



## Independent Housing Monitoring Assessment

*The purpose of this assessment is to provide support coordinators a tool to monitor and record observations regarding an individual's housing stability in the areas of lease compliance, ability to maintain the unit, and general health and safety. Where issues are noted, steps should be taken to address these issues in the context of the individual service plan.*

**Individual:** \_\_\_\_\_ **Date of Home Visit:** \_\_\_\_\_

**Housing Resource Type:** HCV \_\_\_ SRAP \_\_\_ LIHTC \_\_\_ Other \_\_\_\_\_

**Unit Address:** \_\_\_\_\_

**Property Manager/Landlord's Name:** \_\_\_\_\_

**Questions 1-8 should be answered by the Property Manager/Landlord or representative.**

Over the past month(s) have any of the following occurred:

- 1. Unusual events on the property                      YES NO Details: \_\_\_\_\_
- 2. Late/unpaid rent or utilities                              YES NO Details: \_\_\_\_\_
- 3. Reports of damage to unit                                  YES NO Details: \_\_\_\_\_
- 4. Reports of disturbance by other tenants              YES NO Details: \_\_\_\_\_
- 5. Reports of any safety concerns                          YES NO Details: \_\_\_\_\_
- 6. Reports of unauthorized occupants                    YES NO Details: \_\_\_\_\_
- 7. Violations or notices given                              YES NO Details: \_\_\_\_\_
  - Violation / Notice: \_\_\_\_\_ Date: \_\_\_\_\_
  - Violation / Notice: \_\_\_\_\_ Date: \_\_\_\_\_
- 8. Other: \_\_\_\_\_

Was direct contact made with the property manager/landlord?  No  Yes

If Yes, how?  Phone  Email  Face to Face

**Complete a walk-through of the unit to ensure all areas are safe, functional, clean and in good repair. Check "X" under satisfactory or needs improvement for each area. If an area needs improvement, indicate the specific issues observed, the action steps required to achieve a satisfactory rating and who will take the actions steps.**

Area of Review	Satisfactory	Needs Improvement	Issues Observed/Action Steps	By Whom?
<b>Entry Way/Door/Unit Access</b> Door locks work properly? Clear path? Trip hazards? Broken lights, outlets, switches, windows, screens? Damage to door or frame?				

<b>Kitchen</b> Foul odors, stains or burns? Mold/mildew? Pests? Outdated/rotten food? No food? Dirty dishes? Trash? Broken stove, exhaust fan, dishwasher, microwave, refrigerator, lights, outlets/switches, or cabinets? Leaking faucet/pipes?				
<b>Living Room</b> Foul odors, stains or burns? Pests? Broken/missing furniture? Trash? Damage to walls/doors? Broken lights, outlets, switches?				
<b>Bedroom</b> Foul odors, stains or burns? Pests? Broken/missing furniture? Trash? Damage to walls/doors? Broken lights/outlets/switches?				
<b>Bathroom</b> Foul odors, stains or burns? Mold/mildew? Pests? Trash? Broken cabinets, exhaust fan, leaking faucet/pipes? Broken lights, outlets, switches? Damage to walls/doors? No toilet paper, personal care products.				
<b>Laundry</b> Lint buildup? Leaks? Broken machine(s)? No laundry soap.				
<b>Closets</b> Broken rods/shelves/doors, smells, pests. No household cleaning supplies or equipment (broom, mop, vacuum, etc.)				
<b>Heating/Cooling</b> Broken thermostat, dirty furnace filter, no heat, no A/C, weak heat, weak A/C. Smell gas leak. Cluttered HVAC closet? Windows open when heat or A/C is on?				
<b>Smoke Detectors</b> Smoke detector broken, chirping, has no battery				
<b>Other:</b>				

### Additional Questions for Tenant

1. Are extra supports/services needed? YES NO Details: \_\_\_\_\_
  
2. Would you be interested in sharing what it was like to get your own place to live with other individuals who want to learn about renting their own housing? YES NO Details: \_\_\_\_\_