

# Inspection Checklist

Housing Choice Voucher Program

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

OMB Approval No. 2577-0169

(Exp. 04/30/2018)

Kaija L Comin 09/29/2015 13547

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Assurance 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 otherwise disclose or release 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.

Name of Family: <b>Kaija L Comin</b>	Tenant ID No: <b>XXX-XX-6104 HCV-025</b>	Request Date:(mm/dd/yyyy) <b>09/16/2015</b>
Inspector: <b>Vincent Aceto</b>	Neighborhood/Census Tract: <b>0012</b>	Inspection Date:(mm/dd/yyyy) <b>09/29/2015</b>

Type of Inspection: <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection	Last Inspection Date: <b>10/07/2014</b>	PHA: <b>Westbrook Housing 30 Liza Harmon Drive, Westbrook, ME</b>
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<b>A. General Information</b>		<b>Structure Type: Lowrise</b>
<b>Inspected Unit (4243)</b>	<b>Year Constructed: 1900</b>	<b>Housing Type: (check as appropriate)</b>
Full Address (including Street, City, State, Zip) <b>108 Clark St  Portland  ME 04102</b>	Apt/Box#: <b>#1</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
County: <b>Cumberland</b> District:		
Number of Children in Family Under 6: <b>0</b>		
<b>Owner</b>		
Name of Owner or Agent Authorized to Lease Unit Inspected: <b>Brian &amp; Melissa Linscott</b>	Phone Number: <b>(207) 767-3366</b>	
Address of Owner or Agent: <b>75 Adelbert St S Portland, ME 04106</b>		

<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	No. of Bedrooms for Purposes of the FMR or Payment Standard: <b>3</b>	No. of Sleeping Rooms: <b>3</b>
* 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		

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Item No.	1.Livingroom	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date(mm/dd/yyyy)
1.1	Livingroom Present	X				
1.2	Electric	X				
1.3	Electrical Hazards	X				
1.4	Security	X				
1.5	Window Condition	X				
1.6	Ceiling Condition	X				
1.7	Wall Condition	X				
1.8	Floor Condition	X				
1.9	LBP1 Lead-Based Paint	X			<input type="checkbox"/> Not Applicable	
Lead-Based Paint: Are all painted surfaces free of deteriorated paint?						
1.9	LBP2 Lead-B Paint Exceeds		X			
If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?						
Item No.	2.Kitchen	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date(mm/dd/yyyy)
2.1	Kitchen Area Present	X				
2.2	Electricity	X				
2.3	Electrical Hazards	X				
2.4	Security	X				
2.5	Window Condition	X				
2.6	Ceiling Condition	X				
2.7	Wall Condition	X				
2.8	Floor Condition	X				
2.9	LBP1 Lead-Based Paint	X			<input type="checkbox"/> Not Applicable	
Lead-Based Paint: Are all painted surfaces free of deteriorated paint?						
2.9	LBP2 Lead-B Paint Exceeds		X			
If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?						
2.10	SRO1 Stove or Range w/Oven	X				
2.10	SRO2 If no oven, is microwave	X				
2.11	Refrigerator	X				
2.12	Sink	X				
2.13	Space for Storage/Prep/Serv	X				

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Item No.	3.Bathroom	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date(mm/dd/yyyy)
3.1	Bathroom Present	X				
3.2	Electricity	X				
3.3	Electrical Hazards	X				
3.4	Security	X				
3.5	Window Condition	X				
3.6	Ceiling Condition	X				
3.7	Wall Condition	X				
3.8	Floor Condition	X				
3.9	LBP1 Lead-Based Paint	X			<input type="checkbox"/> Not Applicable	
Lead-Based Paint: Are all painted surfaces free of deteriorated paint?						
3.9	LBP2 Lead-B Paint Exceeds L		X			
If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?						
3.10	Flush Toilet in Unit	X				
3.11	FixedWash Basin/Lavatory Un	X				
3.12	Tub or Shower in Unit	X				
3.13	Ventilation	X				

  

Item No.	3.Bathroom	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date(mm/dd/yyyy)
3.1	Bathroom 2 Present					
3.2	Bath2 - Flush Toilet					
3.3	Bath2 - Wash Basin/Lavatory					

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Item No.	4. Other Rooms 1	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date(mm/dd/yyyy)
4.1	Room Code* & Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear ____ Floor Level	
4.1	Room Location 1					
	room is situated to the ____ of the unit.		( )			
4.1	Room Location 2					
	room is situated to the ____ of the unit.		( )			
4.1	Room Floor Level					
	floor level on which room is located.		( )			
4.2	ELC1 Electricity/Illumination	X				
4.2	ELC2 Means of Illumination?	X				
4.3	Electrical Hazards	X				
4.4	Security	X				
4.5	WIC1 Window Condition	X				
4.5	WIC2 Are Windows Free of D	X				
4.6	Ceiling Condition	X				
4.7	Wall Condition	X				
4.8	Floor Condition	X				
4.9	LBP1 Lead-Base Paint	X			<input type="checkbox"/> Not Applicable	
	Lead-Based Paint: Are all painted surfaces free of deteriorated paint?					
4.9	LBP2 Lead-B Paint Exceeds L		X			
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	SMD1 Smoke Detectors	X				
	Is there a working smoke detector on each level?					
4.10	SMD2 SD meet required NFPA	X				
	Do the smoke detectors meet the requirements of NFPA 74 ?					
4.10	SMD3 SD hearing impaired a	X				
	In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?					

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Item No.	4. Other Rooms 2	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date(mm/dd/yyyy)
	Room Code* & Location				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear ____ Floor Level	
4.1	<input type="checkbox"/>					
4.1	Room Location 1					
	room is situated to the ____ of the unit.		( )			
4.1	Room Location 2					
	room is situated to the ____ of the unit.		( )			
4.1	Room Floor Level					
	floor level on which room is located.		( )			
4.2	ELC1 Electricity/Illumination	X				
4.2	ELC2 Means of Illumination?	X				
4.3	Electrical Hazards	X				
4.4	Security	X				
4.5	WIC1 Window Condition	X				
4.5	WIC2 Are Windows Free of D	X				
4.6	Ceiling Condition	X				
4.7	Wall Condition	X				
4.8	Floor Condition	X				
4.9	LBP1 Lead-Based Paint	X			<input type="checkbox"/> Not Applicable	
	Lead-Based Paint: Are all painted surfaces free of deteriorated paint?					
4.9	LBP2 Lead-B Paint Exceeds L		X			
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	SMD1 Smoke Detectors	X				
	Is there a working smoke detector on each level?					
4.10	SMD2 SD meet required NFP	X				
	Do the smoke detectors meet the requirements of NFPA 74 ?					
4.10	SMD3 SD hearing impaired a	X				
	In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?					

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Item No.	4. Other Rooms 3	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date(mm/dd/yyyy)
	Room Code* & Location				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear ____ Floor Level	
4.1						
4.1	Room Location 1					
	room is situated to the ____ of the unit.		( )			
4.1	Room Location 2					
	room is situated to the ____ of the unit.		( )			
4.1	Room Floor Level					
	floor level on which room is located.		( )			
4.2	ELC1 Electricity/Illumination	X				
4.2	ELC2 Means of Illumination?	X				
4.3	Electrical Hazards	X				
4.4	Security	X				
4.5	WIC1 Window Condition	X				
4.5	WIC2 Are Windows Free of D	X				
4.6	Ceiling Condition	X				
4.7	Wall Condition	X				
4.8	Floor Condition	X				
4.9	LBP1 Lead-Based Paint	X			<input type="checkbox"/> Not Applicable	
	Lead-Based Paint: Are all painted surfaces free of deteriorated paint?					
4.9	LBP2 Lead-B Paint Exceeds L		X			
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	SMD1 Smoke Detectors	X				
	Is there a working smoke detector on each level?					
4.10	SMD2 SD meet required NFPA	X				
	Do the smoke detectors meet the requirements of NFPA 74 ?					
4.10	SMD3 SD hearing impaired a	X				
	In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?					

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Item No.	4. Other Rooms 4	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date(mm/dd/yyyy)
	Room Code* & Location				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear ____ Floor Level	
4.1						
4.1	Room Location 1					
	room is situated to the ____ of the unit.				( )	
4.1	Room Location 2					
	room is situated to the ____ of the unit.				( )	
4.1	Room Floor Level					
	floor level on which room is located.				( )	
4.2	ELC1 Electricity/Illumination	X				
4.2	ELC2 Means of Illumination?	X				
4.3	Electrical Hazards	X				
4.4	Security	X				
4.5	WIC1 Window Condition	X				
4.5	WIC2 Are Windows Free of D	X				
4.6	Ceiling Condition	X				
4.7	Wall Condition	X				
4.8	Floor Condition	X				
4.9	LBP1 Lead-Based Paint	X			<input type="checkbox"/> Not Applicable	
	Lead-Based Paint: Are all painted surfaces free of deteriorated paint?					
4.9	LBP2 Lead-B Paint Exceeds L		X			
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	SMD1 Smoke Detectors	X				
	Is there a working smoke detector on each level?					
4.10	SMD2 SD meet required NFPA	X				
	Do the smoke detectors meet the requirements of NFPA 74 ?					
4.10	SMD3 SD hearing impaired a	X				
	In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?					

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Item No.	5. Other Rooms 5	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date(mm/dd/yyyy)
	Room Code* & Location				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear ____ Floor Level	
5.1	Room Location 1					
	room is situated to the ____ of the unit.		( )			
5.1	Room Location 2					
	room is situated to the ____ of the unit.		( )			
5.1	Room Floor Level					
	floor level on which room is located.		( )			
5.2	ELC1 Electricity/Illumination	X				
5.2	ELC2 Means of Illumination?	X				
5.3	Electrical Hazards	X				
5.4	Security	X				
5.5	WIC1 Window Condition	X				
5.5	WIC2 Are Windows Free of D	X				
5.6	Ceiling Condition	X				
5.7	Wall Condition	X				
5.8	Floor Condition	X				
5.9	LBP1 Lead-Based Paint	X			<input type="checkbox"/> Not Applicable	
	Lead-Based Paint: Are all painted surfaces free of deteriorated paint?					
5.9	LBP2 Lead-B Paint Exceeds L		X			
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
5.10	SMD1 Smoke Detectors	X				
	Is there a working smoke detector on each level?					
5.10	SMD2 SD meet required NFP	X				
	Do the smoke detectors meet the requirements of NFPA 74 ?					
5.10	SMD3 SD hearing impaired a	X				
	In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?					
Item No.	5. All Sec. Rooms	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date(mm/dd/yyyy)
5.1	None	X				
5.2	Security	X				
5.3	Electrical Hazards	X				
5.4	Other Hazards	X				



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Item No.	6. Building Ext.	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date(mm/dd/yyyy)
6.1	Condition of Foundation	X				
6.2	Condition Stairs/Rails/Porche	X				
6.3	Condition of Roof/Gutters	X				
6.4	Condition of Exterior Surfaces	X				
6.5	Condition of Chimney	X				
6.6	LBP1 Lead-B Paint: Ext. Surfa	X			<input type="checkbox"/> Not Applicable	

### Lead-Based Paint:

Are all painted surfaces free of deteriorated paint?

6.6	LBP2 Lead-B Paint Exceeds L		X			
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If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?

6.7	MFH1 Manuf. Home: Tie Dow	X				
6.7	MFH2 Manuf. Home or N/A?					

Item No.	7. Heat. and Plumb.	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date(mm/dd/yyyy)
7.1	Adequacy of Heating Equipme	X				
7.2	Safety of Heating Equipment	X				
7.3	Ventilation/Adequacy of Cooli	X				
7.4	Water Heater	X				
7.5	Water Supply	X				
7.6	Plumbing	X				
7.7	Sewer Connection	X				

Item No.	8. Health / Safety	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date(mm/dd/yyyy)
8.1	Access to Unit	X				
8.2	Fire Exits	X				
8.3	Evidence of Infestation	X				
8.4	Garbage and Debris	X				
8.5	Refuse Disposal	X				
8.6	Interior Stairs and Common H	X				
8.7	Other Interior Hazards	X				
8.8	ELV1 Elevators - certification	X				
8.8	ELV2 Elevators - not req. wor	X				
8.9	Interior Air Quality	X				
8.10	Site and Neighborhood Condi	X				
8.11	LBP3 Lead-B Paint: Owner Ce	X			<input type="checkbox"/> Not Applicable	

### 8.11 Lead Paint: Owner's Certification

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 Owners 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.



September 16, 2015

Kaija L Comin  
48 State House Station CN-025  
Augusta ME 04333

Dear Sir or Madam,

Westbrook Housing is required, by HUD regulations, to inspect your federally subsidized unit annually. The inspection will take place at 108 Clark St #1, Portland on:

Date: 09/29/2015      Time: 11:00 AM

Plan to be available 30 minutes before and after the appointment time; this allows for unexpected cancellations or travel delays. In the event of a snow storm, the inspection will be rescheduled.

Please make arrangements to be present for the inspection, or make arrangements for an adult, aged 18 or over, to meet me and give me access to the unit. I encourage landlords to be present for the inspections. If you miss the first appointment, another will be scheduled within 5 days. If you miss the second appointment, you will be in program violation and may lose your housing assistance permanently.

Common fail items include: appliances that are dirty or not working, damaged windows, inoperable smoke detectors including any that are located in the basement, plumbing leaks or drips, light fixtures that are missing a shade and/or have light bulbs that are not working. Please be sure that I will have access to the basement and if you have a dog, please remove it from the unit during the inspection.

If you have any questions regarding the annual inspection process or need to reschedule, please do not hesitate to call me at 207-854-6820.

Sincerely,

*Vincent J. Aceto*

Vincent Aceto

Housing Quality Standards Inspector

Cc: Brian & Melissa Linscott  
75 Adelbert St  
S Portland ME 04106

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact Lynn Peterson at 854-9779.

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WESTBROOK HOUSING

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