				07/06/2009
6.4	Condition of Exterior Surfaces	✓				07/06/2009
6.5	Condition of Chimney	✓				07/06/2009
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	07/06/2009
6.7	Manufactured Home: Tie Downs	✓				07/06/2009
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				07/06/2009
7.2	Safety of Heating Equipment	✓				07/06/2009
7.3	Ventilation/Cooling	✓				07/06/2009
7.4	Water Heater	✓				07/06/2009
7.5	Approvable Water Supply	✓				07/06/2009
7.6	Plumbing	✓				07/06/2009
7.7	Sewer Connection	✓				07/06/2009
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				07/06/2009
8.2	Fire Exits	✓				07/06/2009
8.3	Evidence of Infestation	✓				07/06/2009
8.4	Garbage and Debris	✓				07/06/2009
8.5	Refuse Disposal	✓				07/06/2009
8.6	Interior Stairs and Common Halls	✓				07/06/2009
8.7	Other Interior Hazards	✓				07/06/2009
8.8	Elevators	✓				07/06/2009
8.9	Interior Air Quality	✓				07/06/2009
8.10	Site and Neighborhood Conditions	✓				07/06/2009
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	07/06/2009

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 116308	Inspector Palace Inspections	Date of Inspection (mm/dd/yyyy) 07/06/2009	Address of Inspected Unit 3104 53rd Street Apt 440-B
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
			Galveston TX 77550

- | Item Number  | Reason for "Fail" or "Pass with Comments" Rating |
|--|--|
| - 2.2 Kitchen, Electricity: Fail, Responsible Party - Owner, Left to Right: L, Front to Rear: C, Floor Level: 1,<br>Comments: plug for fridge don't work     |  |
| - 4.10 Entrance Halls, Corridors, Halls, Staircases, Smoke Detectors: Fail, Responsible Party - Owner, Left to Right:<br>C, Front to Rear: C, Floor Level: 2 |  |
| - 4.10 Dining Room or Dining Area, Smoke Detectors: Fail, Responsible Party - Owner, Left to Right: C, Front to Rear:<br>C, Floor Level: 2                   |  |

Continued on additional page  Yes  No





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

119869 Inspected: 11/09/2011 09:42:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		11/04/2011
Inspector <b>Curt Gillins</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>11/09/2011</b>
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>07/11/2011</b>	PHA <b>Galveston Housing Authority</b>

<b>A. General Information</b>		Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b> <b>1978</b>	
Full Address (including Street, City, County, State, Zip)		
<b>3104 53rd Street</b>	<b>Galveston TX 77551</b>	
<b>Apt 433-B</b>	<b>Galveston</b>	
Number of Children in Family Under 6 <b>0</b>		
<b>Owner</b>		
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>	Phone Number <b>[409] 741-9098</b>	
Address of Owner or Agent <b>P O Box 571898</b>		
<b>Houston TX 77257</b>		

<b>B. Summary Decision On Unit</b> (To be completed after form has been filled out)		
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard <b>3</b>	Number of Sleeping Rooms <b>4</b>

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	✓				11/09/2011
1.2	Electricity	✓				11/09/2011
1.3	Electrical Hazards	✓				11/09/2011
1.4	Security	✓				11/09/2011
1.5	Window Condition	✓				11/09/2011
1.6	Ceiling Condition	✓				11/09/2011
1.7	Wall Condition	✓				11/09/2011
1.8	Floor Condition	✓				11/09/2011

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	11/09/2011
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				11/09/2011
2.2	Electricity	✓				11/09/2011
2.3	Electrical Hazards	✓				11/09/2011
2.4	Security	✓				11/09/2011
2.5	Window Condition	✓				11/09/2011
2.6	Ceiling Condition	✓				11/09/2011
2.7	Wall Condition	✓				11/09/2011
2.8	Floor Condition	✓				11/09/2011
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	11/09/2011
2.10	Stove or Range with Oven	✓				11/09/2011
2.11	Refrigerator	✓				11/09/2011
2.12	Sink	✓				11/09/2011
2.13	Space for Storage, Preparation, and Serving of Food	✓				11/09/2011
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				11/09/2011
3.2	Electricity	✓				11/09/2011
3.3	Electrical Hazards	✓				11/09/2011
3.4	Security	✓				11/09/2011
3.5	Window Condition	✓				11/09/2011
3.6	Ceiling Condition	✓				11/09/2011
3.7	Wall Condition	✓				11/09/2011
3.8	Floor Condition	✓				11/09/2011
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	11/09/2011
3.10	Flush Toilet in Enclosed Room in Unit	✓				11/09/2011
3.11	Fixed Wash Basin or Lavatory in Unit	✓				11/09/2011
3.12	Tub or Shower in Unit	✓				11/09/2011
3.13	Ventilation	✓				11/09/2011

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fall	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fall	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				11/09/2011
5.3	Electrical Hazards	✓				11/09/2011
5.4	Other Potentially Hazardous Features in these Rooms	✓				11/09/2011

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				11/09/2011
6.2	Condition of Stairs, Rails, and Porches	✓				11/09/2011
6.3	Condition of Roof/Gutters	✓				11/09/2011
6.4	Condition of Exterior Surfaces	✓				11/09/2011
6.5	Condition of Chimney	✓				11/09/2011
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	11/09/2011
6.7	Manufactured Home: Tie Downs	✓				11/09/2011
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				11/09/2011
7.2	Safety of Heating Equipment	✓				11/09/2011
7.3	Ventilation/Cooling	✓				11/09/2011
7.4	Water Heater	✓				11/09/2011
7.5	Approvable Water Supply	✓				11/09/2011
7.6	Plumbing	✓				11/09/2011
7.7	Sewer Connection	✓				11/09/2011
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				11/09/2011
8.2	Fire Exits	✓				11/09/2011
8.3	Evidence of Infestation	✓				11/09/2011
8.4	Garbage and Debris	✓				11/09/2011
8.5	Refuse Disposal	✓				11/09/2011
8.6	Interior Stairs and Common Halls	✓				11/09/2011
8.7	Other Interior Hazards	✓				11/09/2011
8.8	Elevators	✓				11/09/2011
8.9	Interior Air Quality	✓				11/09/2011
8.10	Site and Neighborhood Conditions	✓				11/09/2011
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	11/09/2011

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.

**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)

**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)

**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)

**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)

**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)

**6. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000020647	Inspector Curt Gillins	Date of Inspection (mm/dd/yyyy) 11/09/2011	Address of Inspected Unit 3104 53rd Street Apt 433-B Galveston TX 77551
Type of Inspection	Initial <input checked="" type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No





# 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. 4/30/2014)

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109858 Inspected: 07/21/2009 13:17:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		08/05/2009
Inspector <b>Palace Inspections</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>07/21/2009</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>07/06/2009</b>	PHA <b>Galveston Housing Authority</b>

## A. General Information

Inspected Unit	Year Constructed (yyyy)	1978	Housing Type (check as appropriate)
Full Address (including Street, City, County, State, Zip)			
3104 53rd Street Apt 440-B	Galveston TX 77550 Galveston		
Number of Children in Family Under 6	0		<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Owner			
Name of Owner or Agent Authorized to Lease Unit Inspected	Woman Inc.		Phone Number [409] 741-9098
Address of Owner or Agent	P O Box 571898		
	Houston TX 77257		

## B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input type="checkbox"/> Fail	3	3
<input type="checkbox"/> Inconclusive		

## 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	✓				07/21/2009
1.2	Electricity	✓				07/21/2009
1.3	Electrical Hazards	✓				07/21/2009
1.4	Security	✓				07/21/2009
1.5	Window Condition	✓				07/21/2009
1.6	Ceiling Condition	✓				07/21/2009
1.7	Wall Condition	✓				07/21/2009
1.8	Floor Condition	✓				07/21/2009

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/21/2009
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				07/21/2009
2.2	Electricity	✓			plug for fridge don't work	07/21/2009
2.3	Electrical Hazards	✓				07/21/2009
2.4	Security	✓				07/21/2009
2.5	Window Condition	✓				07/21/2009
2.6	Ceiling Condition	✓				07/21/2009
2.7	Wall Condition	✓				07/21/2009
2.8	Floor Condition	✓				07/21/2009
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/21/2009
2.10	Stove or Range with Oven	✓				07/21/2009
2.11	Refrigerator	✓				07/21/2009
2.12	Sink	✓				07/21/2009
2.13	Space for Storage, Preparation, and Serving of Food	✓				07/21/2009
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				07/21/2009
3.2	Electricity	✓				07/21/2009
3.3	Electrical Hazards	✓				07/21/2009
3.4	Security	✓				07/21/2009
3.5	Window Condition	✓				07/21/2009
3.6	Ceiling Condition	✓				07/21/2009
3.7	Wall Condition	✓				07/21/2009
3.8	Floor Condition	✓				07/21/2009
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/21/2009
3.10	Flush Toilet in Enclosed Room in Unit	✓				07/21/2009
3.11	Fixed Wash Basin or Lavatory in Unit	✓				07/21/2009
3.12	Tub or Shower in Unit	✓				07/21/2009
3.13	Ventilation	✓				07/21/2009

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"/> 2				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear <u>2</u> Floor Level	
4.2	Electricity/Illumination	<input checked="" type="checkbox"/>				07/21/2009
4.3	Electrical Hazards	<input checked="" type="checkbox"/>				07/21/2009
4.4	Security	<input checked="" type="checkbox"/>				07/21/2009
4.5	Window Condition	<input checked="" type="checkbox"/>				07/21/2009
4.6	Ceiling Condition	<input checked="" type="checkbox"/>				07/21/2009
4.7	Wall Condition	<input checked="" type="checkbox"/>				07/21/2009
4.8	Floor Condition	<input checked="" type="checkbox"/>				07/21/2009
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	<input checked="" type="checkbox"/>				07/21/2009
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors	<input checked="" type="checkbox"/>				07/21/2009
4.1	Room Code* and Room Location <input type="checkbox"/> 4				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear <u>2</u> Floor Level	
4.2	Electricity/Illumination	<input checked="" type="checkbox"/>				07/21/2009
4.3	Electrical Hazards	<input checked="" type="checkbox"/>				07/21/2009
4.4	Security	<input checked="" type="checkbox"/>				07/21/2009
4.5	Window Condition	<input checked="" type="checkbox"/>				07/21/2009
4.6	Ceiling Condition	<input checked="" type="checkbox"/>				07/21/2009
4.7	Wall Condition	<input checked="" type="checkbox"/>				07/21/2009
4.8	Floor Condition	<input checked="" type="checkbox"/>				07/21/2009
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	<input checked="" type="checkbox"/>				07/21/2009
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors	<input checked="" type="checkbox"/>				07/21/2009
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fall	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
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	✓				07/21/2009
5.3	Electrical Hazards	✓				07/21/2009
5.4	Other Potentially Hazardous Features in these Rooms	✓				07/21/2009

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				07/21/2009
6.2	Condition of Stairs, Rails, and Porches	✓				07/21/2009
6.3	Condition of Roof/Gutters	✓				07/21/2009
6.4	Condition of Exterior Surfaces	✓				07/21/2009
6.5	Condition of Chimney	✓				07/21/2009
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	07/21/2009
6.7	Manufactured Home: Tie Downs	✓				07/21/2009
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				07/21/2009
7.2	Safety of Heating Equipment	✓				07/21/2009
7.3	Ventilation/Cooling	✓				07/21/2009
7.4	Water Heater	✓				07/21/2009
7.5	Approvable Water Supply	✓				07/21/2009
7.6	Plumbing	✓				07/21/2009
7.7	Sewer Connection	✓				07/21/2009
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				07/21/2009
8.2	Fire Exits	✓				07/21/2009
8.3	Evidence of Infestation	✓				07/21/2009
8.4	Garbage and Debris	✓				07/21/2009
8.5	Refuse Disposal	✓				07/21/2009
8.6	Interior Stairs and Common Halls	✓				07/21/2009
8.7	Other Interior Hazards	✓				07/21/2009
8.8	Elevators	✓				07/21/2009
8.9	Interior Air Quality	✓				07/21/2009
8.10	Site and Neighborhood Conditions	✓				07/21/2009
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	07/21/2009

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 116308	Inspector Palace Inspections	Date of Inspection (mm/dd/yyyy) 07/21/2009	Address of Inspected Unit 3104 53rd Street Apt 440-B
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
			Galveston TX 77550

- | Item Number  | Reason for "Fail" or "Pass with Comments" Rating |
|--|--|
| - 2.2 Kitchen, Electricity: Pass, Left to Right: L, Front to Rear: C, Floor Level: 1, Comments: plug for fridge don't work     |  |
| - 4.10 Entrance Halls, Corridors, Halls, Staircases, Smoke Detectors: Pass, Left to Right: C, Front to Rear: C, Floor Level: 2 |  |
| - 4.10 Dining Room or Dining Area, Smoke Detectors: Pass, Left to Right: C, Front to Rear: C, Floor Level: 2                   |  |

Continued on additional page  Yes  No





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

114053 Inspected: 02/10/2010 13:47:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		02/09/2010
Inspector Palace Inspections-HCV	Neighborhood/Census Tract 7241	Date of Inspection (mm/dd/yyyy) 02/10/2010
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) 07/21/2009	PHA Galveston Housing Authority

## A. General Information

Inspected Unit	Year Constructed (yyyy)	1978	Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Full Address (including Street, City, County, State, Zip)			
3104 53rd Street Apt 440-B	Galveston TX 77550 Galveston		
Number of Children in Family Under 6 0			
Owner	Name of Owner or Agent Authorized to Lease Unit Inspected	Phone Number	
	Woman Inc.	[409] 741-9098	
Address of Owner or Agent	Houston TX 77257		
P O Box 571898			

## B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard 3	Number of Sleeping Rooms 3
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## 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	✓				02/10/2010
1.2	Electricity	✓				02/10/2010
1.3	Electrical Hazards	✓				02/10/2010
1.4	Security	✓				02/10/2010
1.5	Window Condition	✓				02/10/2010
1.6	Ceiling Condition	✓				02/10/2010
1.7	Wall Condition	✓				02/10/2010
1.8	Floor Condition	✓				02/10/2010

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	02/10/2010
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				02/10/2010
2.2	Electricity	✓				02/10/2010
2.3	Electrical Hazards	✓				02/10/2010
2.4	Security	✓				02/10/2010
2.5	Window Condition	✓				02/10/2010
2.6	Ceiling Condition	✓				02/10/2010
2.7	Wall Condition	✓				02/10/2010
2.8	Floor Condition	✓				02/10/2010
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	02/10/2010
2.10	Stove or Range with Oven	✓				02/10/2010
2.11	Refrigerator	✓				02/10/2010
2.12	Sink	✓				02/10/2010
2.13	Space for Storage, Preparation, and Serving of Food	✓				02/10/2010
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				02/10/2010
3.2	Electricity	✓				02/10/2010
3.3	Electrical Hazards	✓				02/10/2010
3.4	Security	✓				02/10/2010
3.5	Window Condition	✓				02/10/2010
3.6	Ceiling Condition	✓				02/10/2010
3.7	Wall Condition	✓				02/10/2010
3.8	Floor Condition	✓				02/10/2010
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	02/10/2010
3.10	Flush Toilet in Enclosed Room in Unit	✓				02/10/2010
3.11	Fixed Wash Basin or Lavatory in Unit	✓				02/10/2010
3.12	Tub or Shower in Unit	✓				02/10/2010
3.13	Ventilation	✓				02/10/2010

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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fall	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
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	✓				02/10/2010
5.3	Electrical Hazards	✓				02/10/2010
5.4	Other Potentially Hazardous Features in these Rooms	✓				02/10/2010

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				02/10/2010
6.2	Condition of Stairs, Rails, and Porches	✓				02/10/2010
6.3	Condition of Roof/Gutters	✓				02/10/2010
6.4	Condition of Exterior Surfaces	✓				02/10/2010
6.5	Condition of Chimney	✓				02/10/2010
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	02/10/2010
6.7	Manufactured Home: Tie Downs	✓				02/10/2010
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				02/10/2010
7.2	Safety of Heating Equipment	✓				02/10/2010
7.3	Ventilation/Cooling	✓				02/10/2010
7.4	Water Heater	✓				02/10/2010
7.5	Approvable Water Supply	✓				02/10/2010
7.6	Plumbing	✓				02/10/2010
7.7	Sewer Connection	✓				02/10/2010
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				02/10/2010
8.2	Fire Exits	✓				02/10/2010
8.3	Evidence of Infestation	✓				02/10/2010
8.4	Garbage and Debris	✓				02/10/2010
8.5	Refuse Disposal	✓				02/10/2010
8.6	Interior Stairs and Common Halls	✓				02/10/2010
8.7	Other Interior Hazards	✓				02/10/2010
8.8	Elevators	✓				02/10/2010
8.9	Interior Air Quality	✓				02/10/2010
8.10	Site and Neighborhood Conditions	✓				02/10/2010
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	02/10/2010

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000027933	Inspector <b>Palace Inspections-HCV</b>	Date of Inspection (mm/dd/yyyy) <b>02/10/2010</b>	Address of Inspected Unit <b>3104 53rd Street Apt 440-B</b>
Type of Inspection	Initial <input checked="" type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>
			<b>Galveston TX 77550</b>

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

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**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

120006 Inspected: 11/21/2011 11:10:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		11/15/2011
Inspector <b>Octavius Mitchell</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>11/21/2011</b>
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>11/09/2011</b>	PHA <b>Galveston Housing Authority</b>

## A. General Information

Inspected Unit	Year Constructed (yyyy)	1978	Housing Type (check as appropriate)
Full Address (including Street, City, County, State, Zip)			
3104 53rd Street Apt 433-B	Galveston TX 77551 Galveston		
Number of Children in Family Under 6 0			<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Owner			
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>	Phone Number <b>[409] 741-9098</b>		
Address of Owner or Agent P O Box 571898  Houston TX 77257			

## B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	3	Number of Sleeping Rooms	4
<input type="checkbox"/> Fail				
<input type="checkbox"/> Inconclusive				

## 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	✓				11/21/2011
1.2	Electricity	✓				11/21/2011
1.3	Electrical Hazards	✓				11/21/2011
1.4	Security	✓				11/21/2011
1.5	Window Condition	✓				11/21/2011
1.6	Ceiling Condition	✓				11/21/2011
1.7	Wall Condition	✓				11/21/2011
1.8	Floor Condition	✓				11/21/2011

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	11/21/2011
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				11/21/2011
2.2	Electricity	✓				11/21/2011
2.3	Electrical Hazards	✓				11/21/2011
2.4	Security	✓				11/21/2011
2.5	Window Condition	✓				11/21/2011
2.6	Ceiling Condition	✓				11/21/2011
2.7	Wall Condition	✓				11/21/2011
2.8	Floor Condition	✓				11/21/2011
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	11/21/2011
2.10	Stove or Range with Oven	✓				11/21/2011
2.11	Refrigerator	✓				11/21/2011
2.12	Sink	✓				11/21/2011
2.13	Space for Storage, Preparation, and Serving of Food	✓				11/21/2011
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				11/21/2011
3.2	Electricity	✓				11/21/2011
3.3	Electrical Hazards	✓				11/21/2011
3.4	Security	✓				11/21/2011
3.5	Window Condition	✓				11/21/2011
3.6	Ceiling Condition	✓				11/21/2011
3.7	Wall Condition	✓				11/21/2011
3.8	Floor Condition	✓				11/21/2011
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	11/21/2011
3.10	Flush Toilet in Enclosed Room in Unit	✓				11/21/2011
3.11	Fixed Wash Basin or Lavatory in Unit	✓				11/21/2011
3.12	Tub or Shower in Unit	✓				11/21/2011
3.13	Ventilation	✓				11/21/2011

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) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fall	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				11/21/2011
5.3	Electrical Hazards	✓				11/21/2011
5.4	Other Potentially Hazardous Features in these Rooms	✓				11/21/2011

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				11/21/2011
6.2	Condition of Stairs, Rails, and Porches	✓				11/21/2011
6.3	Condition of Roof/Gutters	✓				11/21/2011
6.4	Condition of Exterior Surfaces	✓				11/21/2011
6.5	Condition of Chimney	✓				11/21/2011
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	11/21/2011
6.7	Manufactured Home: Tie Downs	✓				11/21/2011
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				11/21/2011
7.2	Safety of Heating Equipment	✓				11/21/2011
7.3	Ventilation/Cooling	✓				11/21/2011
7.4	Water Heater	✓				11/21/2011
7.5	Approvable Water Supply	✓				11/21/2011
7.6	Plumbing	✓				11/21/2011
7.7	Sewer Connection	✓				11/21/2011
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				11/21/2011
8.2	Fire Exits	✓				11/21/2011
8.3	Evidence of Infestation	✓				11/21/2011
8.4	Garbage and Debris	✓				11/21/2011
8.5	Refuse Disposal	✓				11/21/2011
8.6	Interior Stairs and Common Halls	✓				11/21/2011
8.7	Other Interior Hazards	✓				11/21/2011
8.8	Elevators	✓				11/21/2011
8.9	Interior Air Quality	✓				11/21/2011
8.10	Site and Neighborhood Conditions	✓				11/21/2011
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	11/21/2011

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.

**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)

**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)

**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)

**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)

**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)

**6. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000020647	Inspector Octavius Mitchell	Date of Inspection (mm/dd/yyyy) 11/21/2011	Address of Inspected Unit 3104 53rd Street Apt 433-B Galveston TX 77551
Type of Inspection	Initial <input checked="" type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

118497 Inspected: 03/21/2011 14:05:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		03/16/2011
Inspector <b>Curt Gillins</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>03/21/2011</b>
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>02/10/2010</b>	PHA <b>Galveston Housing Authority</b>

<b>A. General Information</b>				<b>Housing Type (check as appropriate)</b> <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
<b>Inspected Unit</b>		<b>Year Constructed (yyyy)</b>	<b>1978</b>	
<b>Full Address (including Street, City, County, State, Zip)</b>				
3104 53rd Street <b>Apt 440-B</b>		Galveston TX	77550 Galveston	
Number of Children in Family Under 6 0				
<b>Owner</b>				
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		Phone Number <b>[409] 741-9098</b>		
Address of Owner or Agent P O Box 571898  Houston TX 77257				

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>			
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard <b>3</b>	Number of Sleeping Rooms <b>3</b>	

Inspection Checklist		Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
Item No.		Pass	Fall	Conc.		
1.1	Living Room Present	✓				03/21/2011
1.2	Electricity	✓				03/21/2011
1.3	Electrical Hazards	✓				03/21/2011
1.4	Security	✓				03/21/2011
1.5	Window Condition	✓				03/21/2011
1.6	Ceiling Condition	✓				03/21/2011
1.7	Wall Condition	✓				03/21/2011
1.8	Floor Condition	✓				03/21/2011

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	03/21/2011
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				03/21/2011
2.2	Electricity	✓				03/21/2011
2.3	Electrical Hazards	✓				03/21/2011
2.4	Security	✓				03/21/2011
2.5	Window Condition	✓				03/21/2011
2.6	Ceiling Condition	✓				03/21/2011
2.7	Wall Condition	✓				03/21/2011
2.8	Floor Condition	✓				03/21/2011
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	03/21/2011
2.10	Stove or Range with Oven	✓				03/21/2011
2.11	Refrigerator	✓				03/21/2011
2.12	Sink	✓				03/21/2011
2.13	Space for Storage, Preparation, and Serving of Food	✓				03/21/2011
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				03/21/2011
3.2	Electricity	✓				03/21/2011
3.3	Electrical Hazards	✓				03/21/2011
3.4	Security	✓				03/21/2011
3.5	Window Condition	✓				03/21/2011
3.6	Ceiling Condition	✓				03/21/2011
3.7	Wall Condition	✓				03/21/2011
3.8	Floor Condition	✓				03/21/2011
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	03/21/2011
3.10	Flush Toilet in Enclosed Room in Unit	✓				03/21/2011
3.11	Fixed Wash Basin or Lavatory in Unit	✓				03/21/2011
3.12	Tub or Shower in Unit	✓				03/21/2011
3.13	Ventilation	✓				03/21/2011

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fall	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				03/21/2011
5.3	Electrical Hazards	✓				03/21/2011
5.4	Other Potentially Hazardous Features in these Rooms	✓				03/21/2011

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				03/21/2011
6.2	Condition of Stairs, Rails, and Porches	✓				03/21/2011
6.3	Condition of Roof/Gutters	✓				03/21/2011
6.4	Condition of Exterior Surfaces	✓				03/21/2011
6.5	Condition of Chimney	✓				03/21/2011
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	03/21/2011
6.7	Manufactured Home: Tie Downs	✓				03/21/2011
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				03/21/2011
7.2	Safety of Heating Equipment	✓				03/21/2011
7.3	Ventilation/Cooling	✓				03/21/2011
7.4	Water Heater	✓				03/21/2011
7.5	Approvable Water Supply	✓				03/21/2011
7.6	Plumbing	✓				03/21/2011
7.7	Sewer Connection	✓				03/21/2011
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				03/21/2011
8.2	Fire Exits	✓				03/21/2011
8.3	Evidence of Infestation	✓				03/21/2011
8.4	Garbage and Debris	✓				03/21/2011
8.5	Refuse Disposal	✓				03/21/2011
8.6	Interior Stairs and Common Halls	✓				03/21/2011
8.7	Other Interior Hazards	✓				03/21/2011
8.8	Elevators	✓				03/21/2011
8.9	Interior Air Quality	✓				03/21/2011
8.10	Site and Neighborhood Conditions	✓				03/21/2011
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	03/21/2011

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.

**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)

**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)

**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)

**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)

**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)

**6. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000028913	Inspector Curt Gillins	Date of Inspection (mm/dd/yyyy) 03/21/2011	Address of Inspected Unit 3104 53rd Street Apt 440-B
Type of Inspection	Initial <input checked="" type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>
Item Number	Reason for "Fail" or "Pass with Comments" Rating		Galveston TX 77550

Continued on additional page  Yes  No





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

**122669 Inspected: 07/13/2012 16:08:08**

Name of Family		Tenant ID Number	Date of Request (mm/dd/yyyy)
			07/04/2012
Inspector <b>Curt Gillins</b>		Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>07/13/2012</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection		Date of Last Inspection (mm/dd/yyyy) <b>11/21/2011</b>	PHA <b>Galveston Housing Authority</b>
<b>A. General Information</b>			Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
<b>Inspected Unit</b>		<b>Year Constructed (yyyy)</b> <b>1978</b>	
Full Address (including Street, City, County, State, Zip) <b>3104 53rd Street Galveston TX 77551</b> <b>Apt 433-B Galveston</b>			
Number of Children in Family Under 6 <b>0</b>			
<b>Owner</b>			
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		Phone Number <b>[409] 741-9098</b>	
Address of Owner or Agent <b>P O Box 571898</b> <b>Houston TX 77257</b>			

**B. Summary Decision On Unit (To be completed after form has been filled out)**

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input type="checkbox"/> Fail	<b>3</b>	<b>4</b>
<input type="checkbox"/> Inconclusive		

**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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	
<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 Are all painted surfaces free of deteriorated paint?  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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					07/13/2012
<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 Are all painted surfaces free of deteriorated paint?  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	
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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fall	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000020647	Inspector Curt Gillins	Date of Inspection (mm/dd/yyyy) 07/13/2012	Address of Inspected Unit 3104 53rd Street Apt 433-B
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
Item Number	Reason for "Fail" or "Pass with Comments" Rating		

Galveston TX 77551

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

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120026 Inspected: 11/29/2011 13:25:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		03/01/2012
Inspector Octavius Mitchell	Neighborhood/Census Tract 7241	Date of Inspection (mm/dd/yyyy) 11/29/2011
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) 03/21/2011	PHA Galveston Housing Authority

### A. General Information

Inspected Unit	Year Constructed (yyyy)	1978	Housing Type (check as appropriate)
Full Address (including Street, City, County, State, Zip)			
3104 53rd Street Apt 440-B	Galveston TX 77550 Galveston		
Number of Children in Family Under 6 2			<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Owner	Name of Owner or Agent Authorized to Lease Unit Inspected		Phone Number
	Woman Inc.		[409] 741-9098
Address of Owner or Agent	Houston TX 77257		
P O Box 571898			

### B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard 3	Number of Sleeping Rooms 3
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### 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	✓				11/29/2011
1.2	Electricity	✓				11/29/2011
1.3	Electrical Hazards	✓				11/29/2011
1.4	Security	✓				11/29/2011
1.5	Window Condition	✓				11/29/2011
1.6	Ceiling Condition	✓				11/29/2011
1.7	Wall Condition	✓				11/29/2011
1.8	Floor Condition	✓				11/29/2011

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	11/29/2011
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				11/29/2011
2.2	Electricity	✓				11/29/2011
2.3	Electrical Hazards	✓				11/29/2011
2.4	Security	✓				11/29/2011
2.5	Window Condition	✓				11/29/2011
2.6	Ceiling Condition	✓				11/29/2011
2.7	Wall Condition	✓				11/29/2011
2.8	Floor Condition	✓				11/29/2011
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	11/29/2011
2.10	Stove or Range with Oven	✓				11/29/2011
2.11	Refrigerator	✓				11/29/2011
2.12	Sink	✓				11/29/2011
2.13	Space for Storage, Preparation, and Serving of Food	✓				11/29/2011
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				11/29/2011
3.2	Electricity	✓				11/29/2011
3.3	Electrical Hazards	✓				11/29/2011
3.4	Security	✓				11/29/2011
3.5	Window Condition	✓				11/29/2011
3.6	Ceiling Condition	✓				11/29/2011
3.7	Wall Condition	✓				11/29/2011
3.8	Floor Condition	✓				11/29/2011
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	11/29/2011
3.10	Flush Toilet in Enclosed Room in Unit	✓				11/29/2011
3.11	Fixed Wash Basin or Lavatory in Unit	✓				11/29/2011
3.12	Tub or Shower in Unit	✓				11/29/2011
3.13	Ventilation	✓				11/29/2011

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"/> 4				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear 1 Floor Level	
4.2	Electricity/Illumination	✓				11/29/2011
4.3	Electrical Hazards	✓				11/29/2011
4.4	Security	✓				11/29/2011
4.5	Window Condition	✓				11/29/2011
4.6	Ceiling Condition	✓				11/29/2011
4.7	Wall Condition	✓				11/29/2011
4.8	Floor Condition	✓				11/29/2011
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	✓				11/29/2011
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors	✓			Present & Working	11/29/2011
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fall	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				11/29/2011
5.3	Electrical Hazards	✓				11/29/2011
5.4	Other Potentially Hazardous Features in these Rooms	✓				11/29/2011

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				11/29/2011
6.2	Condition of Stairs, Rails, and Porches	✓				11/29/2011
6.3	Condition of Roof/Gutters	✓				11/29/2011
6.4	Condition of Exterior Surfaces	✓				11/29/2011
6.5	Condition of Chimney	✓				11/29/2011
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	11/29/2011
6.7	Manufactured Home: Tie Downs	✓				11/29/2011
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				11/29/2011
7.2	Safety of Heating Equipment	✓				11/29/2011
7.3	Ventilation/Cooling	✓				11/29/2011
7.4	Water Heater	✓				11/29/2011
7.5	Approvable Water Supply	✓				11/29/2011
7.6	Plumbing	✓				11/29/2011
7.7	Sewer Connection	✓				11/29/2011
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				11/29/2011
8.2	Fire Exits	✓				11/29/2011
8.3	Evidence of Infestation	✓				11/29/2011
8.4	Garbage and Debris	✓				11/29/2011
8.5	Refuse Disposal	✓				11/29/2011
8.6	Interior Stairs and Common Halls	✓				11/29/2011
8.7	Other Interior Hazards	✓				11/29/2011
8.8	Elevators	✓				11/29/2011
8.9	Interior Air Quality	✓				11/29/2011
8.10	Site and Neighborhood Conditions	✓			End of Row / Average	11/29/2011
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	11/29/2011

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000029531	Inspector Octavius Mitchell	Date of Inspection (mm/dd/yyyy) 11/29/2011	Address of Inspected Unit 3104 53rd Street Apt 440-B Galveston TX 77550
Type of Inspection	Initial <input checked="" type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>

- | Item Number | Reason for "Fail" or "Pass with Comments" Rating   |
|-------------|--|
| - 4.10      | Entrance Halls, Corridors, Halls, Staircases, Smoke Detectors: Pass, Left to Right: L, Front to Rear: F, Floor Level: 1, Comments: Present & Working |
| - 8.10      | General Health and Safety, Site and Neighborhood Conditions: Pass, Comments: End of Row / Average  |

Continued on additional page  Yes  No





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

122620 Inspected: 07/12/2012 13:53:39

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		07/04/2012
Inspector <b>Richard Simons</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>07/12/2012</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>11/29/2011</b>	PHA <b>Galveston Housing Authority</b>

<b>A. General Information</b>				<b>Housing Type (check as appropriate)</b>	
<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	<b>1978</b>		<input type="checkbox"/> Single Family Detached	
Full Address (including Street, City, County, State, Zip)				<input type="checkbox"/> Duplex or Two Family	
<b>3104 53rd Street</b>		<b>Galveston TX</b>	<b>77550</b>	<input type="checkbox"/> Row House or Town House	
<b>Apt 440-B</b>		<b>Galveston</b>		<input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment	
Number of Children in Family Under 6 <b>2</b>				<input type="checkbox"/> High Rise; 5 or More Stories	
<b>Owner</b>				<input type="checkbox"/> Manufactured Home	
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		Phone Number <b>[409] 741-9098</b>		<input type="checkbox"/> Congregate	
Address of Owner or Agent <b>P O Box 571898</b>				<input type="checkbox"/> Cooperative	
<b>Houston TX 77257</b>				<input type="checkbox"/> Independent Group Residence	
				<input type="checkbox"/> Single Room Occupancy	
				<input type="checkbox"/> Shared Housing	
				<input type="checkbox"/> Other	

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>			
<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	
<input type="checkbox"/> Fail	<b>3</b>	<b>3</b>	
<input type="checkbox"/> Inconclusive			

Inspection Checklist					Final Approval Date (mm/dd/yyyy)
Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	Comment
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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	
<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 Are all painted surfaces free of deteriorated paint?  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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					07/12/2012
<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 Are all painted surfaces free of deteriorated paint?  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	
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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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	✓			End of Row / Average	07/12/2012
8.11	Lead-Based Paint: Owner's Certification				<input type="checkbox"/> 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.

**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)

**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)

**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)

**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)

**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)

**6. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000029531	Inspector Richard Simons	Date of Inspection (mm/dd/yyyy) 07/12/2012	Address of Inspected Unit 3104 53rd Street Apt 440-B Galveston TX 77550
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>

Item Number Reason for "Fail" or "Pass with Comments" Rating

- 8.10 General Health and Safety, Site and Neighborhood Conditions: Pass, Comments: End of Row / Average

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

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104023 Inspected: 04/03/2009 09:53:26

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		07/09/2009
Inspector <b>Teri Holcomb</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>04/03/2009</b>
Type of Inspection <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>07/18/2008</b>	PHA <b>Galveston Housing Authority</b>

### A. General Information

Inspected Unit	Year Constructed (yyyy)	1978	Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Full Address (including Street, City, County, State, Zip)	3104 53rd Street Galveston TX 77550 Apt 442-A Galveston		
Number of Children in Family Under 6	2		
Owner	Name of Owner or Agent Authorized to Lease Unit Inspected	Phone Number	
	Woman Inc.	[409] 741-9098	
Address of Owner or Agent	Houston TX 77257		
	P O Box 571898		

### B. Summary Decision On Unit (To be completed after form has been filled out)

<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	Cancelled
<input type="checkbox"/> Fail			
<input checked="" type="checkbox"/> Inconclusive	3	3	

### 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	
<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 Are all painted surfaces free of deteriorated paint?  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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					04/03/2009
<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 Are all painted surfaces free of deteriorated paint?  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	
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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000018993	Inspector <b>Teri Holcomb</b>	Date of Inspection (mm/dd/yyyy) <b>04/03/2009</b>	Address of Inspected Unit <b>3104 53rd Street Apt 442-A</b>
Type of Inspection	Initial <input type="checkbox"/>	Special <input checked="" type="checkbox"/>	Reinspection <input type="checkbox"/>
			<b>Galveston TX 77550</b>

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

109568 Inspected: 05/01/2009 09:00:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		03/11/2009
Inspector <b>Robert Jefferies</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>05/01/2009</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>04/03/2009</b>	PHA <b>Galveston Housing Authority</b>

<b>A. General Information</b>		Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Inspected Unit	Year Constructed (yyyy) <b>1978</b>	
Full Address (including Street, City, County, State, Zip)		
3104 53rd Street Galveston TX 77550 Apt 442-A Galveston		
Number of Children in Family Under 6 <b>2</b>		
<b>Owner</b>		
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		Phone Number <b>[409] 741-9098</b>
Address of Owner or Agent <b>P O Box 571898</b>		
<b>Houston TX 77257</b>		

<b>B. Summary Decision On Unit</b> (To be completed after form has been filled out)			
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard <b>3</b>	Number of Sleeping Rooms <b>3</b>	

Inspection Checklist					
Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓			05/01/2009
1.2	Electricity	✓			05/01/2009
1.3	Electrical Hazards	✓			05/01/2009
1.4	Security	✓			05/01/2009
1.5	Window Condition	✓			05/01/2009
1.6	Ceiling Condition	✓			05/01/2009
1.7	Wall Condition	✓			05/01/2009
1.8	Floor Condition	✓			05/01/2009

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	05/01/2009
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				05/01/2009
2.2	Electricity	✓				05/01/2009
2.3	Electrical Hazards	✓				05/01/2009
2.4	Security	✓				05/01/2009
2.5	Window Condition	✓				05/01/2009
2.6	Ceiling Condition	✓				05/01/2009
2.7	Wall Condition	✓				05/01/2009
2.8	Floor Condition	✓				05/01/2009
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	05/01/2009
2.10	Stove or Range with Oven	✓				05/01/2009
2.11	Refrigerator	✓				05/01/2009
2.12	Sink	✓				05/01/2009
2.13	Space for Storage, Preparation, and Serving of Food	✓				05/01/2009
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				05/01/2009
3.2	Electricity	✓				05/01/2009
3.3	Electrical Hazards	✓				05/01/2009
3.4	Security	✓				05/01/2009
3.5	Window Condition	✓				05/01/2009
3.6	Ceiling Condition	✓				05/01/2009
3.7	Wall Condition	✓				05/01/2009
3.8	Floor Condition	✓				05/01/2009
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	05/01/2009
3.10	Flush Toilet in Enclosed Room in Unit	✓				05/01/2009
3.11	Fixed Wash Basin or Lavatory in Unit	✓				05/01/2009
3.12	Tub or Shower in Unit	✓				05/01/2009
3.13	Ventilation	✓				05/01/2009

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) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				05/01/2009
5.3	Electrical Hazards	✓				05/01/2009
5.4	Other Potentially Hazardous Features in these Rooms	✓				05/01/2009

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				05/01/2009
6.2	Condition of Stairs, Rails, and Porches	✓				05/01/2009
6.3	Condition of Roof/Gutters	✓				05/01/2009
6.4	Condition of Exterior Surfaces	✓				05/01/2009
6.5	Condition of Chimney	✓				05/01/2009
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	05/01/2009
6.7	Manufactured Home: Tie Downs	✓				05/01/2009
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				05/01/2009
7.2	Safety of Heating Equipment	✓				05/01/2009
7.3	Ventilation/Cooling	✓				05/01/2009
7.4	Water Heater	✓				05/01/2009
7.5	Approvable Water Supply	✓				05/01/2009
7.6	Plumbing	✓				05/01/2009
7.7	Sewer Connection	✓				05/01/2009
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				05/01/2009
8.2	Fire Exits	✓				05/01/2009
8.3	Evidence of Infestation	✓				05/01/2009
8.4	Garbage and Debris	✓				05/01/2009
8.5	Refuse Disposal	✓				05/01/2009
8.6	Interior Stairs and Common Halls	✓				05/01/2009
8.7	Other Interior Hazards	✓				05/01/2009
8.8	Elevators	✓				05/01/2009
8.9	Interior Air Quality	✓				05/01/2009
8.10	Site and Neighborhood Conditions	✓				05/01/2009
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	05/01/2009

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000018993	Inspector <b>Robert Jefferies</b>	Date of Inspection (mm/dd/yyyy) <b>05/01/2009</b>	Address of Inspected Unit <b>3104 53rd Street Apt 442-A</b>
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
		<b>Galveston</b>	<b>TX 77550</b>

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

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**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

**110269 Inspected: 07/13/2009 13:34:00**

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		03/03/2010
Inspector <b>Palace Inspections</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>07/13/2009</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>05/01/2009</b>	PHA <b>Galveston Housing Authority</b>

### A. General Information

<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	<b>1978</b>	<b>Housing Type (check as appropriate)</b> <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
<b>Full Address (including Street, City, County, State, Zip)</b> <b>3104 53rd Street Galveston TX 77550</b> <b>Apt 442-A Galveston</b>			
<b>Number of Children in Family Under 6</b> <b>2</b>			
<b>Owner</b>			
<b>Name of Owner or Agent Authorized to Lease Unit Inspected</b> <b>Woman Inc.</b>		<b>Phone Number</b> <b>[409] 741-9098</b>	
<b>Address of Owner or Agent</b> <b>P O Box 571898</b> <b>Houston TX 77257</b>			

### B. Summary Decision On Unit (To be completed after form has been filled out)

<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> Inconclusive	<b>Number of Bedrooms for Purposes of the FMR or Payment Standard</b> <b>3</b>	<b>Number of Sleeping Rooms</b> <b>3</b>
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### 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	✓				07/13/2009
1.2	Electricity	✓				07/13/2009
1.3	Electrical Hazards	✓				07/13/2009
1.4	Security	✓				07/13/2009
1.5	Window Condition	✓				07/13/2009
1.6	Ceiling Condition	✓				07/13/2009
1.7	Wall Condition	✓				07/13/2009
1.8	Floor Condition	✓				07/13/2009

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/13/2009
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				07/13/2009
2.2	Electricity	✓				07/13/2009
2.3	Electrical Hazards	✓				07/13/2009
2.4	Security	✓				07/13/2009
2.5	Window Condition	✓				07/13/2009
2.6	Ceiling Condition	✓				07/13/2009
2.7	Wall Condition	✓				07/13/2009
2.8	Floor Condition	✓				07/13/2009
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/13/2009
2.10	Stove or Range with Oven	✓				07/13/2009
2.11	Refrigerator	✓				07/13/2009
2.12	Sink	✓				07/13/2009
2.13	Space for Storage, Preparation, and Serving of Food	✓				07/13/2009
<b>3. Bathroom</b>						
3.1	Bathroom Present		✓		sink leaking	
3.2	Electricity	✓				07/13/2009
3.3	Electrical Hazards	✓				07/13/2009
3.4	Security	✓				07/13/2009
3.5	Window Condition	✓				07/13/2009
3.6	Ceiling Condition	✓				07/13/2009
3.7	Wall Condition	✓				07/13/2009
3.8	Floor Condition	✓				07/13/2009
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/13/2009
3.10	Flush Toilet in Enclosed Room in Unit	✓				07/13/2009
3.11	Fixed Wash Basin or Lavatory in Unit	✓				07/13/2009
3.12	Tub or Shower in Unit	✓				07/13/2009
3.13	Ventilation	✓				07/13/2009

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 <span style="border: 1px solid black; padding: 0 2px;">1</span>	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear	<u>2</u> Floor Level
4.2	Electricity/Illumination	✓				07/13/2009
4.3	Electrical Hazards	✓				07/13/2009
4.4	Security	✓				07/13/2009
4.5	Window Condition	✓				07/13/2009
4.6	Ceiling Condition	✓				07/13/2009
4.7	Wall Condition	✓				07/13/2009
4.8	Floor Condition	✓				07/13/2009
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	✓				07/13/2009
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors		✓			
4.1	Room Code* and Room Location <span style="border: 1px solid black; padding: 0 2px;">1</span>	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear	<u>2</u> Floor Level
4.2	Electricity/Illumination	✓				07/13/2009
4.3	Electrical Hazards	✓				07/13/2009
4.4	Security	✓				07/13/2009
4.5	Window Condition	✓				07/13/2009
4.6	Ceiling Condition	✓				07/13/2009
4.7	Wall Condition	✓				07/13/2009
4.8	Floor Condition	✓				07/13/2009
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	✓				07/13/2009
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors		✓			
4.1	Room Code* and Room Location <span style="border: 1px solid black; padding: 0 2px;">2</span>	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear	<u>2</u> Floor Level
4.2	Electricity/Illumination	✓				07/13/2009
4.3	Electrical Hazards	✓				07/13/2009
4.4	Security	✓				07/13/2009
4.5	Window Condition	✓				07/13/2009
4.6	Ceiling Condition	✓				07/13/2009
4.7	Wall Condition		✓		unknown water leak, ceiling needs fixing	
4.8	Floor Condition	✓				07/13/2009
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	✓				07/13/2009
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors	✓				07/13/2009

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"/> 4			<input checked="" type="checkbox"/>	(Circle One) Right/Center/Left (Circle One) Front/Center/Rear 2 Floor Level	
4.2	Electricity/Illumination	<input checked="" type="checkbox"/>				07/13/2009
4.3	Electrical Hazards	<input checked="" type="checkbox"/>				07/13/2009
4.4	Security	<input checked="" type="checkbox"/>				07/13/2009
4.5	Window Condition	<input checked="" type="checkbox"/>				07/13/2009
4.6	Ceiling Condition	<input checked="" type="checkbox"/>				07/13/2009
4.7	Wall Condition	<input checked="" type="checkbox"/>				07/13/2009
4.8	Floor Condition	<input checked="" type="checkbox"/>				07/13/2009
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	<input checked="" type="checkbox"/>				07/13/2009
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors		<input checked="" type="checkbox"/>			
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
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	<input checked="" type="checkbox"/>				07/13/2009
5.3	Electrical Hazards	<input checked="" type="checkbox"/>				07/13/2009
5.4	Other Potentially Hazardous Features in these Rooms	<input checked="" type="checkbox"/>				07/13/2009

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				07/13/2009
6.2	Condition of Stairs, Rails, and Porches	✓				07/13/2009
6.3	Condition of Roof/Gutters	✓				07/13/2009
6.4	Condition of Exterior Surfaces	✓				07/13/2009
6.5	Condition of Chimney	✓				07/13/2009
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	07/13/2009
6.7	Manufactured Home: Tie Downs	✓				07/13/2009
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				07/13/2009
7.2	Safety of Heating Equipment	✓				07/13/2009
7.3	Ventilation/Cooling	✓				07/13/2009
7.4	Water Heater	✓				07/13/2009
7.5	Approvable Water Supply	✓				07/13/2009
7.6	Plumbing	✓				07/13/2009
7.7	Sewer Connection	✓				07/13/2009
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				07/13/2009
8.2	Fire Exits	✓				07/13/2009
8.3	Evidence of Infestation	✓				07/13/2009
8.4	Garbage and Debris	✓				07/13/2009
8.5	Refuse Disposal	✓				07/13/2009
8.6	Interior Stairs and Common Halls	✓				07/13/2009
8.7	Other Interior Hazards	✓				07/13/2009
8.8	Elevators	✓				07/13/2009
8.9	Interior Air Quality	✓				07/13/2009
8.10	Site and Neighborhood Conditions	✓				07/13/2009
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	07/13/2009

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.

**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)

**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)

**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)

**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)

**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)

**6. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000018993	Inspector Palace Inspections	Date of Inspection (mm/dd/yyyy) 07/13/2009	Address of Inspected Unit 3104 53rd Street Apt 442-A Galveston TX 77550
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>

- | Item Number  | Reason for "Fail" or "Pass with Comments" Rating  |
|--|---|
| - 3.1 Bathroom, Bathroom Present:                    | Fail, Responsible Party - Owner, Left to Right: R, Front to Rear: R, Floor Level: 2, Comments: sink leaking                             |
| - 4.10 Bedroom or Any Other Room Used for Sleeping   | regardless of type of room , Smoke Detectors: Fail, Responsible Party - Owner, Left to Right: C, Front to Rear: C, Floor Level: 2       |
| - 4.10 Bedroom or Any Other Room Used for Sleeping   | regardless of type of room , Smoke Detectors: Fail, Responsible Party - Owner, Left to Right: R, Front to Rear: C, Floor Level: 2       |
| - 4.10 Entrance Halls, Corridors, Halls, Staircases, | Smoke Detectors: Fail, Responsible Party - Owner, Left to Right: L, Front to Rear: C, Floor Level: 2                                    |
| - 4.7 Dining Room or Dining Area, Wall Condition:    | Fail, Responsible Party - Owner, Left to Right: R, Front to Rear: R, Floor Level: 2, Comments: unknown water leak, ceiling needs fixing |

Continued on additional page  Yes  No





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

110269 Inspected: 08/14/2009 09:59:00

Name of Family		Tenant ID Number	Date of Request (mm/dd/yyyy)
			08/12/2009
Inspector <b>Palace Inspections</b>		Neighborhood/Census Tract 7241	Date of Inspection (mm/dd/yyyy) 08/14/2009
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection		Date of Last Inspection (mm/dd/yyyy) 07/13/2009	PHA Galveston Housing Authority
<b>A. General Information</b>			Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Inspected Unit	Year Constructed (yyyy)	1978	
Full Address (including Street, City, County, State, Zip)			
3104 53rd Street Galveston TX 77550 Apt 442-A Galveston			
Number of Children in Family Under 6	2		
<b>Owner</b>			
Name of Owner or Agent Authorized to Lease Unit Inspected		Phone Number	
Woman Inc.		[409] 741-9098	
Address of Owner or Agent			
P O Box 571898 Houston TX 77257			

**B. Summary Decision On Unit** (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input type="checkbox"/> Fail	3	3
<input type="checkbox"/> Inconclusive		

**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	✓				08/14/2009
1.2	Electricity	✓				08/14/2009
1.3	Electrical Hazards	✓				08/14/2009
1.4	Security	✓				08/14/2009
1.5	Window Condition	✓				08/14/2009
1.6	Ceiling Condition	✓				08/14/2009
1.7	Wall Condition	✓				08/14/2009
1.8	Floor Condition	✓				08/14/2009

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	08/14/2009
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				08/14/2009
2.2	Electricity	✓				08/14/2009
2.3	Electrical Hazards	✓				08/14/2009
2.4	Security	✓				08/14/2009
2.5	Window Condition	✓				08/14/2009
2.6	Ceiling Condition	✓				08/14/2009
2.7	Wall Condition	✓				08/14/2009
2.8	Floor Condition	✓				08/14/2009
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	08/14/2009
2.10	Stove or Range with Oven	✓				08/14/2009
2.11	Refrigerator	✓				08/14/2009
2.12	Sink	✓				08/14/2009
2.13	Space for Storage, Preparation, and Serving of Food	✓				08/14/2009
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓			sink leaking	08/14/2009
3.2	Electricity	✓				08/14/2009
3.3	Electrical Hazards	✓				08/14/2009
3.4	Security	✓				08/14/2009
3.5	Window Condition	✓				08/14/2009
3.6	Ceiling Condition	✓				08/14/2009
3.7	Wall Condition	✓				08/14/2009
3.8	Floor Condition	✓				08/14/2009
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	08/14/2009
3.10	Flush Toilet in Enclosed Room in Unit	✓				08/14/2009
3.11	Fixed Wash Basin or Lavatory in Unit	✓				08/14/2009
3.12	Tub or Shower in Unit	✓				08/14/2009
3.13	Ventilation	✓				08/14/2009

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="text" value="1"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/Rear		<u>2</u> Floor Level
4.2	Electricity/Illumination	<input checked="" type="checkbox"/>				08/14/2009
4.3	Electrical Hazards	<input checked="" type="checkbox"/>				08/14/2009
4.4	Security	<input checked="" type="checkbox"/>				08/14/2009
4.5	Window Condition	<input checked="" type="checkbox"/>				08/14/2009
4.6	Ceiling Condition	<input checked="" type="checkbox"/>				08/14/2009
4.7	Wall Condition	<input checked="" type="checkbox"/>				08/14/2009
4.8	Floor Condition	<input checked="" type="checkbox"/>				08/14/2009
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	<input checked="" type="checkbox"/>				08/14/2009
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors	<input checked="" type="checkbox"/>				08/14/2009
4.1	Room Code* and Room Location <input type="text" value="1"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/Rear		<u>2</u> Floor Level
4.2	Electricity/Illumination	<input checked="" type="checkbox"/>				08/14/2009
4.3	Electrical Hazards	<input checked="" type="checkbox"/>				08/14/2009
4.4	Security	<input checked="" type="checkbox"/>				08/14/2009
4.5	Window Condition	<input checked="" type="checkbox"/>				08/14/2009
4.6	Ceiling Condition	<input checked="" type="checkbox"/>				08/14/2009
4.7	Wall Condition	<input checked="" type="checkbox"/>				08/14/2009
4.8	Floor Condition	<input checked="" type="checkbox"/>				08/14/2009
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	<input checked="" type="checkbox"/>				08/14/2009
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors	<input checked="" type="checkbox"/>				08/14/2009
4.1	Room Code* and Room Location <input type="text" value="2"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/Rear		<u>2</u> Floor Level
4.2	Electricity/Illumination	<input checked="" type="checkbox"/>				08/14/2009
4.3	Electrical Hazards	<input checked="" type="checkbox"/>				08/14/2009
4.4	Security	<input checked="" type="checkbox"/>				08/14/2009
4.5	Window Condition	<input checked="" type="checkbox"/>				08/14/2009
4.6	Ceiling Condition	<input checked="" type="checkbox"/>				08/14/2009
4.7	Wall Condition	<input checked="" type="checkbox"/>			unknown water leak, ceiling needs fixing	08/14/2009
4.8	Floor Condition	<input checked="" type="checkbox"/>				08/14/2009
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	<input checked="" type="checkbox"/>				08/14/2009
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors	<input checked="" type="checkbox"/>				08/14/2009

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"/> 4	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear	2 Floor Level	
4.2	Electricity/Illumination	✓				08/14/2009	
4.3	Electrical Hazards	✓				08/14/2009	
4.4	Security	✓				08/14/2009	
4.5	Window Condition	✓				08/14/2009	
4.6	Ceiling Condition	✓				08/14/2009	
4.7	Wall Condition	✓				08/14/2009	
4.8	Floor Condition	✓				08/14/2009	
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable		
	Are all painted surfaces free of deteriorated paint?	✓				08/14/2009	
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?						
4.10	Smoke Detectors	✓				08/14/2009	
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) 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				<input type="checkbox"/> Not Applicable		
	Are all painted surfaces free of deteriorated paint?						
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?						
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	✓				08/14/2009	
5.3	Electrical Hazards	✓				08/14/2009	
5.4	Other Potentially Hazardous Features in these Rooms	✓				08/14/2009	

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				08/14/2009
6.2	Condition of Stairs, Rails, and Porches	✓				08/14/2009
6.3	Condition of Roof/Gutters	✓				08/14/2009
6.4	Condition of Exterior Surfaces	✓				08/14/2009
6.5	Condition of Chimney	✓				08/14/2009
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	08/14/2009
6.7	Manufactured Home: Tie Downs	✓				08/14/2009
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				08/14/2009
7.2	Safety of Heating Equipment	✓				08/14/2009
7.3	Ventilation/Cooling	✓				08/14/2009
7.4	Water Heater	✓				08/14/2009
7.5	Approvable Water Supply	✓				08/14/2009
7.6	Plumbing	✓				08/14/2009
7.7	Sewer Connection	✓				08/14/2009
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				08/14/2009
8.2	Fire Exits	✓				08/14/2009
8.3	Evidence of Infestation	✓				08/14/2009
8.4	Garbage and Debris	✓				08/14/2009
8.5	Refuse Disposal	✓				08/14/2009
8.6	Interior Stairs and Common Halls	✓				08/14/2009
8.7	Other Interior Hazards	✓				08/14/2009
8.8	Elevators	✓				08/14/2009
8.9	Interior Air Quality	✓				08/14/2009
8.10	Site and Neighborhood Conditions	✓				08/14/2009
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	08/14/2009

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.

**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)

**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)

**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)

**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)

**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)

**6. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000018993	Inspector <b>Palace Inspections</b>	Date of Inspection (mm/dd/yyyy) 08/14/2009	Address of Inspected Unit 3104 53rd Street Apt 442-A
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
		Galveston	TX 77550

- | Item Number  | Reason for "Fail" or "Pass with Comments" Rating |
|--|--|
| - 3.1 Bathroom, Bathroom Present: Pass, Left to Right: R, Front to Rear: R, Floor Level: 2, Comments: sink leaking   |  |
| - 4.10 Bedroom or Any Other Room Used for Sleeping regardless of type of room , Smoke Detectors: Pass, Left to Right: C, Front to Rear: C, Floor Level: 2      |  |
| - 4.10 Bedroom or Any Other Room Used for Sleeping regardless of type of room , Smoke Detectors: Pass, Left to Right: R, Front to Rear: C, Floor Level: 2      |  |
| - 4.10 Entrance Halls, Corridors, Halls, Staircases, Smoke Detectors: Pass, Left to Right: L, Front to Rear: C, Floor Level: 2                                 |  |
| - 4.7 Dining Room or Dining Area, Wall Condition: Pass, Left to Right: R, Front to Rear: R, Floor Level: 2, Comments: unknown water leak, ceiling needs fixing |  |

Continued on additional page  Yes  No





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

**114689 Inspected: 03/24/2010 13:10:00**

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		03/03/2010
Inspector <b>Palace Inspections-HCV</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>03/24/2010</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>08/14/2009</b>	PHA <b>Galveston Housing Authority</b>

**A. General Information**

<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	<b>1978</b>	<b>Housing Type (check as appropriate)</b> <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Full Address (including Street, City, County, State, Zip) <b>3104 53rd Street</b>	<b>Galveston TX</b>	<b>77550</b>	
<b>Apt 442-A</b>	<b>Galveston</b>		
Number of Children in Family Under 6 <b>2</b>			
<b>Owner</b>			
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>	Phone Number <b>[409] 741-9098</b>		
Address of Owner or Agent <b>P O Box 571898</b>			
<b>Houston TX</b>	<b>77257</b>		

**B. Summary Decision On Unit (To be completed after form has been filled out)**

<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input checked="" type="checkbox"/> Fail	<b>3</b>	<b>3</b>
<input type="checkbox"/> Inconclusive		

**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	✓				03/24/2010
1.2	Electricity	✓				03/24/2010
1.3	Electrical Hazards	✓				03/24/2010
1.4	Security	✓				03/24/2010
1.5	Window Condition	✓				03/24/2010
1.6	Ceiling Condition	✓				03/24/2010
1.7	Wall Condition	✓				03/24/2010
1.8	Floor Condition	✓				03/24/2010

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/24/2010
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				03/24/2010
2.2	Electricity	✓				03/24/2010
2.3	Electrical Hazards	✓				03/24/2010
2.4	Security	✓				03/24/2010
2.5	Window Condition	✓				03/24/2010
2.6	Ceiling Condition	✓				03/24/2010
2.7	Wall Condition	✓				03/24/2010
2.8	Floor Condition	✓				03/24/2010
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/24/2010
2.10	Stove or Range with Oven	✓				03/24/2010
2.11	Refrigerator	✓				03/24/2010
2.12	Sink	✓				03/24/2010
2.13	Space for Storage, Preparation, and Serving of Food	✓				03/24/2010
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				03/24/2010
3.2	Electricity	✓				03/24/2010
3.3	Electrical Hazards	✓				03/24/2010
3.4	Security	✓				03/24/2010
3.5	Window Condition	✓				03/24/2010
3.6	Ceiling Condition	✓				03/24/2010
3.7	Wall Condition	✓				03/24/2010
3.8	Floor Condition	✓				03/24/2010
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/24/2010
3.10	Flush Toilet in Enclosed Room in Unit		✓		Repair toilet lid broken and handle broken	
3.11	Fixed Wash Basin or Lavatory in Unit	✓				03/24/2010
3.12	Tub or Shower in Unit	✓				03/24/2010
3.13	Ventilation	✓				03/24/2010

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				03/24/2010
5.3	Electrical Hazards	✓				03/24/2010
5.4	Other Potentially Hazardous Features in these Rooms	✓				03/24/2010

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				03/24/2010
6.2	Condition of Stairs, Rails, and Porches	✓				03/24/2010
6.3	Condition of Roof/Gutters	✓				03/24/2010
6.4	Condition of Exterior Surfaces	✓				03/24/2010
6.5	Condition of Chimney	✓				03/24/2010
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	03/24/2010
6.7	Manufactured Home: Tie Downs	✓				03/24/2010
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				03/24/2010
7.2	Safety of Heating Equipment	✓				03/24/2010
7.3	Ventilation/Cooling	✓				03/24/2010
7.4	Water Heater	✓				03/24/2010
7.5	Approvable Water Supply	✓				03/24/2010
7.6	Plumbing	✓				03/24/2010
7.7	Sewer Connection	✓				03/24/2010
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				03/24/2010
8.2	Fire Exits	✓				03/24/2010
8.3	Evidence of Infestation	✓				03/24/2010
8.4	Garbage and Debris	✓				03/24/2010
8.5	Refuse Disposal	✓				03/24/2010
8.6	Interior Stairs and Common Halls	✓				03/24/2010
8.7	Other Interior Hazards	✓				03/24/2010
8.8	Elevators	✓				03/24/2010
8.9	Interior Air Quality	✓				03/24/2010
8.10	Site and Neighborhood Conditions	✓				03/24/2010
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	03/24/2010

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.

**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)

**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)

**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)

**5. Overall Characteristics**

- Storm windows and doors
- Other forms of weatherization (e.g., insulation, weatherstripping)
- 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)

**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)

**6. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000018993	Inspector <b>Palace Inspections-HCV</b>	Date of Inspection (mm/dd/yyyy) <b>03/24/2010</b>	Address of Inspected Unit 3104 53rd Street Apt 442-A  Galveston TX 77550
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>

Item Number	Reason for "Fail" or "Pass with Comments" Rating
- 3.10 Bathroom, Flush Toilet in Enclosed Room in Unit:	Fail, Responsible Party - Owner, Left to Right: R, Front to Rear: R, Floor Level: 2, Comments: Repair toilet lid broken and handle broken

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

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**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

114997 Inspected: 04/26/2010 10:45:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		03/03/2010
Inspector <b>Palace Inspections-HCV2</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>04/26/2010</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>03/24/2010</b>	PHA <b>Galveston Housing Authority</b>

### A. General Information

Inspected Unit	Year Constructed (yyyy)	1978	Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Full Address (including Street, City, County, State, Zip)			
3104 53rd Street Apt 442-A	Galveston TX 77550 Galveston		
Number of Children in Family Under 6 2			
Owner			
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>	Phone Number <b>[409] 741-9098</b>		
Address of Owner or Agent P O Box 571898  Houston TX 77257			

### B. Summary Decision On Unit (To be completed after form has been filled out)

<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	No Show
<input type="checkbox"/> Fail			
<input checked="" type="checkbox"/> Inconclusive	3	3	

### 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	
<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 Are all painted surfaces free of deteriorated paint? 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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					04/26/2010
<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 Are all painted surfaces free of deteriorated paint? 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	
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) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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						

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) Right/Center/Left			(Circle One) 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				<input type="checkbox"/> Not Applicable		
	Are all painted surfaces free of deteriorated paint?						
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?						
4.10	Smoke Detectors						
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) 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				<input type="checkbox"/> Not Applicable		
	Are all painted surfaces free of deteriorated paint?						
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?						
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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000018993	Inspector <b>Palace Inspections-HCV</b>	Date of Inspection (mm/dd/yyyy) 04/26/2010	Address of Inspected Unit 3104 53rd Street Apt 442-A Galveston TX 77550
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

116318 Inspected: 07/14/2010 10:50:00

Name of Family -	Tenant ID Number	Date of Request (mm/dd/yyyy) 07/13/2010
Inspector Palace Inspections-HCV	Neighborhood/Census Tract 7241	Date of Inspection (mm/dd/yyyy) 07/14/2010
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) 04/26/2010	PHA Galveston Housing Authority

### A. General Information

Inspected Unit	Year Constructed (yyyy)	1978	Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Full Address (including Street, City, County, State, Zip) 3104 53rd Street   Galveston   TX   77550 Apt 442-A   Galveston			
Number of Children in Family Under 6 0			
Owner Name of Owner or Agent Authorized to Lease Unit Inspected Woman Inc.		Phone Number [409] 741-9098	
Address of Owner or Agent P O Box 571898 Houston   TX   77257			

### B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard 3	Number of Sleeping Rooms 3
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### 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	✓				07/14/2010
1.2	Electricity	✓				07/14/2010
1.3	Electrical Hazards	✓				07/14/2010
1.4	Security	✓				07/14/2010
1.5	Window Condition	✓				07/14/2010
1.6	Ceiling Condition	✓				07/14/2010
1.7	Wall Condition	✓				07/14/2010
1.8	Floor Condition	✓				07/14/2010

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/14/2010
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				07/14/2010
2.2	Electricity	✓				07/14/2010
2.3	Electrical Hazards	✓				07/14/2010
2.4	Security	✓				07/14/2010
2.5	Window Condition	✓				07/14/2010
2.6	Ceiling Condition	✓				07/14/2010
2.7	Wall Condition	✓				07/14/2010
2.8	Floor Condition	✓				07/14/2010
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/14/2010
2.10	Stove or Range with Oven	✓				07/14/2010
2.11	Refrigerator	✓				07/14/2010
2.12	Sink	✓				07/14/2010
2.13	Space for Storage, Preparation, and Serving of Food	✓				07/14/2010
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				07/14/2010
3.2	Electricity	✓				07/14/2010
3.3	Electrical Hazards	✓				07/14/2010
3.4	Security	✓				07/14/2010
3.5	Window Condition	✓				07/14/2010
3.6	Ceiling Condition	✓				07/14/2010
3.7	Wall Condition	✓				07/14/2010
3.8	Floor Condition	✓				07/14/2010
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/14/2010
3.10	Flush Toilet in Enclosed Room in Unit	✓				07/14/2010
3.11	Fixed Wash Basin or Lavatory in Unit	✓				07/14/2010
3.12	Tub or Shower in Unit	✓				07/14/2010
3.13	Ventilation	✓				07/14/2010

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fall	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fall	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				07/14/2010
5.3	Electrical Hazards	✓				07/14/2010
5.4	Other Potentially Hazardous Features in these Rooms	✓				07/14/2010

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				07/14/2010
6.2	Condition of Stairs, Rails, and Porches	✓				07/14/2010
6.3	Condition of Roof/Gutters	✓				07/14/2010
6.4	Condition of Exterior Surfaces	✓				07/14/2010
6.5	Condition of Chimney	✓				07/14/2010
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	07/14/2010
6.7	Manufactured Home: Tie Downs	✓				07/14/2010
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				07/14/2010
7.2	Safety of Heating Equipment	✓				07/14/2010
7.3	Ventilation/Cooling	✓				07/14/2010
7.4	Water Heater	✓				07/14/2010
7.5	Approvable Water Supply	✓				07/14/2010
7.6	Plumbing	✓				07/14/2010
7.7	Sewer Connection	✓				07/14/2010
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				07/14/2010
8.2	Fire Exits	✓				07/14/2010
8.3	Evidence of Infestation	✓				07/14/2010
8.4	Garbage and Debris	✓				07/14/2010
8.5	Refuse Disposal	✓				07/14/2010
8.6	Interior Stairs and Common Halls	✓				07/14/2010
8.7	Other Interior Hazards	✓				07/14/2010
8.8	Elevators	✓				07/14/2010
8.9	Interior Air Quality	✓				07/14/2010
8.10	Site and Neighborhood Conditions	✓			townhouse	07/14/2010
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	07/14/2010

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.

**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)

**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)

**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)

**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)

**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)

**6. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000028340	Inspector <b>Palace Inspections-HCV</b>	Date of Inspection (mm/dd/yyyy) <b>07/14/2010</b>	Address of Inspected Unit 3104 53rd Street Apt 442-A  Galveston TX 77550
Type of Inspection	Initial <input checked="" type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>

Item Number Reason for "Fail" or "Pass with Comments" Rating

- 8.10 General Health and Safety, Site and Neighborhood Conditions: Pass, Comments: townhouse

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

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118506 Inspected: 03/31/2011 10:50:00

Name of Family -	Tenant ID Number	Date of Request (mm/dd/yyyy) 03/03/2011
Inspector Charles Fields	Neighborhood/Census Tract 7241	Date of Inspection (mm/dd/yyyy) 03/31/2011
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) 07/14/2010	PHA Galveston Housing Authority

<b>A. General Information</b>			<b>Housing Type (check as appropriate)</b> <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Inspected Unit	Year Constructed (yyyy)	1978	
Full Address (including Street, City, County, State, Zip)			
3104 53rd Street Apt 442-A	Galveston TX Galveston	77550	
Number of Children in Family Under 6 0			
<b>Owner</b>			
Name of Owner or Agent Authorized to Lease Unit Inspected Woman Inc.		Phone Number [409] 741-9098	
Address of Owner or Agent P O Box 571898 Houston TX 77257			

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>		
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard 3	Number of Sleeping Rooms 3

Inspection Checklist		Yes Pass	No Fail	In-Conc	Comment	Final Approval Date (mm/dd/yyyy)
Item No.	1. Living Room					
1.1	Living Room Present	✓				03/31/2011
1.2	Electricity	✓				03/31/2011
1.3	Electrical Hazards	✓				03/31/2011
1.4	Security	✓				03/31/2011
1.5	Window Condition	✓				03/31/2011
1.6	Ceiling Condition	✓				03/31/2011
1.7	Wall Condition	✓				03/31/2011
1.8	Floor Condition	✓				03/31/2011

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/31/2011
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				03/31/2011
2.2	Electricity	✓				03/31/2011
2.3	Electrical Hazards	✓				03/31/2011
2.4	Security	✓				03/31/2011
2.5	Window Condition	✓				03/31/2011
2.6	Ceiling Condition	✓				03/31/2011
2.7	Wall Condition	✓				03/31/2011
2.8	Floor Condition	✓				03/31/2011
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/31/2011
2.10	Stove or Range with Oven	✓				03/31/2011
2.11	Refrigerator	✓				03/31/2011
2.12	Sink	✓				03/31/2011
2.13	Space for Storage, Preparation, and Serving of Food	✓				03/31/2011
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				03/31/2011
3.2	Electricity	✓				03/31/2011
3.3	Electrical Hazards	✓				03/31/2011
3.4	Security	✓				03/31/2011
3.5	Window Condition	✓				03/31/2011
3.6	Ceiling Condition	✓				03/31/2011
3.7	Wall Condition	✓				03/31/2011
3.8	Floor Condition	✓				03/31/2011
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/31/2011
3.10	Flush Toilet in Enclosed Room in Unit	✓				03/31/2011
3.11	Fixed Wash Basin or Lavatory in Unit	✓				03/31/2011
3.12	Tub or Shower in Unit	✓				03/31/2011
3.13	Ventilation	✓				03/31/2011

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				03/31/2011
5.3	Electrical Hazards	✓				03/31/2011
5.4	Other Potentially Hazardous Features in these Rooms	✓				03/31/2011

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				03/31/2011
6.2	Condition of Stairs, Rails, and Porches	✓				03/31/2011
6.3	Condition of Roof/Gutters	✓				03/31/2011
6.4	Condition of Exterior Surfaces	✓				03/31/2011
6.5	Condition of Chimney	✓				03/31/2011
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	03/31/2011
6.7	Manufactured Home: Tie Downs	✓				03/31/2011
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				03/31/2011
7.2	Safety of Heating Equipment	✓				03/31/2011
7.3	Ventilation/Cooling	✓				03/31/2011
7.4	Water Heater	✓				03/31/2011
7.5	Approvable Water Supply	✓				03/31/2011
7.6	Plumbing	✓				03/31/2011
7.7	Sewer Connection	✓				03/31/2011
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				03/31/2011
8.2	Fire Exits	✓				03/31/2011
8.3	Evidence of Infestation	✓				03/31/2011
8.4	Garbage and Debris	✓				03/31/2011
8.5	Refuse Disposal	✓				03/31/2011
8.6	Interior Stairs and Common Halls	✓				03/31/2011
8.7	Other Interior Hazards	✓				03/31/2011
8.8	Elevators	✓				03/31/2011
8.9	Interior Air Quality	✓				03/31/2011
8.10	Site and Neighborhood Conditions	✓				03/31/2011
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	03/31/2011

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.

**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)

**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)

**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)

**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)

**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)

**6. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000028340	Inspector Charles Fields	Date of Inspection (mm/dd/yyyy) 03/31/2011	Address of Inspected Unit 3104 53rd Street Apt 442-A	
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>	Galveston TX 77550

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

121275 Inspected: 03/07/2012 16:08:00

Name of Family		Tenant ID Number	Date of Request (mm/dd/yyyy)
			03/03/2012
Inspector <b>Octavius Mitchell</b>		Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>03/07/2012</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection		Date of Last Inspection (mm/dd/yyyy) <b>03/31/2011</b>	PHA <b>Galveston Housing Authority</b>
<b>A. General Information</b>			Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Inspected Unit	Year Constructed (yyyy)	<b>1978</b>	
Full Address (including Street, City, County, State, Zip) <b>3104 53rd Street Galveston TX 77550</b> <b>Apt 442-A Galveston</b>			
Number of Children in Family Under 6	<b>0</b>		
<b>Owner</b>			
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		Phone Number <b>[409] 741-9098</b>	
Address of Owner or Agent <b>P O Box 571898</b> <b>Houston TX 77257</b>			

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>			
<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard <b>3</b>	Number of Sleeping Rooms <b>3</b>	<b>No Show</b>

Inspection Checklist		Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
Item No.	<b>1. Living Room</b>					
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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	
<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 Are all painted surfaces free of deteriorated paint? 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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					03/07/2012
<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 Are all painted surfaces free of deteriorated paint? 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	
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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)	
		Pass	Fall	Conc.			
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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						
<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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000028340	Inspector Octavius Mitchell	Date of Inspection (mm/dd/yyyy) 03/07/2012	Address of Inspected Unit 3104 53rd Street Apt 442-A
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
			Galveston TX 77550

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

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121275 Inspected: 03/26/2012 10:20:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		03/07/2012
Inspector <b>Charles Fields</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>03/26/2012</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>03/07/2012</b>	PHA <b>Galveston Housing Authority</b>
<b>A. General Information</b>		Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b> <b>1978</b>	
Full Address (including Street, City, County, State, Zip) <b>3104 53rd Street Galveston TX 77550</b> <b>Apt 442-A Galveston</b>		
Number of Children in Family Under 6 <b>0</b>		
<b>Owner</b>		
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>	Phone Number <b>[409] 741-9098</b>	
Address of Owner or Agent <b>P O Box 571898</b> <b>Houston TX 77257</b>		

**B. Summary Decision On Unit** (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input type="checkbox"/> Fail	<b>3</b>	<b>3</b>
<input type="checkbox"/> Inconclusive		

**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	✓				03/26/2012
1.2	Electricity	✓				03/26/2012
1.3	Electrical Hazards	✓				03/26/2012
1.4	Security	✓				03/26/2012
1.5	Window Condition	✓				03/26/2012
1.6	Ceiling Condition	✓				03/26/2012
1.7	Wall Condition	✓				03/26/2012
1.8	Floor Condition	✓				03/26/2012

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/26/2012
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				03/26/2012
2.2	Electricity	✓				03/26/2012
2.3	Electrical Hazards	✓				03/26/2012
2.4	Security	✓				03/26/2012
2.5	Window Condition	✓				03/26/2012
2.6	Ceiling Condition	✓				03/26/2012
2.7	Wall Condition	✓				03/26/2012
2.8	Floor Condition	✓				03/26/2012
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/26/2012
2.10	Stove or Range with Oven	✓				03/26/2012
2.11	Refrigerator	✓				03/26/2012
2.12	Sink	✓				03/26/2012
2.13	Space for Storage, Preparation, and Serving of Food	✓				03/26/2012
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				03/26/2012
3.2	Electricity	✓				03/26/2012
3.3	Electrical Hazards	✓				03/26/2012
3.4	Security	✓				03/26/2012
3.5	Window Condition	✓				03/26/2012
3.6	Ceiling Condition	✓				03/26/2012
3.7	Wall Condition	✓				03/26/2012
3.8	Floor Condition	✓				03/26/2012
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/26/2012
3.10	Flush Toilet in Enclosed Room in Unit	✓				03/26/2012
3.11	Fixed Wash Basin or Lavatory in Unit	✓				03/26/2012
3.12	Tub or Shower in Unit	✓				03/26/2012
3.13	Ventilation	✓				03/26/2012

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) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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						

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fall	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				03/26/2012
5.3	Electrical Hazards	✓				03/26/2012
5.4	Other Potentially Hazardous Features in these Rooms	✓				03/26/2012

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				03/26/2012
6.2	Condition of Stairs, Rails, and Porches	✓				03/26/2012
6.3	Condition of Roof/Gutters	✓				03/26/2012
6.4	Condition of Exterior Surfaces	✓				03/26/2012
6.5	Condition of Chimney	✓				03/26/2012
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	03/26/2012
6.7	Manufactured Home: Tie Downs	✓				03/26/2012
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				03/26/2012
7.2	Safety of Heating Equipment	✓				03/26/2012
7.3	Ventilation/Cooling	✓				03/26/2012
7.4	Water Heater	✓				03/26/2012
7.5	Approvable Water Supply	✓				03/26/2012
7.6	Plumbing	✓				03/26/2012
7.7	Sewer Connection	✓				03/26/2012
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				03/26/2012
8.2	Fire Exits	✓				03/26/2012
8.3	Evidence of Infestation	✓				03/26/2012
8.4	Garbage and Debris	✓				03/26/2012
8.5	Refuse Disposal	✓				03/26/2012
8.6	Interior Stairs and Common Halls	✓				03/26/2012
8.7	Other Interior Hazards	✓				03/26/2012
8.8	Elevators	✓				03/26/2012
8.9	Interior Air Quality	✓				03/26/2012
8.10	Site and Neighborhood Conditions	✓				03/26/2012
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	03/26/2012

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.

**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)

**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)

**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)

**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)

**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)

**6. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000028340	Inspector Charles Fields	Date of Inspection (mm/dd/yyyy) 03/26/2012	Address of Inspected Unit 3104 53rd Street Apt 442-A Galveston TX 77550
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

110540 Inspected: 07/22/2009 14:30:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		07/17/2009
Inspector <b>Jamie Johnson</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>07/22/2009</b>
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>11/14/2008</b>	PHA <b>Galveston Housing Authority</b>

## A. General Information

<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	<b>1978</b>	<b>Housing Type (check as appropriate)</b> <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Full Address (including Street, City, County, State, Zip)			
<b>3104 53rd Street</b> <b>Apt 440-A</b>	<b>Galveston TX 77550</b> <b>Galveston</b>		
Number of Children in Family Under 6 <b>0</b>			
<b>Owner</b>			
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>	Phone Number <b>[409] 741-9098</b>		
Address of Owner or Agent <b>P O Box 571898</b> <b>Houston TX 77257</b>			

## B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard <b>2</b>	Number of Sleeping Rooms <b>3</b>
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## 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	
<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 Are all painted surfaces free of deteriorated paint? 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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					07/22/2009
<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 Are all painted surfaces free of deteriorated paint? 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	
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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)	
		Pass	Fall	Conc.			
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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						
<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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No







# 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. 4/30/2014)

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**110684 Inspected: 08/12/2009 12:17:00**

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		03/30/2009
Inspector <b>Palace Inspections</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>08/12/2009</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>07/22/2009</b>	PHA <b>Galveston Housing Authority</b>

### A. General Information

<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	<b>1978</b>	<b>Housing Type (check as appropriate)</b> <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Full Address (including Street, City, County, State, Zip)			
<b>3104 53rd Street</b>	<b>Galveston TX</b>	<b>77550</b>	
<b>Apt 440-A</b>	<b>Galveston</b>		
Number of Children in Family Under 6 <b>0</b>			
<b>Owner</b>			
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		Phone Number <b>[409] 741-9098</b>	
Address of Owner or Agent <b>P O Box 571898</b>			
<b>Houston TX 77257</b>			

### B. Summary Decision On Unit (To be completed after form has been filled out)

<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input checked="" type="checkbox"/> Fail	<b>2</b>	<b>3</b>
<input type="checkbox"/> Inconclusive		

### 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	✓				08/12/2009
1.2	Electricity	✓				08/12/2009
1.3	Electrical Hazards	✓				08/12/2009
1.4	Security	✓				08/12/2009
1.5	Window Condition	✓				08/12/2009
1.6	Ceiling Condition	✓				08/12/2009
1.7	Wall Condition	✓				08/12/2009
1.8	Floor Condition	✓				08/12/2009

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	08/12/2009
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				08/12/2009
2.2	Electricity	✓				08/12/2009
2.3	Electrical Hazards	✓				08/12/2009
2.4	Security	✓				08/12/2009
2.5	Window Condition	✓				08/12/2009
2.6	Ceiling Condition	✓				08/12/2009
2.7	Wall Condition	✓				08/12/2009
2.8	Floor Condition	✓				08/12/2009
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	08/12/2009
2.10	Stove or Range with Oven	✓				08/12/2009
2.11	Refrigerator	✓				08/12/2009
2.12	Sink	✓				08/12/2009
2.13	Space for Storage, Preparation, and Serving of Food	✓				08/12/2009
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				08/12/2009
3.2	Electricity	✓				08/12/2009
3.3	Electrical Hazards	✓				08/12/2009
3.4	Security	✓				08/12/2009
3.5	Window Condition	✓				08/12/2009
3.6	Ceiling Condition	✓				08/12/2009
3.7	Wall Condition	✓				08/12/2009
3.8	Floor Condition	✓				08/12/2009
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	08/12/2009
3.10	Flush Toilet in Enclosed Room in Unit	✓				08/12/2009
3.11	Fixed Wash Basin or Lavatory in Unit	✓				08/12/2009
3.12	Tub or Shower in Unit	✓				08/12/2009
3.13	Ventilation	✓				08/12/2009

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				08/12/2009
5.3	Electrical Hazards	✓				08/12/2009
5.4	Other Potentially Hazardous Features in these Rooms	✓				08/12/2009

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				08/12/2009
6.2	Condition of Stairs, Rails, and Porches	✓				08/12/2009
6.3	Condition of Roof/Gutters	✓				08/12/2009
6.4	Condition of Exterior Surfaces	✓				08/12/2009
6.5	Condition of Chimney	✓				08/12/2009
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	08/12/2009
6.7	Manufactured Home: Tie Downs	✓				08/12/2009
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				08/12/2009
7.2	Safety of Heating Equipment	✓				08/12/2009
7.3	Ventilation/Cooling	✓				08/12/2009
7.4	Water Heater	✓				08/12/2009
7.5	Approvable Water Supply	✓				08/12/2009
7.6	Plumbing	✓				08/12/2009
7.7	Sewer Connection	✓				08/12/2009
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				08/12/2009
8.2	Fire Exits	✓				08/12/2009
8.3	Evidence of Infestation	✓				08/12/2009
8.4	Garbage and Debris	✓				08/12/2009
8.5	Refuse Disposal	✓				08/12/2009
8.6	Interior Stairs and Common Halls	✓				08/12/2009
8.7	Other Interior Hazards	✓				08/12/2009
8.8	Elevators	✓				08/12/2009
8.9	Interior Air Quality	✓				08/12/2009
8.10	Site and Neighborhood Conditions	✓				08/12/2009
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	08/12/2009

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.

**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)

**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)

**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)

**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)

**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)

**6. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 120308	Inspector Palace Inspections	Date of Inspection (mm/dd/yyyy) 08/12/2009	Address of Inspected Unit 3104 53rd Street Apt 440-A Galveston TX 77550
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
Item Number	Reason for "Fail" or "Pass with Comments" Rating		

Continued on additional page  Yes  No





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

110684 Inspected: 08/21/2009 09:30:00

Name of Family		Tenant ID Number	Date of Request (mm/dd/yyyy)
			08/12/2009
Inspector <b>Robert Jefferies</b>		Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>08/21/2009</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection		Date of Last Inspection (mm/dd/yyyy) <b>08/12/2009</b>	PHA <b>Galveston Housing Authority</b>
<b>A. General Information</b>			Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise; 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Inspected Unit	Year Constructed (yyyy)	<b>1978</b>	
Full Address (including Street, City, County, State, Zip)			
<b>3104 53rd Street Galveston TX 77550</b>			
<b>Apt 440-A Galveston</b>			
Number of Children in Family Under 6 <b>0</b>			
<b>Owner</b>			
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		Phone Number <b>[409] 741-9098</b>	
Address of Owner or Agent <b>P O Box 571898</b>			
<b>Houston TX 77257</b>			

**B. Summary Decision On Unit (To be completed after form has been filled out)**

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input type="checkbox"/> Fail	<b>2</b>	<b>3</b>
<input type="checkbox"/> Inconclusive		

**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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	
<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 Are all painted surfaces free of deteriorated paint? 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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					08/21/2009
<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 Are all painted surfaces free of deteriorated paint? 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	
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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 120308	Inspector <b>Robert Jefferies</b>	Date of Inspection (mm/dd/yyyy) <b>08/21/2009</b>	Address of Inspected Unit 3104 53rd Street Apt 440-A
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
Item Number	Reason for "Fail" or "Pass with Comments" Rating		

Galveston TX 77550

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

115016 Inspected: 04/05/2010 14:18:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		03/03/2010
Inspector <b>Palace Inspections-HCV</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>04/05/2010</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>08/21/2009</b>	PHA <b>Galveston Housing Authority</b>

### A. General Information

Inspected Unit	Year Constructed (yyyy)	1978	Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Full Address (including Street, City, County, State, Zip) <b>3104 53rd Street Galveston TX 77550</b> <b>Apt 440-A Galveston</b>			
Number of Children in Family Under 6 0			
Owner Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>	Phone Number <b>[409] 741-9098</b>		
Address of Owner or Agent P O Box 571898  Houston TX 77257			

### B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input type="checkbox"/> Fail	2	3
<input type="checkbox"/> Inconclusive		

### 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	✓				04/05/2010
1.2	Electricity	✓				04/05/2010
1.3	Electrical Hazards	✓				04/05/2010
1.4	Security	✓				04/05/2010
1.5	Window Condition	✓				04/05/2010
1.6	Ceiling Condition	✓				04/05/2010
1.7	Wall Condition	✓				04/05/2010
1.8	Floor Condition	✓				04/05/2010

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	04/05/2010
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				04/05/2010
2.2	Electricity	✓				04/05/2010
2.3	Electrical Hazards	✓				04/05/2010
2.4	Security	✓				04/05/2010
2.5	Window Condition	✓				04/05/2010
2.6	Ceiling Condition	✓				04/05/2010
2.7	Wall Condition	✓				04/05/2010
2.8	Floor Condition	✓				04/05/2010
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	04/05/2010
2.10	Stove or Range with Oven	✓				04/05/2010
2.11	Refrigerator	✓				04/05/2010
2.12	Sink	✓				04/05/2010
2.13	Space for Storage, Preparation, and Serving of Food	✓				04/05/2010
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				04/05/2010
3.2	Electricity	✓				04/05/2010
3.3	Electrical Hazards	✓				04/05/2010
3.4	Security	✓				04/05/2010
3.5	Window Condition	✓				04/05/2010
3.6	Ceiling Condition	✓				04/05/2010
3.7	Wall Condition	✓				04/05/2010
3.8	Floor Condition	✓				04/05/2010
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	04/05/2010
3.10	Flush Toilet in Enclosed Room in Unit	✓				04/05/2010
3.11	Fixed Wash Basin or Lavatory in Unit	✓				04/05/2010
3.12	Tub or Shower in Unit	✓				04/05/2010
3.13	Ventilation	✓				04/05/2010

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) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				04/05/2010
5.3	Electrical Hazards	✓				04/05/2010
5.4	Other Potentially Hazardous Features in these Rooms	✓				04/05/2010

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				04/05/2010
6.2	Condition of Stairs, Rails, and Porches	✓				04/05/2010
6.3	Condition of Roof/Gutters	✓				04/05/2010
6.4	Condition of Exterior Surfaces	✓				04/05/2010
6.5	Condition of Chimney	✓				04/05/2010
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	04/05/2010
6.7	Manufactured Home: Tie Downs	✓				04/05/2010
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				04/05/2010
7.2	Safety of Heating Equipment	✓				04/05/2010
7.3	Ventilation/Cooling	✓				04/05/2010
7.4	Water Heater	✓				04/05/2010
7.5	Approvable Water Supply	✓				04/05/2010
7.6	Plumbing	✓				04/05/2010
7.7	Sewer Connection	✓				04/05/2010
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				04/05/2010
8.2	Fire Exits	✓				04/05/2010
8.3	Evidence of Infestation	✓				04/05/2010
8.4	Garbage and Debris	✓				04/05/2010
8.5	Refuse Disposal	✓				04/05/2010
8.6	Interior Stairs and Common Halls	✓				04/05/2010
8.7	Other Interior Hazards	✓				04/05/2010
8.8	Elevators	✓				04/05/2010
8.9	Interior Air Quality	✓				04/05/2010
8.10	Site and Neighborhood Conditions	✓			Inner Row	04/05/2010
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	04/05/2010

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 120308	Inspector Palace Inspections-HCV	Date of Inspection (mm/dd/yyyy) 04/05/2010	Address of Inspected Unit 3104 53rd Street Apt 440-A Galveston TX 77550
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>

Item Number Reason for "Fail" or "Pass with Comments" Rating

- 8.10 General Health and Safety, Site and Neighborhood Conditions: Pass, Comments: Inner Row

Continued on additional page  Yes  No

Previous editions are obsolete







\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/08/2010
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				07/08/2010
2.2	Electricity	✓				07/08/2010
2.3	Electrical Hazards	✓				07/08/2010
2.4	Security	✓				07/08/2010
2.5	Window Condition	✓				07/08/2010
2.6	Ceiling Condition	✓				07/08/2010
2.7	Wall Condition	✓				07/08/2010
2.8	Floor Condition	✓				07/08/2010
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/08/2010
2.10	Stove or Range with Oven	✓				07/08/2010
2.11	Refrigerator	✓				07/08/2010
2.12	Sink	✓				07/08/2010
2.13	Space for Storage, Preparation, and Serving of Food	✓				07/08/2010
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				07/08/2010
3.2	Electricity	✓				07/08/2010
3.3	Electrical Hazards	✓				07/08/2010
3.4	Security	✓				07/08/2010
3.5	Window Condition	✓				07/08/2010
3.6	Ceiling Condition	✓				07/08/2010
3.7	Wall Condition	✓				07/08/2010
3.8	Floor Condition	✓				07/08/2010
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/08/2010
3.10	Flush Toilet in Enclosed Room in Unit	✓				07/08/2010
3.11	Fixed Wash Basin or Lavatory in Unit	✓				07/08/2010
3.12	Tub or Shower in Unit	✓				07/08/2010
3.13	Ventilation	✓				07/08/2010

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				07/08/2010
5.3	Electrical Hazards	✓				07/08/2010
5.4	Other Potentially Hazardous Features in these Rooms	✓				07/08/2010

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				07/08/2010
6.2	Condition of Stairs, Rails, and Porches	✓				07/08/2010
6.3	Condition of Roof/Gutters	✓				07/08/2010
6.4	Condition of Exterior Surfaces	✓				07/08/2010
6.5	Condition of Chimney	✓				07/08/2010
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	07/08/2010
6.7	Manufactured Home: Tie Downs	✓				07/08/2010
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				07/08/2010
7.2	Safety of Heating Equipment	✓				07/08/2010
7.3	Ventilation/Cooling	✓				07/08/2010
7.4	Water Heater	✓				07/08/2010
7.5	Approvable Water Supply	✓				07/08/2010
7.6	Plumbing	✓				07/08/2010
7.7	Sewer Connection	✓				07/08/2010
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				07/08/2010
8.2	Fire Exits	✓				07/08/2010
8.3	Evidence of Infestation	✓				07/08/2010
8.4	Garbage and Debris	✓				07/08/2010
8.5	Refuse Disposal	✓				07/08/2010
8.6	Interior Stairs and Common Halls	✓				07/08/2010
8.7	Other Interior Hazards	✓				07/08/2010
8.8	Elevators	✓				07/08/2010
8.9	Interior Air Quality	✓				07/08/2010
8.10	Site and Neighborhood Conditions	✓			townhouse outter row	07/08/2010
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	07/08/2010

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000028311	Inspector <b>Palace Inspections-HCV</b>	Date of Inspection (mm/dd/yyyy) 07/08/2010	Address of Inspected Unit 3104 53rd Street Apt 440-A Galveston TX 77550
Type of Inspection	Initial <input checked="" type="checkbox"/> Special <input type="checkbox"/> Reinspection <input type="checkbox"/>		

Item Number	Reason for "Fail" or "Pass with Comments" Rating
- 8.10	General Health and Safety, Site and Neighborhood Conditions: Pass, Comments: townhouse outter row

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

**118508 Inspected: 03/31/2011 15:00:00**

Name of Family		Tenant ID Number	Date of Request (mm/dd/yyyy)
			03/03/2011
Inspector <b>Charles Fields</b>		Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>03/31/2011</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection		Date of Last Inspection (mm/dd/yyyy) <b>07/08/2010</b>	PHA <b>Galveston Housing Authority</b>

<b>A. General Information</b>				Housing Type (check as appropriate)	
Inspected Unit		Year Constructed (yyyy)	<b>1978</b>	<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise: 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other	
Full Address (including Street, City, County, State, Zip)					
<b>3104 53rd Street</b>		<b>Galveston TX</b>	<b>77550</b>		
<b>Apt 440-A</b>		<b>Galveston</b>			
Number of Children in Family Under 6 <b>0</b>					
<b>Owner</b>					
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>			Phone Number <b>[409] 741-9098</b>		
Address of Owner or Agent <b>P O Box 571898</b>					
<b>Houston TX</b>		<b>77257</b>			

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>			
<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	
<input type="checkbox"/> Fail			
<input type="checkbox"/> Inconclusive	<b>3</b>	<b>3</b>	

Inspection Checklist					
Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓			03/31/2011
1.2	Electricity	✓			03/31/2011
1.3	Electrical Hazards	✓			03/31/2011
1.4	Security	✓			03/31/2011
1.5	Window Condition	✓			03/31/2011
1.6	Ceiling Condition	✓			03/31/2011
1.7	Wall Condition	✓			03/31/2011
1.8	Floor Condition	✓			03/31/2011

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/31/2011
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				03/31/2011
2.2	Electricity	✓				03/31/2011
2.3	Electrical Hazards	✓				03/31/2011
2.4	Security	✓				03/31/2011
2.5	Window Condition	✓				03/31/2011
2.6	Ceiling Condition	✓				03/31/2011
2.7	Wall Condition	✓				03/31/2011
2.8	Floor Condition	✓				03/31/2011
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/31/2011
2.10	Stove or Range with Oven	✓				03/31/2011
2.11	Refrigerator	✓				03/31/2011
2.12	Sink	✓				03/31/2011
2.13	Space for Storage, Preparation, and Serving of Food	✓				03/31/2011
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				03/31/2011
3.2	Electricity	✓				03/31/2011
3.3	Electrical Hazards	✓				03/31/2011
3.4	Security	✓				03/31/2011
3.5	Window Condition	✓				03/31/2011
3.6	Ceiling Condition	✓				03/31/2011
3.7	Wall Condition	✓				03/31/2011
3.8	Floor Condition	✓				03/31/2011
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/31/2011
3.10	Flush Toilet in Enclosed Room in Unit	✓				03/31/2011
3.11	Fixed Wash Basin or Lavatory in Unit	✓				03/31/2011
3.12	Tub or Shower in Unit	✓				03/31/2011
3.13	Ventilation	✓				03/31/2011

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) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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						

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fall	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				03/31/2011
5.3	Electrical Hazards	✓				03/31/2011
5.4	Other Potentially Hazardous Features in these Rooms	✓				03/31/2011

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				03/31/2011
6.2	Condition of Stairs, Rails, and Porches	✓				03/31/2011
6.3	Condition of Roof/Gutters	✓				03/31/2011
6.4	Condition of Exterior Surfaces	✓				03/31/2011
6.5	Condition of Chimney	✓				03/31/2011
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	03/31/2011
6.7	Manufactured Home: Tie Downs	✓				03/31/2011
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				03/31/2011
7.2	Safety of Heating Equipment	✓				03/31/2011
7.3	Ventilation/Cooling	✓				03/31/2011
7.4	Water Heater	✓				03/31/2011
7.5	Approvable Water Supply	✓				03/31/2011
7.6	Plumbing	✓				03/31/2011
7.7	Sewer Connection	✓				03/31/2011
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				03/31/2011
8.2	Fire Exits	✓				03/31/2011
8.3	Evidence of Infestation	✓				03/31/2011
8.4	Garbage and Debris	✓				03/31/2011
8.5	Refuse Disposal	✓				03/31/2011
8.6	Interior Stairs and Common Halls	✓				03/31/2011
8.7	Other Interior Hazards	✓				03/31/2011
8.8	Elevators	✓				03/31/2011
8.9	Interior Air Quality	✓				03/31/2011
8.10	Site and Neighborhood Conditions	✓				03/31/2011
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	03/31/2011

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000028311	Inspector <b>Charles Fields</b>	Date of Inspection (mm/dd/yyyy) 03/31/2011	Address of Inspected Unit 3104 53rd Street Apt 440-A
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
Item Number	Reason for "Fail" or "Pass with Comments" Rating		

Galveston TX 77550

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

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121276 Inspected: 03/07/2012 16:04:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		03/03/2012
Inspector <b>Octavius Mitchell</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>03/07/2012</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>03/31/2011</b>	PHA <b>Galveston Housing Authority</b>

## A. General Information

Inspected Unit	Year Constructed (yyyy)	1978	Housing Type (check as appropriate)
Full Address (including Street, City, County, State, Zip)			
3104 53rd Street Apt 440-A	Galveston TX 77550 Galveston		
Number of Children in Family Under 6		0	<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Owner	Name of Owner or Agent Authorized to Lease Unit Inspected		
	Woman Inc.		
	Phone Number		
	[409] 741-9098		
Address of Owner or Agent	Houston TX 77257		
P O Box 571898			

## B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input type="checkbox"/> Fail	3	3
<input type="checkbox"/> Inconclusive		

## 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	✓				03/07/2012
1.2	Electricity	✓				03/07/2012
1.3	Electrical Hazards	✓				03/07/2012
1.4	Security	✓				03/07/2012
1.5	Window Condition	✓				03/07/2012
1.6	Ceiling Condition	✓				03/07/2012
1.7	Wall Condition	✓				03/07/2012
1.8	Floor Condition	✓				03/07/2012

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/07/2012
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				03/07/2012
2.2	Electricity	✓				03/07/2012
2.3	Electrical Hazards	✓				03/07/2012
2.4	Security	✓				03/07/2012
2.5	Window Condition	✓				03/07/2012
2.6	Ceiling Condition	✓				03/07/2012
2.7	Wall Condition	✓				03/07/2012
2.8	Floor Condition	✓				03/07/2012
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/07/2012
2.10	Stove or Range with Oven	✓				03/07/2012
2.11	Refrigerator	✓				03/07/2012
2.12	Sink	✓				03/07/2012
2.13	Space for Storage, Preparation, and Serving of Food	✓				03/07/2012
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				03/07/2012
3.2	Electricity	✓				03/07/2012
3.3	Electrical Hazards	✓				03/07/2012
3.4	Security	✓				03/07/2012
3.5	Window Condition	✓				03/07/2012
3.6	Ceiling Condition	✓				03/07/2012
3.7	Wall Condition	✓				03/07/2012
3.8	Floor Condition	✓				03/07/2012
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/07/2012
3.10	Flush Toilet in Enclosed Room in Unit	✓				03/07/2012
3.11	Fixed Wash Basin or Lavatory in Unit	✓				03/07/2012
3.12	Tub or Shower in Unit	✓				03/07/2012
3.13	Ventilation	✓				03/07/2012

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 checked="" type="checkbox"/> 4				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear 1 Floor Level	
4.2	Electricity/Illumination	✓				03/07/2012
4.3	Electrical Hazards	✓				03/07/2012
4.4	Security	✓				03/07/2012
4.5	Window Condition	✓				03/07/2012
4.6	Ceiling Condition	✓				03/07/2012
4.7	Wall Condition	✓				03/07/2012
4.8	Floor Condition	✓				03/07/2012
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	✓				03/07/2012
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors	✓			Present & Working	03/07/2012
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					

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) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
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	✓				03/07/2012
5.3	Electrical Hazards	✓				03/07/2012
5.4	Other Potentially Hazardous Features in these Rooms	✓				03/07/2012

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				03/07/2012
6.2	Condition of Stairs, Rails, and Porches	✓				03/07/2012
6.3	Condition of Roof/Gutters	✓				03/07/2012
6.4	Condition of Exterior Surfaces	✓				03/07/2012
6.5	Condition of Chimney	✓				03/07/2012
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	03/07/2012
6.7	Manufactured Home: Tie Downs	✓				03/07/2012
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				03/07/2012
7.2	Safety of Heating Equipment	✓				03/07/2012
7.3	Ventilation/Cooling	✓				03/07/2012
7.4	Water Heater	✓				03/07/2012
7.5	Approvable Water Supply	✓				03/07/2012
7.6	Plumbing	✓				03/07/2012
7.7	Sewer Connection	✓				03/07/2012
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				03/07/2012
8.2	Fire Exits	✓				03/07/2012
8.3	Evidence of Infestation	✓				03/07/2012
8.4	Garbage and Debris	✓				03/07/2012
8.5	Refuse Disposal	✓				03/07/2012
8.6	Interior Stairs and Common Halls	✓				03/07/2012
8.7	Other Interior Hazards	✓				03/07/2012
8.8	Elevators	✓				03/07/2012
8.9	Interior Air Quality	✓				03/07/2012
8.10	Site and Neighborhood Conditions	✓			End of Row / Average	03/07/2012
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	03/07/2012

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000028311	Inspector Octavius Mitchell	Date of Inspection (mm/dd/yyyy) 03/07/2012	Address of Inspected Unit 3104 53rd Street Apt 440-A Galveston TX 77550
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>

- | Item Number   | Reason for "Fail" or "Pass with Comments" Rating |
|---|--|
| - 4.10 Entrance Halls, Corridors, Halls, Staircases, Smoke Detectors: Pass, Left to Right: L, Front to Rear: F, Floor Level: 1, Comments: Present & Working |  |
| - 8.10 General Health and Safety, Site and Neighborhood Conditions: Pass, Comments: End of Row / Average  |  |

Continued on additional page  Yes  No





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

104022 Inspected: 10/31/2008 13:30:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		03/01/2009
Inspector <b>Teri Holcomb</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>10/31/2008</b>
Type of Inspection <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>03/19/2008</b>	PHA <b>Galveston Housing Authority</b>

<b>A. General Information</b>				<b>Housing Type (check as appropriate)</b>	
<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	<b>1978</b>		<input type="checkbox"/> Single Family Detached	
Full Address (including Street, City, County, State, Zip)				<input type="checkbox"/> Duplex or Two Family	
3104 53rd Street		Galveston	TX	77550	<input type="checkbox"/> Row House or Town House
Apt 441-B		Galveston			<input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment
Number of Children in Family Under 6	0				
<b>Owner</b>					
Name of Owner or Agent Authorized to Lease Unit Inspected	Phone Number				
Woman Inc.	[409] 741-9098				
Address of Owner or Agent					
P O Box 571898					
Houston TX 77257					

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>			
<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	
<input type="checkbox"/> Fail	3	3	
<input type="checkbox"/> Inconclusive			

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	✓				10/31/2008
1.2	Electricity	✓				10/31/2008
1.3	Electrical Hazards	✓				10/31/2008
1.4	Security	✓				10/31/2008
1.5	Window Condition	✓				10/31/2008
1.6	Ceiling Condition	✓				10/31/2008
1.7	Wall Condition	✓				10/31/2008
1.8	Floor Condition	✓				10/31/2008

\* 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- Pass	No Fall	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	10/31/2008
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				10/31/2008
2.2	Electricity	✓				10/31/2008
2.3	Electrical Hazards	✓				10/31/2008
2.4	Security	✓				10/31/2008
2.5	Window Condition	✓				10/31/2008
2.6	Ceiling Condition	✓				10/31/2008
2.7	Wall Condition	✓				10/31/2008
2.8	Floor Condition	✓				10/31/2008
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	10/31/2008
2.10	Stove or Range with Oven	✓				10/31/2008
2.11	Refrigerator	✓				10/31/2008
2.12	Sink	✓				10/31/2008
2.13	Space for Storage, Preparation, and Serving of Food	✓				10/31/2008
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				10/31/2008
3.2	Electricity	✓				10/31/2008
3.3	Electrical Hazards	✓				10/31/2008
3.4	Security	✓				10/31/2008
3.5	Window Condition	✓				10/31/2008
3.6	Ceiling Condition	✓				10/31/2008
3.7	Wall Condition	✓				10/31/2008
3.8	Floor Condition	✓				10/31/2008
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	10/31/2008
3.10	Flush Toilet in Enclosed Room in Unit	✓				10/31/2008
3.11	Fixed Wash Basin or Lavatory in Unit	✓				10/31/2008
3.12	Tub or Shower in Unit	✓				10/31/2008
3.13	Ventilation	✓				10/31/2008

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
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	✓				10/31/2008
5.3	Electrical Hazards	✓				10/31/2008
5.4	Other Potentially Hazardous Features in these Rooms	✓				10/31/2008

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				10/31/2008
6.2	Condition of Stairs, Rails, and Porches	✓				10/31/2008
6.3	Condition of Roof/Gutters	✓				10/31/2008
6.4	Condition of Exterior Surfaces	✓				10/31/2008
6.5	Condition of Chimney	✓				10/31/2008
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	10/31/2008
6.7	Manufactured Home: Tie Downs	✓				10/31/2008
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				10/31/2008
7.2	Safety of Heating Equipment	✓				10/31/2008
7.3	Ventilation/Cooling	✓				10/31/2008
7.4	Water Heater	✓				10/31/2008
7.5	Approvable Water Supply	✓				10/31/2008
7.6	Plumbing	✓				10/31/2008
7.7	Sewer Connection	✓				10/31/2008
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				10/31/2008
8.2	Fire Exits	✓				10/31/2008
8.3	Evidence of Infestation	✓				10/31/2008
8.4	Garbage and Debris	✓				10/31/2008
8.5	Refuse Disposal	✓				10/31/2008
8.6	Interior Stairs and Common Halls	✓				10/31/2008
8.7	Other Interior Hazards	✓				10/31/2008
8.8	Elevators	✓				10/31/2008
8.9	Interior Air Quality	✓				10/31/2008
8.10	Site and Neighborhood Conditions	✓				10/31/2008
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	10/31/2008

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000018459	Inspector Teri Holcomb	Date of Inspection (mm/dd/yyyy) 10/31/2008	Address of Inspected Unit 3104 53rd Street Apt 441-B Galveston TX 77550
Type of Inspection	Initial <input type="checkbox"/>	Special <input checked="" type="checkbox"/>	Reinspection <input type="checkbox"/>

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No





# 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. 4/30/2014)

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**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

**106881 Inspected: 03/02/2009 14:30:00**

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		03/01/2010
Inspector <b>Robert Jefferies</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>03/02/2009</b>
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>03/02/2009</b>	PHA <b>Galveston Housing Authority</b>

<b>A. General Information</b>				<b>Housing Type (check as appropriate)</b>	
<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	<b>1978</b>		<input type="checkbox"/> Single Family Detached	
<b>Full Address (including Street, City, County, State, Zip)</b>				<input type="checkbox"/> Duplex or Two Family	
<b>3104 53rd Street</b>		<b>Galveston TX</b>	<b>77550</b>	<input type="checkbox"/> Row House or Town House	
<b>Apt 441-B</b>		<b>Galveston</b>		<input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment	
<b>Number of Children in Family Under 6</b>	0				
<b>Owner</b>					
<b>Name of Owner or Agent Authorized to Lease Unit Inspected</b>			<b>Phone Number</b>		
<b>Woman Inc.</b>			<b>[409] 741-9098</b>		
<b>Address of Owner or Agent</b>					
<b>P O Box 571898</b>					
<b>Houston TX</b>		<b>77257</b>			

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>			
<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	
<input type="checkbox"/> Fail	3	3	
<input type="checkbox"/> Inconclusive			

Inspection Checklist					Final Approval Date (mm/dd/yyyy)
Item No.	1. Living Room	Yes Pass	No Fail	In-Conc	Comment
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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	
<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 Are all painted surfaces free of deteriorated paint?  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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					03/02/2009
<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 Are all painted surfaces free of deteriorated paint?  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	
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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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				<input type="checkbox"/> 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.

**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)

**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)

**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)

**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)

**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)

**6. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000018459	Inspector Robert Jefferies	Date of Inspection (mm/dd/yyyy) 03/02/2009	Address of Inspected Unit 3104 53rd Street Apt 441-B Galveston TX 77550
Type of Inspection	Initial <input checked="" type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

112758 Inspected: 12/10/2009 15:01:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		11/01/2009
Inspector <b>Octavius Mitchell</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>12/10/2009</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>03/02/2009</b>	PHA <b>Galveston Housing Authority</b>

<b>A. General Information</b>				<b>Housing Type (check as appropriate)</b> <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	<b>1978</b>		
<b>Full Address (including Street, City, County, State, Zip)</b>				
<b>3104 53rd Street</b>	<b>Galveston TX</b>	<b>77550</b>		
<b>Apt 441-B</b>	<b>Galveston</b>			
<b>Number of Children in Family Under 6</b>	<b>0</b>			
<b>Owner</b>				
<b>Name of Owner or Agent Authorized to Lease Unit Inspected</b>		<b>Phone Number</b>		
<b>Woman Inc.</b>		<b>[409] 741-9098</b>		
<b>Address of Owner or Agent</b>				
<b>P O Box 571898</b>				
<b>Houston TX</b>	<b>77257</b>			

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>			
<input type="checkbox"/> Pass	<b>Number of Bedrooms for Purposes of the FMR or Payment Standard</b>	<b>Number of Sleeping Rooms</b>	<b>No Show</b>
<input type="checkbox"/> Fail			
<input checked="" type="checkbox"/> Inconclusive			

Inspection Checklist		Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
Item No.	<b>1. Living Room</b>					
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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	
<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 Are all painted surfaces free of deteriorated paint?  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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					12/10/2009
<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 Are all painted surfaces free of deteriorated paint?  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	
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	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fall	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fall	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No







# 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. 4/30/2014)

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112980 Inspected: 01/12/2010 11:57:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		11/01/2009
Inspector <b>Octavius Mitchell</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>01/12/2010</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>12/10/2009</b>	PHA <b>Galveston Housing Authority</b>

### A. General Information

Inspected Unit	Year Constructed (yyyy)	1978	Housing Type (check as appropriate)
Full Address (including Street, City, County, State, Zip)			
3104 53rd Street Apt 441-B	Galveston TX 77550 Galveston		
Number of Children in Family Under 6	0		<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise; 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Owner	Name of Owner or Agent Authorized to Lease Unit Inspected		
	Woman Inc.		
	Phone Number		
	[409] 741-9098		
Address of Owner or Agent	Houston TX 77257		
P O Box 571898			

### B. Summary Decision On Unit (To be completed after form has been filled out)

<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input checked="" type="checkbox"/> Fail	3	3
<input type="checkbox"/> Inconclusive		

### 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	✓				01/12/2010
1.2	Electricity	✓				01/12/2010
1.3	Electrical Hazards	✓				01/12/2010
1.4	Security		✓		Repair cracks in door	
1.5	Window Condition	✓				01/12/2010
1.6	Ceiling Condition		✓		Mold present	
1.7	Wall Condition	✓				01/12/2010
1.8	Floor Condition	✓				01/12/2010

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	01/12/2010
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				01/12/2010
2.2	Electricity	✓				01/12/2010
2.3	Electrical Hazards	✓				01/12/2010
2.4	Security	✓				01/12/2010
2.5	Window Condition	✓				01/12/2010
2.6	Ceiling Condition	✓				01/12/2010
2.7	Wall Condition	✓				01/12/2010
2.8	Floor Condition	✓				01/12/2010
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	01/12/2010
2.10	Stove or Range with Oven	✓				01/12/2010
2.11	Refrigerator	✓				01/12/2010
2.12	Sink	✓				01/12/2010
2.13	Space for Storage, Preparation, and Serving of Food	✓				01/12/2010
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				01/12/2010
3.2	Electricity	✓				01/12/2010
3.3	Electrical Hazards	✓				01/12/2010
3.4	Security	✓				01/12/2010
3.5	Window Condition	✓				01/12/2010
3.6	Ceiling Condition	✓				01/12/2010
3.7	Wall Condition	✓				01/12/2010
3.8	Floor Condition	✓				01/12/2010
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	01/12/2010
3.10	Flush Toilet in Enclosed Room in Unit	✓				01/12/2010
3.11	Fixed Wash Basin or Lavatory in Unit	✓				01/12/2010
3.12	Tub or Shower in Unit	✓				01/12/2010
3.13	Ventilation	✓				01/12/2010

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"/> 4				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear 1 Floor Level	
4.2	Electricity/Illumination	✓				01/12/2010
4.3	Electrical Hazards		✓		Missing cover over doorbell	
4.4	Security	✓				01/12/2010
4.5	Window Condition	✓				01/12/2010
4.6	Ceiling Condition	✓				01/12/2010
4.7	Wall Condition	✓				01/12/2010
4.8	Floor Condition	✓				01/12/2010
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	✓				01/12/2010
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors	✓				01/12/2010
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				01/12/2010
5.3	Electrical Hazards	✓				01/12/2010
5.4	Other Potentially Hazardous Features in these Rooms	✓				01/12/2010

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				01/12/2010
6.2	Condition of Stairs, Rails, and Porches	✓				01/12/2010
6.3	Condition of Roof/Gutters	✓				01/12/2010
6.4	Condition of Exterior Surfaces	✓				01/12/2010
6.5	Condition of Chimney	✓				01/12/2010
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	01/12/2010
6.7	Manufactured Home: Tie Downs	✓				01/12/2010
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				01/12/2010
7.2	Safety of Heating Equipment	✓				01/12/2010
7.3	Ventilation/Cooling	✓				01/12/2010
7.4	Water Heater	✓				01/12/2010
7.5	Approvable Water Supply	✓				01/12/2010
7.6	Plumbing	✓				01/12/2010
7.7	Sewer Connection	✓				01/12/2010
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				01/12/2010
8.2	Fire Exits	✓				01/12/2010
8.3	Evidence of Infestation	✓				01/12/2010
8.4	Garbage and Debris	✓				01/12/2010
8.5	Refuse Disposal	✓				01/12/2010
8.6	Interior Stairs and Common Halls	✓				01/12/2010
8.7	Other Interior Hazards	✓				01/12/2010
8.8	Elevators	✓				01/12/2010
8.9	Interior Air Quality	✓				01/12/2010
8.10	Site and Neighborhood Conditions	✓				01/12/2010
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	01/12/2010

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000018459	Inspector Octavius Mitchell	Date of Inspection (mm/dd/yyyy) 01/12/2010	Address of Inspected Unit 3104 53rd Street Apt 441-B
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
			Galveston TX 77550

- | Item Number  | Reason for "Fail" or "Pass with Comments" Rating |
|--|--|
| - 1.4 Living Room, Security: Fail, Responsible Party - Owner, Left to Right: R, Front to Rear: F, Floor Level: 1, Comments: Repair cracks in door  |  |
| - 1.6 Living Room, Ceiling Condition: Fail, Responsible Party - Owner, Left to Right: R, Front to Rear: C, Floor Level: 1, Comments: Mold present  |  |
| - 4.3 Entrance Halls, Corridors, Halls, Staircases, Electrical Hazards: Fail, Responsible Party - Owner, Left to Right: R, Front to Rear: F, Floor Level: 1, Comments: Missing cover over doorbell |  |

Continued on additional page  Yes  No





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

**113706 Inspected: 02/26/2010 09:00:00**

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		11/01/2010
Inspector <b>Robert Jefferies</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>02/26/2010</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>01/12/2010</b>	PHA <b>Galveston Housing Authority</b>

<b>A. General Information</b>			
<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	<b>1978</b>	
Full Address (including Street, City, County, State, Zip)			
<b>3104 53rd Street</b>	<b>Galveston TX</b>	<b>77550</b>	
<b>Apt 441-B</b>	<b>Galveston</b>		
Number of Children in Family Under 6 <b>0</b>			
<b>Owner</b>			
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		Phone Number <b>[409] 741-9098</b>	
Address of Owner or Agent <b>P O Box 571898</b>			
<b>Houston TX 77257</b>			
Housing Type (check as appropriate)			
<input type="checkbox"/> Single Family Detached			
<input type="checkbox"/> Duplex or Two Family			
<input type="checkbox"/> Row House or Town House			
<input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment			
<input type="checkbox"/> High Rise; 5 or More Stories			
<input type="checkbox"/> Manufactured Home			
<input type="checkbox"/> Congregate			
<input type="checkbox"/> Cooperative			
<input type="checkbox"/> Independent Group Residence			
<input type="checkbox"/> Single Room Occupancy			
<input type="checkbox"/> Shared Housing			
<input type="checkbox"/> Other			

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>			
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard <b>3</b>	Number of Sleeping Rooms <b>3</b>	

Inspection Checklist					Final Approval Date (mm/dd/yyyy)
Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	
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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	
<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 Are all painted surfaces free of deteriorated paint?  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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					02/26/2010
<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 Are all painted surfaces free of deteriorated paint?  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	
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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

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) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
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 Fall	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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 113239	Inspector Robert Jefferies	Date of Inspection (mm/dd/yyyy) 02/26/2010	Address of Inspected Unit 3104 53rd Street Apt 441-B Galveston TX 77550
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

116856 Inspected: 09/03/2010 09:49:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		09/02/2010
Inspector Palace Inspections-HCV	Neighborhood/Census Tract 7241	Date of Inspection (mm/dd/yyyy) 09/03/2010
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) 02/26/2010	PHA Galveston Housing Authority

## A. General Information

Inspected Unit	Year Constructed (yyyy)	1978	Housing Type (check as appropriate)
Full Address (including Street, City, County, State, Zip)			
3104 53rd Street Apt 441-B	Galveston TX 77550 Galveston		
Number of Children in Family Under 6 0			<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Owner	Name of Owner or Agent Authorized to Lease Unit Inspected	Phone Number	
	Woman Inc.	[409] 741-9098	
Address of Owner or Agent	Houston TX 77257		
P O Box 571898			

## B. Summary Decision On Unit (To be completed after form has been filled out)

<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input checked="" type="checkbox"/> Fail	3	3
<input type="checkbox"/> Inconclusive		

## 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	✓				09/03/2010
1.2	Electricity	✓				09/03/2010
1.3	Electrical Hazards	✓				09/03/2010
1.4	Security	✓				09/03/2010
1.5	Window Condition	✓				09/03/2010
1.6	Ceiling Condition	✓				09/03/2010
1.7	Wall Condition	✓				09/03/2010
1.8	Floor Condition	✓				09/03/2010

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	09/03/2010
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				09/03/2010
2.2	Electricity	✓				09/03/2010
2.3	Electrical Hazards	✓				09/03/2010
2.4	Security	✓				09/03/2010
2.5	Window Condition	✓				09/03/2010
2.6	Ceiling Condition	✓				09/03/2010
2.7	Wall Condition	✓				09/03/2010
2.8	Floor Condition	✓				09/03/2010
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	09/03/2010
2.10	Stove or Range with Oven	✓				09/03/2010
2.11	Refrigerator	✓				09/03/2010
2.12	Sink	✓				09/03/2010
2.13	Space for Storage, Preparation, and Serving of Food	✓				09/03/2010
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				09/03/2010
3.2	Electricity	✓				09/03/2010
3.3	Electrical Hazards	✓				09/03/2010
3.4	Security	✓				09/03/2010
3.5	Window Condition	✓				09/03/2010
3.6	Ceiling Condition	✓				09/03/2010
3.7	Wall Condition	✓				09/03/2010
3.8	Floor Condition		✓		Repair floor lifting up behind toilet	
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	09/03/2010
3.10	Flush Toilet in Enclosed Room in Unit	✓				09/03/2010
3.11	Fixed Wash Basin or Lavatory in Unit	✓				09/03/2010
3.12	Tub or Shower in Unit	✓				09/03/2010
3.13	Ventilation		✓		Inoperable	

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"/> 4	(Circle One) Right/Center/Left		(Circle One) Front/Center/Rear		2 Floor Level
4.2	Electricity/Illumination	<input checked="" type="checkbox"/>				09/03/2010
4.3	Electrical Hazards	<input checked="" type="checkbox"/>				09/03/2010
4.4	Security	<input checked="" type="checkbox"/>				09/03/2010
4.5	Window Condition	<input checked="" type="checkbox"/>				09/03/2010
4.6	Ceiling Condition	<input checked="" type="checkbox"/>				09/03/2010
4.7	Wall Condition		<input checked="" type="checkbox"/>		Repair wall paint be window in hallway	
4.8	Floor Condition	<input checked="" type="checkbox"/>				09/03/2010
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?	<input checked="" type="checkbox"/>				09/03/2010
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors	<input checked="" type="checkbox"/>				09/03/2010
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					

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) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
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	✓				09/03/2010
5.3	Electrical Hazards	✓				09/03/2010
5.4	Other Potentially Hazardous Features in these Rooms	✓				09/03/2010

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				09/03/2010
6.2	Condition of Stairs, Rails, and Porches	✓				09/03/2010
6.3	Condition of Roof/Gutters	✓				09/03/2010
6.4	Condition of Exterior Surfaces	✓				09/03/2010
6.5	Condition of Chimney	✓				09/03/2010
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	09/03/2010
6.7	Manufactured Home: Tie Downs	✓				09/03/2010
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				09/03/2010
7.2	Safety of Heating Equipment	✓				09/03/2010
7.3	Ventilation/Cooling	✓				09/03/2010
7.4	Water Heater	✓				09/03/2010
7.5	Approvable Water Supply	✓				09/03/2010
7.6	Plumbing	✓				09/03/2010
7.7	Sewer Connection	✓				09/03/2010
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				09/03/2010
8.2	Fire Exits	✓				09/03/2010
8.3	Evidence of Infestation	✓				09/03/2010
8.4	Garbage and Debris	✓				09/03/2010
8.5	Refuse Disposal	✓				09/03/2010
8.6	Interior Stairs and Common Halls	✓				09/03/2010
8.7	Other Interior Hazards	✓				09/03/2010
8.8	Elevators	✓				09/03/2010
8.9	Interior Air Quality	✓				09/03/2010
8.10	Site and Neighborhood Conditions	✓			apartment outer row	09/03/2010
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	09/03/2010

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000033173	Inspector Palace Inspections-HCV	Date of Inspection (mm/dd/yyyy) 09/03/2010	Address of Inspected Unit 3104 53rd Street Apt 441-B
Type of Inspection	Initial <input checked="" type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>
			Galveston TX 77550

Item Number Reason for "Fail" or "Pass with Comments" Rating

- 3.13 Bathroom, Ventilation: Fail, Responsible Party - Owner, Left to Right: L, Front to Rear: R, Floor Level: 2, Comments: Inoperable
- 3.8 Bathroom, Floor Condition: Fail, Responsible Party - Owner, Left to Right: C, Front to Rear: C, Floor Level: 2, Comments: Repair floor lifting up behind toilet
- 4.7 Entrance Halls, Corridors, Halls, Staircases, Wall Condition: Fail, Responsible Party - Owner, Left to Right: C, Front to Rear: C, Floor Level: 2, Comments: Repair wall paint be window in hallway
- 8.10 General Health and Safety, Site and Neighborhood Conditions: Pass, Left to Right: L, Front to Rear: R, Floor Level: 2, Comments: apartment outter row

Continued on additional page  Yes  No





# 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. 4/30/2014)

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**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

116875 Inspected: 09/10/2010 09:12:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		09/09/2010
Inspector Palace Inspections-HCV	Neighborhood/Census Tract 7241	Date of Inspection (mm/dd/yyyy) 09/10/2010
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) 09/03/2010	PHA Galveston Housing Authority

<b>A. General Information</b>				<b>Housing Type (check as appropriate)</b> <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	1978		
<b>Full Address (including Street, City, County, State, Zip)</b>				
3104 53rd Street Apt 441-B		Galveston TX	77550	
Number of Children in Family Under 6 0				
<b>Owner</b>				
Name of Owner or Agent Authorized to Lease Unit Inspected Woman Inc.		Phone Number [409] 741-9098		
Address of Owner or Agent P O Box 571898 Houston TX 77257				

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>			
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard 3	Number of Sleeping Rooms 3	

Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				09/10/2010
1.2	Electricity	✓				09/10/2010
1.3	Electrical Hazards	✓				09/10/2010
1.4	Security	✓				09/10/2010
1.5	Window Condition	✓				09/10/2010
1.6	Ceiling Condition	✓				09/10/2010
1.7	Wall Condition	✓				09/10/2010
1.8	Floor Condition	✓				09/10/2010

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	09/10/2010
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				09/10/2010
2.2	Electricity	✓				09/10/2010
2.3	Electrical Hazards	✓				09/10/2010
2.4	Security	✓				09/10/2010
2.5	Window Condition	✓				09/10/2010
2.6	Ceiling Condition	✓				09/10/2010
2.7	Wall Condition	✓				09/10/2010
2.8	Floor Condition	✓				09/10/2010
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	09/10/2010
2.10	Stove or Range with Oven	✓				09/10/2010
2.11	Refrigerator	✓				09/10/2010
2.12	Sink	✓				09/10/2010
2.13	Space for Storage, Preparation, and Serving of Food	✓				09/10/2010
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				09/10/2010
3.2	Electricity	✓				09/10/2010
3.3	Electrical Hazards	✓				09/10/2010
3.4	Security	✓				09/10/2010
3.5	Window Condition	✓				09/10/2010
3.6	Ceiling Condition	✓				09/10/2010
3.7	Wall Condition	✓				09/10/2010
3.8	Floor Condition	✓				09/10/2010
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	09/10/2010
3.10	Flush Toilet in Enclosed Room in Unit	✓				09/10/2010
3.11	Fixed Wash Basin or Lavatory in Unit	✓				09/10/2010
3.12	Tub or Shower in Unit	✓				09/10/2010
3.13	Ventilation	✓				09/10/2010

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				09/10/2010
5.3	Electrical Hazards	✓				09/10/2010
5.4	Other Potentially Hazardous Features in these Rooms	✓				09/10/2010

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				09/10/2010
6.2	Condition of Stairs, Rails, and Porches	✓				09/10/2010
6.3	Condition of Roof/Gutters	✓				09/10/2010
6.4	Condition of Exterior Surfaces	✓				09/10/2010
6.5	Condition of Chimney	✓				09/10/2010
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	09/10/2010
6.7	Manufactured Home: Tie Downs	✓				09/10/2010
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				09/10/2010
7.2	Safety of Heating Equipment	✓				09/10/2010
7.3	Ventilation/Cooling	✓				09/10/2010
7.4	Water Heater	✓				09/10/2010
7.5	Approvable Water Supply	✓				09/10/2010
7.6	Plumbing	✓				09/10/2010
7.7	Sewer Connection	✓				09/10/2010
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				09/10/2010
8.2	Fire Exits	✓				09/10/2010
8.3	Evidence of Infestation	✓				09/10/2010
8.4	Garbage and Debris	✓				09/10/2010
8.5	Refuse Disposal	✓				09/10/2010
8.6	Interior Stairs and Common Halls	✓				09/10/2010
8.7	Other Interior Hazards	✓				09/10/2010
8.8	Elevators	✓				09/10/2010
8.9	Interior Air Quality	✓				09/10/2010
8.10	Site and Neighborhood Conditions	✓			apartment outer row	09/10/2010
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	09/10/2010

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000033173	Inspector <b>Palace Inspections-HCV</b>	Date of Inspection (mm/dd/yyyy) <b>09/10/2010</b>	Address of Inspected Unit <b>3104 53rd Street Apt 441-B</b>
Type of Inspection	Initial <input checked="" type="checkbox"/> Special <input type="checkbox"/> Reinspection <input type="checkbox"/>	Galveston TX 77550	

Item Number Reason for "Fail" or "Pass with Comments" Rating

- 8.10 General Health and Safety, Site and Neighborhood Conditions: Pass, Comments: apartment outer row

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

121435 Inspected: 03/07/2012 08:58:00

Name of Family		Tenant ID Number	Date of Request (mm/dd/yyyy)
			03/06/2012
Inspector Richard Simons		Neighborhood/Census Tract 7241	Date of Inspection (mm/dd/yyyy) 03/07/2012
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection		Date of Last Inspection (mm/dd/yyyy) 09/10/2010	PHA Galveston Housing Authority
<b>A. General Information</b>			Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Inspected Unit	Year Constructed (yyyy)	1978	
Full Address (including Street, City, County, State, Zip) 3104 53rd Street Galveston TX 77550 Apt 441-B Galveston			
Number of Children in Family Under 6 0			
<b>Owner</b> Name of Owner or Agent Authorized to Lease Unit Inspected Woman Inc. Phone Number [409] 741-9098			
Address of Owner or Agent P O Box 571898 Houston TX 77257			

**B. Summary Decision On Unit (To be completed after form has been filled out)**

<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard 3	Number of Sleeping Rooms 3
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**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	✓				03/07/2012
1.2	Electricity	✓				03/07/2012
1.3	Electrical Hazards	✓				03/07/2012
1.4	Security	✓				03/07/2012
1.5	Window Condition	✓				03/07/2012
1.6	Ceiling Condition	✓				03/07/2012
1.7	Wall Condition	✓				03/07/2012
1.8	Floor Condition	✓				03/07/2012

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/07/2012
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				03/07/2012
2.2	Electricity	✓				03/07/2012
2.3	Electrical Hazards	✓				03/07/2012
2.4	Security	✓				03/07/2012
2.5	Window Condition	✓				03/07/2012
2.6	Ceiling Condition	✓				03/07/2012
2.7	Wall Condition	✓				03/07/2012
2.8	Floor Condition	✓				03/07/2012
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/07/2012
2.10	Stove or Range with Oven	✓				03/07/2012
2.11	Refrigerator	✓				03/07/2012
2.12	Sink	✓				03/07/2012
2.13	Space for Storage, Preparation, and Serving of Food	✓				03/07/2012
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				03/07/2012
3.2	Electricity	✓				03/07/2012
3.3	Electrical Hazards	✓				03/07/2012
3.4	Security	✓				03/07/2012
3.5	Window Condition	✓				03/07/2012
3.6	Ceiling Condition	✓				03/07/2012
3.7	Wall Condition	✓				03/07/2012
3.8	Floor Condition	✓				03/07/2012
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	03/07/2012
3.10	Flush Toilet in Enclosed Room in Unit	✓				03/07/2012
3.11	Fixed Wash Basin or Lavatory in Unit	✓				03/07/2012
3.12	Tub or Shower in Unit	✓				03/07/2012
3.13	Ventilation	✓				03/07/2012

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				03/07/2012
5.3	Electrical Hazards	✓				03/07/2012
5.4	Other Potentially Hazardous Features in these Rooms	✓				03/07/2012

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				03/07/2012
6.2	Condition of Stairs, Rails, and Porches	✓				03/07/2012
6.3	Condition of Roof/Gutters	✓				03/07/2012
6.4	Condition of Exterior Surfaces	✓				03/07/2012
6.5	Condition of Chimney	✓				03/07/2012
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	03/07/2012
6.7	Manufactured Home: Tie Downs	✓				03/07/2012
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				03/07/2012
7.2	Safety of Heating Equipment	✓				03/07/2012
7.3	Ventilation/Cooling	✓				03/07/2012
7.4	Water Heater	✓				03/07/2012
7.5	Approvable Water Supply	✓				03/07/2012
7.6	Plumbing	✓				03/07/2012
7.7	Sewer Connection	✓				03/07/2012
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				03/07/2012
8.2	Fire Exits	✓				03/07/2012
8.3	Evidence of Infestation	✓				03/07/2012
8.4	Garbage and Debris	✓				03/07/2012
8.5	Refuse Disposal	✓				03/07/2012
8.6	Interior Stairs and Common Halls	✓				03/07/2012
8.7	Other Interior Hazards	✓				03/07/2012
8.8	Elevators	✓				03/07/2012
8.9	Interior Air Quality	✓				03/07/2012
8.10	Site and Neighborhood Conditions	✓			End of row / average.	03/07/2012
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	03/07/2012

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000033173	Inspector Richard Simons	Date of Inspection (mm/dd/yyyy) 03/07/2012	Address of Inspected Unit 3104 53rd Street Apt 441-B Galveston TX 77550
Type of Inspection	Initial <input checked="" type="checkbox"/> Special <input type="checkbox"/> Reinspection <input type="checkbox"/>		

Item Number Reason for "Fail" or "Pass with Comments" Rating

- 8.10 General Health and Safety, Site and Neighborhood Conditions: Pass, Comments: End of row / average.

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

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123855 Inspected: 11/09/2012 09:30:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		11/01/2012
Inspector <b>Curt Gillins</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>11/09/2012</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>03/07/2012</b>	PHA <b>Galveston Housing Authority</b>

<b>A. General Information</b>		<b>Housing Type (check as appropriate)</b> <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b> <b>1978</b>	
<b>Full Address (including Street, City, County, State, Zip)</b> <b>3104 53rd Street Galveston TX 77550</b> <b>Apt 441-B Galveston</b>		
<b>Number of Children in Family Under 6</b>	<b>0</b>	
<b>Owner</b>		
<b>Name of Owner or Agent Authorized to Lease Unit Inspected</b>		<b>Phone Number</b>
<b>Woman Inc.</b>		<b>[409] 741-9098</b>
<b>Address of Owner or Agent</b>		
<b>P O Box 571898</b>		
<b>Houston TX 77257</b>		

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>		
<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input checked="" type="checkbox"/> Fail		
<input type="checkbox"/> Inconclusive		
	<b>3</b>	<b>3</b>

Inspection Checklist				Final Approval Date (mm/dd/yyyy)
Item No.	1. Living Room	Yes Pass	No Fail In-Conc	
1.1	Living Room Present			
1.2	Electricity			
1.3	Electrical Hazards			
1.4	Security			
1.5	Window Condition			
1.6	Ceiling Condition		✓	Livingroom ceiling have mold like stains that require painting.
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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	
<b>2. Kitchen</b>						
2.1	Kitchen Area Present		✓		Rack in kitchen dishwasher is broken.	
2.2	Electricity					
2.3	Electrical Hazards		✓		Broken electrical plate on left wall in kitchen.	
2.4	Security					
2.5	Window Condition					
2.6	Ceiling Condition		✓		Kitchen ceiling need repair from previous water leak.	
2.7	Wall Condition					
2.8	Floor Condition					
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	
2.10	Stove or Range with Oven		✓		Front right burner on stove is not working properly.	
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					11/09/2012
<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 Are all painted surfaces free of deteriorated paint? 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	
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"/> 1				(Circle One) Right/Center/Left <input checked="" type="radio"/> (Circle One) Front/Center/Rear <input checked="" type="radio"/> <u>2</u> Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition		<input checked="" type="checkbox"/>		All three upstairs bedroom windows have peeling paint at window board. need	
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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"/> 2				(Circle One) Right/Center/Left <input checked="" type="radio"/> (Circle One) Front/Center/Rear <input checked="" type="radio"/> <u>1</u> Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards		<input checked="" type="checkbox"/>		Dining room rear wall have a broken electrical plate.	
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fall	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
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		✓		Front and back porch light not working.	
6.3	Condition of Roof/Gutters					
6.4	Condition of Exterior Surfaces					
6.5	Condition of Chimney					
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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		✓		At bottom of front door have large opening that allow insects to enter apartment.	
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				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000033173	Inspector Curt Gillins	Date of Inspection (mm/dd/yyyy) 11/09/2012	Address of Inspected Unit 3104 53rd Street Apt 441-B
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
			Galveston TX 77550

- | Item Number | Reason for "Fail" or "Pass with Comments" Rating   |
|-------------|--|
| - 1.6       | Living Room, Ceiling Condition: Fail, Responsible Party - Owner, Left to Right: L, Front to Rear: F, Floor Level: 1, Comments: Livingroom ceiling have mold like stains that require painting.   |
| - 2.1       | Kitchen, Kitchen Area Present: Fail, Responsible Party - Owner, Left to Right: L, Front to Rear: R, Floor Level: 1, Comments: Rack in kitchen dishwasher is broken.  |
| - 2.10      | Kitchen, Stove or Range with Oven: Fail, Responsible Party - Owner, Left to Right: R, Front to Rear: R, Floor Level: 1, Comments: Front right burner on stove is not working properly.   |
| - 2.3       | Kitchen, Electrical Hazards: Fail, Responsible Party - Owner, Left to Right: L, Front to Rear: R, Floor Level: 1, Comments: Broken electrical plate on left wall in kitchen.   |
| - 2.6       | Kitchen, Ceiling Condition: Fail, Responsible Party - Owner, Left to Right: L, Front to Rear: R, Floor Level: 1, Comments: Kitchen ceiling need repair from previous water leak.   |
| - 4.3       | Dining Room or Dining Area, Electrical Hazards: Fail, Responsible Party - Owner, Left to Right: C, Front to Rear: R, Floor Level: 1, Comments: Dining room rear wall have a broken electrical plate.   |
| - 4.5       | Bedroom or Any Other Room Used for Sleeping regardless of type of room, Window Condition: Fail, Responsible Party - Owner, Left to Right: L, Front to Rear: F, Floor Level: 2, Comments: All three upstairs bedroom windows have peeling paint at window board, need repainting. |
| - 6.2       | Building Exterior, Condition of Stairs, Rails, and Porches: Fail, Responsible Party - Owner, Left to Right: C, Front to Rear: F, Floor Level: 1, Comments: Front and back porch light not working.   |
| - 8.1       | General Health and Safety, Access to Unit: Fail, Responsible Party - Owner, Left to Right: C, Front to Rear: F, Floor Level: 1, Comments: At bottom of front door have large opening that allow insects to enter apartment.  |

Continued on additional page  Yes  No





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

123855 Inspected: 12/05/2012 09:00:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		12/09/2012
Inspector <b>Curt Gillins</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>12/05/2012</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>11/09/2012</b>	PHA <b>Galveston Housing Authority</b>

<b>A. General Information</b>		Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Inspected Unit	Year Constructed (yyyy) <b>1978</b>	
Full Address (Including Street, City, County, State, Zip)		
3104 53rd Street Galveston TX 77550 Apt 441-B Galveston		
Number of Children in Family Under 6 <b>0</b>		
Owner Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		
Address of Owner or Agent P O Box 571898 Houston TX 77257		
Phone Number <b>[409] 741-9098</b>		

<b>B. Summary Decision On Unit</b> (To be completed after form has been filled out)		
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard <b>3</b>	Number of Sleeping Rooms <b>3</b>

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	✓				12/05/2012
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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓			Rack in kitchen dishwasher is broken.	12/05/2012
2.2	Electricity					
2.3	Electrical Hazards	✓			Broken electrical plate on left wall in kitchen.	12/05/2012
2.4	Security					
2.5	Window Condition					
2.6	Ceiling Condition	✓				12/05/2012
2.7	Wall Condition					
2.8	Floor Condition					
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	
2.10	Stove or Range with Oven	✓			Front right burner on stove is not working properly.	12/05/2012
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					12/05/2012
<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 Are all painted surfaces free of deteriorated paint? 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	
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"/> 1				(Circle One) Right/Center/Left <input checked="" type="checkbox"/> (Circle One) Front/Center/Rear <input checked="" type="checkbox"/> 2 Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition	✓				12/05/2012
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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"/> 2				(Circle One) Right/Center/Left <input checked="" type="checkbox"/> (Circle One) Front/Center/Rear <input checked="" type="checkbox"/> 1 Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards	✓				12/05/2012
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					
<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	✓				12/05/2012
6.3	Condition of Roof/Gutters					
6.4	Condition of Exterior Surfaces					
6.5	Condition of Chimney					
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  if not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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	✓				12/05/2012
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				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000033173	Inspector Curt Gillins	Date of Inspection (mm/dd/yyyy) 12/05/2012	Address of Inspected Unit 3104 53rd Street Apt 441-B
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
			Galveston TX 77550

Item Number	Reason for "Fail" or "Pass with Comments"	Rating
- 2.1 Kitchen, Kitchen Area Present:	Pass, Left to Right: L, Front to Rear: R, Floor Level: 1, Comments: Rack in kitchen dishwasher is broken.	
- 2.10 Kitchen, Stove or Range with Oven:	Pass, Left to Right: R, Front to Rear: R, Floor Level: 1, Comments: Front right burner on stove is not working properly.	
- 2.3 Kitchen, Electrical Hazards:	Pass, Left to Right: L, Front to Rear: R, Floor Level: 1, Comments: Broken electrical plate on left wall in kitchen.	

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

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103569 Inspected: 08/20/2008 09:30:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		05/04/2009
Inspector <b>Teri Holcomb</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>08/20/2008</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>07/18/2008</b>	PHA <b>Galveston Housing Authority</b>

**A. General Information**

<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	<b>1978</b>	<b>Housing Type (check as appropriate)</b> <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
<b>Full Address (including Street, City, County, State, Zip)</b>			
<b>3104 53rd Street</b> <b>Apt 441-A</b>	<b>Galveston TX</b>	<b>77550</b>	
<b>Number of Children in Family Under 6</b>	<b>0</b>		
<b>Owner</b>			
<b>Name of Owner or Agent Authorized to Lease Unit Inspected</b>		<b>Phone Number</b>	
<b>Woman Inc.</b>		<b>[409] 741-9098</b>	
<b>Address of Owner or Agent</b>			
<b>P O Box 571898</b>			
<b>Houston TX 77257</b>			

**B. Summary Decision On Unit (To be completed after form has been filled out)**

<input type="checkbox"/> Pass	<b>Number of Bedrooms for Purposes of the FMR or Payment Standard</b>	<b>Number of Sleeping Rooms</b>		
<input checked="" type="checkbox"/> Fail			<b>3</b>	<b>3</b>
<input type="checkbox"/> Inconclusive				

**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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	
<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 Are all painted surfaces free of deteriorated paint?  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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					08/20/2008
<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 Are all painted surfaces free of deteriorated paint?  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	
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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000026862	Inspector <b>Teri Holcomb</b>	Date of Inspection (mm/dd/yyyy) <b>08/20/2008</b>	Address of Inspected Unit <b>3104 53rd Street Apt 441-A</b>
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
			<b>Galveston TX 77550</b>

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

104021 Inspected: 10/31/2008 13:30:00

Name of Family		Tenant ID Number	Date of Request (mm/dd/yyyy)
			09/01/2009
Inspector <b>Teri Holcomb</b>		Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>10/31/2008</b>
Type of Inspection <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Special <input type="checkbox"/> Reinspection		Date of Last Inspection (mm/dd/yyyy) <b>10/03/2008</b>	PHA <b>Galveston Housing Authority</b>
<b>A. General Information</b>			Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
<b>Inspected Unit</b>		<b>Year Constructed (yyyy)</b> <b>1978</b>	
Full Address (including Street, City, County, State, Zip) <b>3104 53rd Street Galveston TX 77550</b> <b>Apt 441-A Galveston</b>			
Number of Children in Family Under 6 <b>0</b>			
<b>Owner</b> Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>			
Address of Owner or Agent <b>P O Box 571898</b> <b>Houston TX 77257</b>		Phone Number <b>[409] 741-9098</b>	

**B. Summary Decision On Unit** (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard <b>3</b>	Number of Sleeping Rooms <b>3</b>
--	--	--------------------------------------

Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				10/31/2008
1.2	Electricity	✓				10/31/2008
1.3	Electrical Hazards	✓				10/31/2008
1.4	Security	✓				10/31/2008
1.5	Window Condition	✓				10/31/2008
1.6	Ceiling Condition	✓				10/31/2008
1.7	Wall Condition	✓				10/31/2008
1.8	Floor Condition	✓				10/31/2008

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	10/31/2008
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				10/31/2008
2.2	Electricity	✓				10/31/2008
2.3	Electrical Hazards	✓				10/31/2008
2.4	Security	✓				10/31/2008
2.5	Window Condition	✓				10/31/2008
2.6	Ceiling Condition	✓				10/31/2008
2.7	Wall Condition	✓				10/31/2008
2.8	Floor Condition	✓				10/31/2008
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	10/31/2008
2.10	Stove or Range with Oven	✓				10/31/2008
2.11	Refrigerator	✓				10/31/2008
2.12	Sink	✓				10/31/2008
2.13	Space for Storage, Preparation, and Serving of Food	✓				10/31/2008
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				10/31/2008
3.2	Electricity	✓				10/31/2008
3.3	Electrical Hazards	✓				10/31/2008
3.4	Security	✓				10/31/2008
3.5	Window Condition	✓				10/31/2008
3.6	Ceiling Condition	✓				10/31/2008
3.7	Wall Condition	✓				10/31/2008
3.8	Floor Condition	✓				10/31/2008
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	10/31/2008
3.10	Flush Toilet in Enclosed Room in Unit	✓				10/31/2008
3.11	Fixed Wash Basin or Lavatory in Unit	✓				10/31/2008
3.12	Tub or Shower in Unit	✓				10/31/2008
3.13	Ventilation	✓				10/31/2008

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fail	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

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) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
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	✓				10/31/2008
5.3	Electrical Hazards	✓				10/31/2008
5.4	Other Potentially Hazardous Features in these Rooms	✓				10/31/2008

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				10/31/2008
6.2	Condition of Stairs, Rails, and Porches	✓				10/31/2008
6.3	Condition of Roof/Gutters	✓				10/31/2008
6.4	Condition of Exterior Surfaces	✓				10/31/2008
6.5	Condition of Chimney	✓				10/31/2008
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	10/31/2008
6.7	Manufactured Home: Tie Downs	✓				10/31/2008
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				10/31/2008
7.2	Safety of Heating Equipment	✓				10/31/2008
7.3	Ventilation/Cooling	✓				10/31/2008
7.4	Water Heater	✓				10/31/2008
7.5	Approvable Water Supply	✓				10/31/2008
7.6	Plumbing	✓				10/31/2008
7.7	Sewer Connection	✓				10/31/2008
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				10/31/2008
8.2	Fire Exits	✓				10/31/2008
8.3	Evidence of Infestation	✓				10/31/2008
8.4	Garbage and Debris	✓				10/31/2008
8.5	Refuse Disposal	✓				10/31/2008
8.6	Interior Stairs and Common Halls	✓				10/31/2008
8.7	Other Interior Hazards	✓				10/31/2008
8.8	Elevators	✓				10/31/2008
8.9	Interior Air Quality	✓				10/31/2008
8.10	Site and Neighborhood Conditions	✓				10/31/2008
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	10/31/2008

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.

**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)

**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)

**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)

**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)

**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)

**6. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000026862	Inspector Teri Holcomb	Date of Inspection (mm/dd/yyyy) 10/31/2008	Address of Inspected Unit 3104 53rd Street Apt 441-A Galveston TX 77550
Type of Inspection	Initial <input type="checkbox"/>	Special <input checked="" type="checkbox"/>	Reinspection <input type="checkbox"/>

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete







\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	<b>Lead-Based Paint</b> Are all painted surfaces free of deteriorated paint?  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	
<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	<b>Lead-Based Paint</b> Are all painted surfaces free of deteriorated paint?  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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					04/21/2009
<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	<b>Lead-Based Paint</b> Are all painted surfaces free of deteriorated paint?  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	
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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-	Comment	Final Approval Date (mm/dd/yyyy)
		Pass	Fall	Conc.		
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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				<input type="checkbox"/> 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.

**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)

**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)

**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)

**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)

**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)

**6. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000026862	Inspector Robert Jefferies	Date of Inspection (mm/dd/yyyy) 04/21/2009	Address of Inspected Unit 3104 53rd Street Apt 441-A
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
			Galveston TX 77550

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

108803 Inspected: 05/04/2009 14:45:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		09/01/2009
Inspector <b>Robert Jefferies</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>05/04/2009</b>
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>04/21/2009</b>	PHA <b>Galveston Housing Authority</b>

**A. General Information**

<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	<b>1978</b>	<b>Housing Type (check as appropriate)</b> <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
<b>Full Address (including Street, City, County, State, Zip)</b>			
<b>3104 53rd Street</b>	<b>Galveston TX</b>	<b>77550</b>	
<b>Apt 441-A</b>	<b>Galveston</b>		
<b>Number of Children in Family Under 6</b>	[REDACTED]		
<b>0</b>			
<b>Owner</b>			
<b>Name of Owner or Agent Authorized to Lease Unit Inspected</b>		<b>Phone Number</b>	
<b>Woman Inc.</b>		<b>[409] 741-9098</b>	
<b>Address of Owner or Agent</b>			
<b>P O Box 571898</b>			
<b>Houston</b>	<b>TX</b>	<b>77257</b>	

**B. Summary Decision On Unit (To be completed after form has been filled out)**

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms		
<input type="checkbox"/> Fail			3	3
<input type="checkbox"/> Inconclusive				

**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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	
<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 Are all painted surfaces free of deteriorated paint?  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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					05/04/2009
<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 Are all painted surfaces free of deteriorated paint?  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	
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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					
<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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000026862	Inspector Robert Jefferies	Date of Inspection (mm/dd/yyyy) 05/04/2009	Address of Inspected Unit 3104 53rd Street Apt 441-A Galveston TX 77550
Type of Inspection	Initial <input checked="" type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

113154 Inspected: 01/08/2010 10:33:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		01/01/2010
Inspector Palace Inspections-HCV	Neighborhood/Census Tract 7241	Date of Inspection (mm/dd/yyyy) 01/08/2010
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) 05/04/2009	PHA Galveston Housing Authority

### A. General Information

Inspected Unit	Year Constructed (yyyy)	1978	Housing Type (check as appropriate)
Full Address (including Street, City, County, State, Zip)			
3104 53rd Street	Galveston TX	77550	<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise: 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Apt 441-A	Galveston		
Number of Children in Family Under 6	0		
Owner			
Name of Owner or Agent Authorized to Lease Unit Inspected	Woman Inc.		
	Phone Number	[409] 741-9098	
Address of Owner or Agent	P O Box 571898		
	Houston TX	77257	

### B. Summary Decision On Unit (To be completed after form has been filled out)

<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	No Entry
<input type="checkbox"/> Fail			
<input checked="" type="checkbox"/> Inconclusive	3	3	

### 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	
<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 Are all painted surfaces free of deteriorated paint?  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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					01/08/2010
<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 Are all painted surfaces free of deteriorated paint?  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	
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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No







# 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. 4/30/2014)

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113470 Inspected: 01/20/2010 13:10:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		01/01/2010
Inspector <b>Palace Inspections-HCV</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>01/20/2010</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>01/08/2010</b>	PHA <b>Galveston Housing Authority</b>

## A. General Information

Inspected Unit	Year Constructed (yyyy)	1978	Housing Type (check as appropriate)
Full Address (including Street, City, County, State, Zip)			<input type="checkbox"/> Single Family Detached
3104 53rd Street	Galveston TX	77550	<input type="checkbox"/> Duplex or Two Family
Apt 441-A	Galveston		<input type="checkbox"/> Row House or Town House
			<input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment
Number of Children in Family Under 6			<input type="checkbox"/> High Rise; 5 or More Stories
0			<input type="checkbox"/> Manufactured Home
Owner			<input type="checkbox"/> Congregate
Name of Owner or Agent Authorized to Lease Unit Inspected	Phone Number		<input type="checkbox"/> Cooperative
Woman Inc.	[409] 741-9098		<input type="checkbox"/> Independent Group Residence
Address of Owner or Agent			<input type="checkbox"/> Single Room Occupancy
P O Box 571898			<input type="checkbox"/> Shared Housing
Houston TX 77257			<input type="checkbox"/> Other

## B. Summary Decision On Unit (To be completed after form has been filled out)

<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input checked="" type="checkbox"/> Fail	3	3
<input type="checkbox"/> Inconclusive		

## 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	✓				01/20/2010
1.2	Electricity	✓				01/20/2010
1.3	Electrical Hazards	✓				01/20/2010
1.4	Security	✓				01/20/2010
1.5	Window Condition	✓				01/20/2010
1.6	Ceiling Condition	✓				01/20/2010
1.7	Wall Condition	✓				01/20/2010
1.8	Floor Condition	✓				01/20/2010

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	01/20/2010
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				01/20/2010
2.2	Electricity	✓				01/20/2010
2.3	Electrical Hazards	✓				01/20/2010
2.4	Security	✓				01/20/2010
2.5	Window Condition	✓				01/20/2010
2.6	Ceiling Condition	✓				01/20/2010
2.7	Wall Condition	✓				01/20/2010
2.8	Floor Condition	✓				01/20/2010
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	01/20/2010
2.10	Stove or Range with Oven		✓		Inoperable oven not working, Missing knob missing on stove	
2.11	Refrigerator	✓				01/20/2010
2.12	Sink	✓				01/20/2010
2.13	Space for Storage, Preparation, and Serving of Food	✓				01/20/2010
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				01/20/2010
3.2	Electricity	✓				01/20/2010
3.3	Electrical Hazards	✓				01/20/2010
3.4	Security	✓				01/20/2010
3.5	Window Condition	✓				01/20/2010
3.6	Ceiling Condition	✓				01/20/2010
3.7	Wall Condition	✓				01/20/2010
3.8	Floor Condition	✓				01/20/2010
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	01/20/2010
3.10	Flush Toilet in Enclosed Room in Unit	✓				01/20/2010
3.11	Fixed Wash Basin or Lavatory in Unit	✓				01/20/2010
3.12	Tub or Shower in Unit	✓				01/20/2010
3.13	Ventilation	✓				01/20/2010

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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left		(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				01/20/2010
5.3	Electrical Hazards	✓				01/20/2010
5.4	Other Potentially Hazardous Features in these Rooms	✓				01/20/2010

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				01/20/2010
6.2	Condition of Stairs, Rails, and Porches	✓				01/20/2010
6.3	Condition of Roof/Gutters	✓				01/20/2010
6.4	Condition of Exterior Surfaces	✓				01/20/2010
6.5	Condition of Chimney	✓				01/20/2010
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	01/20/2010
6.7	Manufactured Home: Tie Downs	✓				01/20/2010
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment		✓		Inoperable no heat	
7.2	Safety of Heating Equipment	✓				01/20/2010
7.3	Ventilation/Cooling		✓		Inoperable a/c not working	
7.4	Water Heater	✓				01/20/2010
7.5	Approvable Water Supply	✓				01/20/2010
7.6	Plumbing	✓				01/20/2010
7.7	Sewer Connection	✓				01/20/2010
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				01/20/2010
8.2	Fire Exits	✓				01/20/2010
8.3	Evidence of Infestation	✓				01/20/2010
8.4	Garbage and Debris	✓				01/20/2010
8.5	Refuse Disposal	✓				01/20/2010
8.6	Interior Stairs and Common Halls	✓				01/20/2010
8.7	Other Interior Hazards	✓				01/20/2010
8.8	Elevators	✓				01/20/2010
8.9	Interior Air Quality	✓				01/20/2010
8.10	Site and Neighborhood Conditions	✓				01/20/2010
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	01/20/2010

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000026862	Inspector Palace Inspections-HCV	Date of Inspection (mm/dd/yyyy) 01/20/2010	Address of Inspected Unit 3104 53rd Street Apt 441-A Galveston TX 77550
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>

- | Item Number | Reason for "Fail" or "Pass with Comments"  | Rating |
|-------------|--|--------|
| - 2.10      | Kitchen, Stove or Range with Oven: Fail, Responsible Party - Owner, Left to Right: R, Front to Rear: F, Floor Level: 1, Comments: Missing knob missing on stove        |        |
| - 2.10      | Kitchen, Stove or Range with Oven: Fail, Responsible Party - Owner, Left to Right: L, Front to Rear: F, Floor Level: 1, Comments: Inoperable oven not working          |        |
| - 7.1       | Heating and Plumbing, Adequacy of Heating Equipment: Fail, Responsible Party - Owner, Left to Right: R, Front to Rear: F, Floor Level: 1, Comments: Inoperable no heat |        |
| - 7.3       | Heating and Plumbing, Ventilation/Cooling: Fail, Responsible Party - , Left to Right: R, Front to Rear: F, Floor Level: 1, Comments: Inoperable a/c not working        |        |

Continued on additional page  Yes  No





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

113705 Inspected: 02/26/2010 09:30:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		01/01/2010
Inspector <b>Robert Jefferies</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>02/26/2010</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>01/20/2010</b>	PHA <b>Galveston Housing Authority</b>

### A. General Information

Inspected Unit	Year Constructed (yyyy)	1978	Housing Type (check as appropriate)
Full Address (including Street, City, County, State, Zip)			
3104 53rd Street	Galveston TX	77550	<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Apt 441-A	Galveston		
Number of Children in Family Under 6	0		
Owner			
Name of Owner or Agent Authorized to Lease Unit Inspected	Phone Number		
Woman Inc.	[409] 741-9098		
Address of Owner or Agent			
P O Box 571898			
Houston TX	77257		

### B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input type="checkbox"/> Fail	3	3
<input type="checkbox"/> Inconclusive		

### 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	✓				02/26/2010
1.2	Electricity	✓				02/26/2010
1.3	Electrical Hazards	✓				02/26/2010
1.4	Security	✓				02/26/2010
1.5	Window Condition	✓				02/26/2010
1.6	Ceiling Condition	✓				02/26/2010
1.7	Wall Condition	✓				02/26/2010
1.8	Floor Condition	✓				02/26/2010

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	02/26/2010
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				02/26/2010
2.2	Electricity	✓				02/26/2010
2.3	Electrical Hazards	✓				02/26/2010
2.4	Security	✓				02/26/2010
2.5	Window Condition	✓				02/26/2010
2.6	Ceiling Condition	✓				02/26/2010
2.7	Wall Condition	✓				02/26/2010
2.8	Floor Condition	✓				02/26/2010
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	02/26/2010
2.10	Stove or Range with Oven	✓				02/26/2010
2.11	Refrigerator	✓				02/26/2010
2.12	Sink	✓				02/26/2010
2.13	Space for Storage, Preparation, and Serving of Food	✓				02/26/2010
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				02/26/2010
3.2	Electricity	✓				02/26/2010
3.3	Electrical Hazards	✓				02/26/2010
3.4	Security	✓				02/26/2010
3.5	Window Condition	✓				02/26/2010
3.6	Ceiling Condition	✓				02/26/2010
3.7	Wall Condition	✓				02/26/2010
3.8	Floor Condition	✓				02/26/2010
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	02/26/2010
3.10	Flush Toilet in Enclosed Room in Unit	✓				02/26/2010
3.11	Fixed Wash Basin or Lavatory in Unit	✓				02/26/2010
3.12	Tub or Shower in Unit	✓				02/26/2010
3.13	Ventilation	✓				02/26/2010

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				02/26/2010
5.3	Electrical Hazards	✓				02/26/2010
5.4	Other Potentially Hazardous Features in these Rooms	✓				02/26/2010

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				02/26/2010
6.2	Condition of Stairs, Rails, and Porches	✓				02/26/2010
6.3	Condition of Roof/Gutters	✓				02/26/2010
6.4	Condition of Exterior Surfaces	✓				02/26/2010
6.5	Condition of Chimney	✓				02/26/2010
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	02/26/2010
6.7	Manufactured Home: Tie Downs	✓				02/26/2010
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				02/26/2010
7.2	Safety of Heating Equipment	✓				02/26/2010
7.3	Ventilation/Cooling	✓				02/26/2010
7.4	Water Heater	✓				02/26/2010
7.5	Approvable Water Supply	✓				02/26/2010
7.6	Plumbing	✓				02/26/2010
7.7	Sewer Connection	✓				02/26/2010
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				02/26/2010
8.2	Fire Exits	✓				02/26/2010
8.3	Evidence of Infestation	✓				02/26/2010
8.4	Garbage and Debris	✓				02/26/2010
8.5	Refuse Disposal	✓				02/26/2010
8.6	Interior Stairs and Common Halls	✓				02/26/2010
8.7	Other Interior Hazards	✓				02/26/2010
8.8	Elevators	✓				02/26/2010
8.9	Interior Air Quality	✓				02/26/2010
8.10	Site and Neighborhood Conditions	✓				02/26/2010
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	02/26/2010

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No







# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

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116264 Inspected: 07/08/2010 11:49:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		07/07/2010
Inspector Palace Inspections-HCV	Neighborhood/Census Tract 7241	Date of Inspection (mm/dd/yyyy) 07/08/2010
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) 02/26/2010	PHA Galveston Housing Authority

### A. General Information

Inspected Unit	Year Constructed (yyyy)	1978	Housing Type (check as appropriate)
Full Address (including Street, City, County, State, Zip)			<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise: 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
3104 53rd Street	Galveston TX	77550	
Apt 441-A	Galveston		
Number of Children in Family Under 6	0		
Owner			
Name of Owner or Agent Authorized to Lease Unit Inspected	Woman Inc.		
Phone Number	[409] 741-9098		
Address of Owner or Agent	P O Box 571898		
	Houston TX 77257		

### B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input type="checkbox"/> Fail	3	3
<input type="checkbox"/> Inconclusive		

### 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	✓				07/08/2010
1.2	Electricity	✓				07/08/2010
1.3	Electrical Hazards	✓				07/08/2010
1.4	Security	✓				07/08/2010
1.5	Window Condition	✓				07/08/2010
1.6	Ceiling Condition	✓				07/08/2010
1.7	Wall Condition	✓				07/08/2010
1.8	Floor Condition	✓				07/08/2010

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/08/2010
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				07/08/2010
2.2	Electricity	✓				07/08/2010
2.3	Electrical Hazards	✓				07/08/2010
2.4	Security	✓				07/08/2010
2.5	Window Condition	✓				07/08/2010
2.6	Ceiling Condition	✓				07/08/2010
2.7	Wall Condition	✓				07/08/2010
2.8	Floor Condition	✓				07/08/2010
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/08/2010
2.10	Stove or Range with Oven	✓				07/08/2010
2.11	Refrigerator	✓				07/08/2010
2.12	Sink	✓				07/08/2010
2.13	Space for Storage, Preparation, and Serving of Food	✓				07/08/2010
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				07/08/2010
3.2	Electricity	✓				07/08/2010
3.3	Electrical Hazards	✓				07/08/2010
3.4	Security	✓				07/08/2010
3.5	Window Condition	✓				07/08/2010
3.6	Ceiling Condition	✓				07/08/2010
3.7	Wall Condition	✓				07/08/2010
3.8	Floor Condition	✓				07/08/2010
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	07/08/2010
3.10	Flush Toilet in Enclosed Room in Unit	✓				07/08/2010
3.11	Fixed Wash Basin or Lavatory in Unit	✓				07/08/2010
3.12	Tub or Shower in Unit	✓				07/08/2010
3.13	Ventilation	✓				07/08/2010

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left			(Circle One) 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 Are all painted surfaces free of deteriorated paint?  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						
<b>5. All Secondary Rooms (Rooms not used for living)</b>							
5.1	None Go to Part 6						
5.2	Security	✓				07/08/2010	
5.3	Electrical Hazards	✓				07/08/2010	
5.4	Other Potentially Hazardous Features in these Rooms	✓				07/08/2010	

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				07/08/2010
6.2	Condition of Stairs, Rails, and Porches	✓				07/08/2010
6.3	Condition of Roof/Gutters	✓				07/08/2010
6.4	Condition of Exterior Surfaces	✓				07/08/2010
6.5	Condition of Chimney	✓				07/08/2010
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	07/08/2010
6.7	Manufactured Home: Tie Downs	✓				07/08/2010
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				07/08/2010
7.2	Safety of Heating Equipment	✓				07/08/2010
7.3	Ventilation/Cooling	✓				07/08/2010
7.4	Water Heater	✓				07/08/2010
7.5	Approvable Water Supply	✓				07/08/2010
7.6	Plumbing	✓				07/08/2010
7.7	Sewer Connection	✓				07/08/2010
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				07/08/2010
8.2	Fire Exits	✓				07/08/2010
8.3	Evidence of Infestation	✓				07/08/2010
8.4	Garbage and Debris	✓				07/08/2010
8.5	Refuse Disposal	✓				07/08/2010
8.6	Interior Stairs and Common Halls	✓				07/08/2010
8.7	Other Interior Hazards	✓				07/08/2010
8.8	Elevators	✓				07/08/2010
8.9	Interior Air Quality	✓				07/08/2010
8.10	Site and Neighborhood Conditions	✓			townhouse outer row	07/08/2010
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	07/08/2010

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.

**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, weatherstripping)
- 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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000028312	Inspector Palace Inspections-HCV	Date of Inspection (mm/dd/yyyy) 07/08/2010	Address of Inspected Unit 3104 53rd Street Apt 441-A Galveston TX 77550
Type of Inspection	Initial <input checked="" type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>

Item Number Reason for "Fail" or "Pass with Comments" Rating

- 8.10 General Health and Safety, Site and Neighborhood Conditions: Pass, Comments: townhouse outter row

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

118507 Inspected: 03/31/2011 14:43:00

Name of Family		Tenant ID Number	Date of Request (mm/dd/yyyy)
			03/03/2011
Inspector <b>Charles Fields</b>		Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>03/31/2011</b>
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection		Date of Last Inspection (mm/dd/yyyy) <b>07/08/2010</b>	PHA <b>Galveston Housing Authority</b>
<b>A. General Information</b>			
<b>Inspected Unit</b>		<b>Year Constructed (yyyy)</b>	<b>1978</b>
Full Address (including Street, City, County, State, Zip)			
<b>3104 53rd Street</b>		<b>Galveston TX 77550</b>	
<b>Apt 441-A</b>		<b>Galveston</b>	
Number of Children in Family Under 6 <b>0</b>			
<b>Owner</b>			
Name of Owner or Agent Authorized to Lease Unit Inspected <b>Woman Inc.</b>		Phone Number <b>[409] 741-9098</b>	
Address of Owner or Agent <b>P O Box 571898</b>			
<b>Houston TX 77257</b>			
<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>			
<input checked="" type="checkbox"/> <b>Pass</b>	Number of Bedrooms for Purposes of the FMR or Payment Standard <b>3</b>	Number of Sleeping Rooms <b>3</b>	
<input type="checkbox"/> <b>Fail</b>			
<input type="checkbox"/> <b>Inconclusive</b>			

- Housing Type (check as appropriate)
- Single Family Detached
  - Duplex or Two Family
  - Row House or Town House
  - Low Rise: 3, 4 Stories, Including Garden Apartment
  - High Rise: 5 or More Stories
  - Manufactured Home
  - Congregate
  - Cooperative
  - Independent Group Residence
  - Single Room Occupancy
  - Shared Housing
  - Other

## 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	✓				03/31/2011
1.2	Electricity	✓				03/31/2011
1.3	Electrical Hazards	✓				03/31/2011
1.4	Security	✓				03/31/2011
1.5	Window Condition	✓				03/31/2011
1.6	Ceiling Condition	✓				03/31/2011
1.7	Wall Condition	✓				03/31/2011
1.8	Floor Condition	✓				03/31/2011

\* 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	03/31/2011
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				03/31/2011
2.2	Electricity	✓				03/31/2011
2.3	Electrical Hazards	✓				03/31/2011
2.4	Security	✓				03/31/2011
2.5	Window Condition	✓				03/31/2011
2.6	Ceiling Condition	✓				03/31/2011
2.7	Wall Condition	✓				03/31/2011
2.8	Floor Condition	✓				03/31/2011
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	03/31/2011
2.10	Stove or Range with Oven	✓				03/31/2011
2.11	Refrigerator	✓				03/31/2011
2.12	Sink	✓				03/31/2011
2.13	Space for Storage, Preparation, and Serving of Food	✓				03/31/2011
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				03/31/2011
3.2	Electricity	✓				03/31/2011
3.3	Electrical Hazards	✓				03/31/2011
3.4	Security	✓				03/31/2011
3.5	Window Condition	✓				03/31/2011
3.6	Ceiling Condition	✓				03/31/2011
3.7	Wall Condition	✓				03/31/2011
3.8	Floor Condition	✓				03/31/2011
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	03/31/2011
3.10	Flush Toilet in Enclosed Room in Unit	✓				03/31/2011
3.11	Fixed Wash Basin or Lavatory in Unit	✓				03/31/2011
3.12	Tub or Shower in Unit	✓				03/31/2011
3.13	Ventilation	✓				03/31/2011

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				03/31/2011
5.3	Electrical Hazards	✓				03/31/2011
5.4	Other Potentially Hazardous Features in these Rooms	✓				03/31/2011

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				03/31/2011
6.2	Condition of Stairs, Rails, and Porches	✓				03/31/2011
6.3	Condition of Roof/Gutters	✓				03/31/2011
6.4	Condition of Exterior Surfaces	✓				03/31/2011
6.5	Condition of Chimney	✓				03/31/2011
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	03/31/2011
6.7	Manufactured Home: Tie Downs	✓				03/31/2011
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				03/31/2011
7.2	Safety of Heating Equipment	✓				03/31/2011
7.3	Ventilation/Cooling	✓				03/31/2011
7.4	Water Heater	✓				03/31/2011
7.5	Approvable Water Supply	✓				03/31/2011
7.6	Plumbing	✓				03/31/2011
7.7	Sewer Connection	✓				03/31/2011
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				03/31/2011
8.2	Fire Exits	✓				03/31/2011
8.3	Evidence of Infestation	✓				03/31/2011
8.4	Garbage and Debris	✓				03/31/2011
8.5	Refuse Disposal	✓				03/31/2011
8.6	Interior Stairs and Common Halls	✓				03/31/2011
8.7	Other Interior Hazards	✓				03/31/2011
8.8	Elevators	✓				03/31/2011
8.9	Interior Air Quality	✓				03/31/2011
8.10	Site and Neighborhood Conditions	✓				03/31/2011
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	03/31/2011

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No







# 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. 4/30/2014)

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119922 Inspected: 11/15/2011 10:28:00

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		11/08/2011
Inspector Curt Gillins	Neighborhood/Census Tract 7241	Date of Inspection (mm/dd/yyyy) 11/15/2011
Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) 03/31/2011	PHA Galveston Housing Authority

### A. General Information

Inspected Unit	Year Constructed (yyyy)	1978	Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Full Address (including Street, City, County, State, Zip)	3104 53rd Street Galveston TX 77550 Apt 441-A Galveston		
Number of Children in Family Under 6	2		
Owner	Woman Inc. [409] 741-9098		
Name of Owner or Agent Authorized to Lease Unit Inspected	Address of Owner or Agent P O Box 571898 Houston TX 77257		

### B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	3	Number of Sleeping Rooms	3
<input type="checkbox"/> Fail				
<input type="checkbox"/> Inconclusive				

### 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	✓				11/15/2011
1.2	Electricity	✓				11/15/2011
1.3	Electrical Hazards	✓				11/15/2011
1.4	Security	✓				11/15/2011
1.5	Window Condition	✓				11/15/2011
1.6	Ceiling Condition	✓				11/15/2011
1.7	Wall Condition	✓				11/15/2011
1.8	Floor Condition	✓				11/15/2011

\* 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 Pass	No Fall	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	11/15/2011
<b>2. Kitchen</b>						
2.1	Kitchen Area Present	✓				11/15/2011
2.2	Electricity	✓				11/15/2011
2.3	Electrical Hazards	✓				11/15/2011
2.4	Security	✓				11/15/2011
2.5	Window Condition	✓				11/15/2011
2.6	Ceiling Condition	✓				11/15/2011
2.7	Wall Condition	✓				11/15/2011
2.8	Floor Condition	✓				11/15/2011
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	11/15/2011
2.10	Stove or Range with Oven	✓				11/15/2011
2.11	Refrigerator	✓				11/15/2011
2.12	Sink	✓				11/15/2011
2.13	Space for Storage, Preparation, and Serving of Food	✓				11/15/2011
<b>3. Bathroom</b>						
3.1	Bathroom Present	✓				11/15/2011
3.2	Electricity	✓				11/15/2011
3.3	Electrical Hazards	✓				11/15/2011
3.4	Security	✓				11/15/2011
3.5	Window Condition	✓				11/15/2011
3.6	Ceiling Condition	✓				11/15/2011
3.7	Wall Condition	✓				11/15/2011
3.8	Floor Condition	✓				11/15/2011
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	11/15/2011
3.10	Flush Toilet in Enclosed Room in Unit	✓				11/15/2011
3.11	Fixed Wash Basin or Lavatory in Unit	✓				11/15/2011
3.12	Tub or Shower in Unit	✓				11/15/2011
3.13	Ventilation	✓				11/15/2011

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security	✓				11/15/2011
5.3	Electrical Hazards	✓				11/15/2011
5.4	Other Potentially Hazardous Features in these Rooms	✓				11/15/2011

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				11/15/2011
6.2	Condition of Stairs, Rails, and Porches	✓				11/15/2011
6.3	Condition of Roof/Gutters	✓				11/15/2011
6.4	Condition of Exterior Surfaces	✓				11/15/2011
6.5	Condition of Chimney	✓				11/15/2011
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	✓			<input type="checkbox"/> Not Applicable	11/15/2011
6.7	Manufactured Home: Tie Downs	✓				11/15/2011
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment	✓				11/15/2011
7.2	Safety of Heating Equipment	✓				11/15/2011
7.3	Ventilation/Cooling	✓				11/15/2011
7.4	Water Heater	✓				11/15/2011
7.5	Approvable Water Supply	✓				11/15/2011
7.6	Plumbing	✓				11/15/2011
7.7	Sewer Connection	✓				11/15/2011
<b>8. General Health and Safety</b>						
8.1	Access to Unit	✓				11/15/2011
8.2	Fire Exits	✓				11/15/2011
8.3	Evidence of Infestation	✓				11/15/2011
8.4	Garbage and Debris	✓				11/15/2011
8.5	Refuse Disposal	✓				11/15/2011
8.6	Interior Stairs and Common Halls	✓				11/15/2011
8.7	Other Interior Hazards	✓				11/15/2011
8.8	Elevators	✓				11/15/2011
8.9	Interior Air Quality	✓				11/15/2011
8.10	Site and Neighborhood Conditions	✓				11/15/2011
8.11	Lead-Based Paint: Owner's Certification	✓			<input type="checkbox"/> Not Applicable	11/15/2011

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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000029505	Inspector Curt Gillins	Date of Inspection (mm/dd/yyyy) 11/15/2011	Address of Inspected Unit 3104 53rd Street Apt 441-A Galveston TX 77550
Type of Inspection	Initial <input checked="" type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page  Yes  No

Previous editions are obsolete





# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

122619 Inspected: 07/12/2012 13:45:10

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		07/04/2012
Inspector Richard Simons	Neighborhood/Census Tract 7241	Date of Inspection (mm/dd/yyyy) 07/12/2012
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) 11/15/2011	PHA Galveston Housing Authority

<b>A. General Information</b>		<b>Housing Type (check as appropriate)</b> <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b> 1978	
Full Address (including Street, City, County, State, Zip)		
3104 53rd Street Galveston TX 77550 Apt 441-A Galveston		
Number of Children in Family Under 6 2		
<b>Owner</b>		
Name of Owner or Agent Authorized to Lease Unit Inspected Woman Inc.		Phone Number [409] 741-9098
Address of Owner or Agent P O Box 571898 Houston TX 77257		

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>		
<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input checked="" type="checkbox"/> Fail	3	3
<input type="checkbox"/> Inconclusive		

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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	
<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 Are all painted surfaces free of deteriorated paint?  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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					07/12/2012
<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 Are all painted surfaces free of deteriorated paint?  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	
3.10	Flush Toilet in Enclosed Room in Unit					
3.11	Fixed Wash Basin or Lavatory in Unit		✓		Leaking P-Trap and inoperable faucet.	
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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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					

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					
<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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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	✓			End of Row / Average	07/12/2012
8.11	Lead-Based Paint: Owner's Certification				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number 000029505	Inspector Richard Simons	Date of Inspection (mm/dd/yyyy) 07/12/2012	Address of Inspected Unit 3104 53rd Street Apt 441-A
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
			Galveston TX 77550

- | Item Number   | Reason for "Fail" or "Pass with Comments" Rating   |
|---|--|
| - 3.11 Bathroom, Fixed Wash Basin or Lavatory in Unit:              | Fail, Responsible Party - Owner, Left to Right: L, Front to Rear: C, Floor Level: 1, Comments: Leaking P-Trap and inoperable faucet. |
| - 8.10 General Health and Safety, Site and Neighborhood Conditions: | Pass, Comments: End of Row / Average   |

Continued on additional page  Yes  No





# 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. 4/30/2014)

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122619 Inspected: 07/19/2012 13:28:04

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		08/11/2012
Inspector Richard Simons	Neighborhood/Census Tract 7241	Date of Inspection (mm/dd/yyyy) 07/19/2012
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) 07/12/2012	PHA Galveston Housing Authority

### A. General Information

Inspected Unit	Year Constructed (yyyy)	1978	Housing Type (check as appropriate)
Full Address (including Street, City, County, State, Zip)			<input type="checkbox"/> Single Family Detached
3104 53rd Street	Galveston TX	77550	<input type="checkbox"/> Duplex or Two Family
Apt 441-A	Galveston		<input type="checkbox"/> Row House or Town House
			<input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment
Number of Children in Family Under 6			<input type="checkbox"/> High Rise; 5 or More Stories
2			<input type="checkbox"/> Manufactured Home
Owner			<input type="checkbox"/> Congregate
Name of Owner or Agent Authorized to Lease Unit Inspected	Phone Number		<input type="checkbox"/> Cooperative
Woman Inc.	[409] 741-9098		<input type="checkbox"/> Independent Group Residence
Address of Owner or Agent			<input type="checkbox"/> Single Room Occupancy
P O Box 571898			<input type="checkbox"/> Shared Housing
Houston TX 77257			<input type="checkbox"/> Other

### B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input type="checkbox"/> Fail	3	3
<input type="checkbox"/> Inconclusive		

### 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	
<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 Are all painted surfaces free of deteriorated paint? 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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					07/19/2012
<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 Are all painted surfaces free of deteriorated paint? 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	
3.10	Flush Toilet in Enclosed Room in Unit					
3.11	Fixed Wash Basin or Lavatory in Unit	✓				07/19/2012
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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint?  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					

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) Right/Center/Left (Circle One) 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 Are all painted surfaces free of deteriorated paint? 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) Right/Center/Left (Circle One) Front/Center/Rear ___ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
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4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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					
<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 Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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	✓			End of Row / Average	07/19/2012
8.11	Lead-Based Paint: Owner's Certification				<input type="checkbox"/> 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.

**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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No







# 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. 4/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

122928 Inspected: 08/10/2012 15:23:17

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
		08/01/2012
Inspector <b>Curt Gillins</b>	Neighborhood/Census Tract <b>7241</b>	Date of Inspection (mm/dd/yyyy) <b>08/10/2012</b>
Type of Inspection <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy) <b>07/19/2012</b>	PHA <b>Galveston Housing Authority</b>

## A. General Information

Inspected Unit	Year Constructed (yyyy)	1978	Housing Type (check as appropriate)
Full Address (including Street, City, County, State, Zip)			
3104 53rd Street Apt 441-A	Galveston TX 77550 Galveston		
Number of Children in Family Under 6 2			<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Owner	Name of Owner or Agent Authorized to Lease Unit Inspected	Phone Number	
	Woman Inc.	[409] 741-9098	
Address of Owner or Agent	Houston TX 77257		
P O Box 571898			

## B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard 3	Number of Sleeping Rooms 3
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## 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 Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?  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	
<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 Are all painted surfaces free of deteriorated paint?  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	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					08/10/2012
<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 Are all painted surfaces free of deteriorated paint?  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	
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) Right/Center/Left (Circle One) 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				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear ____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
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4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
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4.5	Window Condition					
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4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					

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) Right/Center/Left (Circle One) Front/Center/Rear _____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
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4.5	Window Condition					
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4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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	
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4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear _____ Floor Level	
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4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? 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					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
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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					
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6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> 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				<input type="checkbox"/> 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.

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- Balcony, patio, deck, porch
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- 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. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability \_\_\_\_\_

**D. Questions to ask the Tenant (Optional)**

1. Does the owner make repairs when asked? Yes  No
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  No



