

2022
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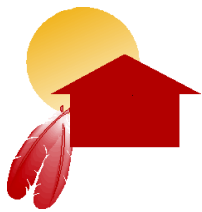
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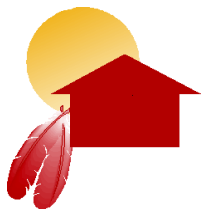
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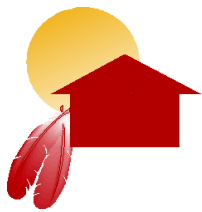
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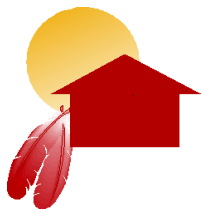
RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
I. Purpose				-
<p>IHBG recipients are required to complete an annual self-monitoring compliance assessment (Assessment) of adherence to IHBG program requirements and applicable statutes. Self-monitoring activates the tribal self-determination framework envisioned under NAHASDA. Beneficiaries and recipients of assistance are expected to be accountable for their stewardship of NAHASDA resources. An Assessment system assists IHBG recipients to identify weak management practices that may lead to later consequences that could lessen the ability of the organization to provide affordable housing. Self-monitoring builds organizational capacity by learning from mistakes and successes to improve the way housing activities and programs operate.</p> <p>The following questions should assist the reviewer in evaluating the recipient's Assessment process.</p>	<p>NAHASDA, Section 403(b)</p> <p>2 CFR 200.328(a)</p> <p>24 CFR 1000.502(a) and (b)</p>	<p>Program Guidance 2007-08 and 2005-04, (Tribes/ TDHEs)</p> <p>HUD-52737 (IHP/APR)</p>		Read & Noted
II. Pre-Visit Preparation				-
A. If ONAP has entered into a Self-Monitoring Mutual Agreement (SMMA) with the recipient, review the SMMA, as well as:	24 CFR 1000.503(d)			N/A – No SMMA in place in 2022 to date
1. The self-monitoring plan or policy or revised plan or policy.				Read & Noted



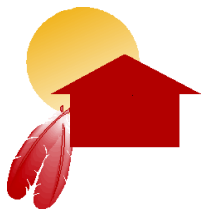
RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
2. The latest Assessment conducted and submitted by the recipient and the results.				Read & Noted
3. The actions proposed or taken to correct any deficiencies noted in the Assessment.				Read & Noted
B. If available, review the following documents: <ol style="list-style-type: none"> 1. Most recent IHP, approved IHP amendments, IHP amendments in process 2. Section 10 of latest APR. Based on any deficiencies identified in Section 10, identify areas for additional attention during site review. 3. Previous monitoring findings in the areas of procurement, Indian preference, contract administration, and/or Section 3. 4. Financial audits and OIG audits findings and/or work papers in the areas of procurement, Indian preference, contract administration, and/or Section 3. 5. Corrective actions status for findings in any of these areas. 6. Previous and current enforcement actions. 7. Valid complaints received in the areas of procurement, occupancy, Indian preference, contract administration, and/or Section 3. 9. Relevant correspondence 				Read & Noted 2021 APR 2022 IHP 2021 Self-Monitoring Report



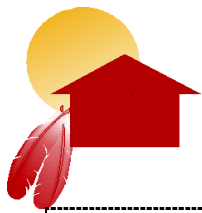
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III. On-Site Review				-
Under NAHASDA, both the recipient and the grant beneficiary have a role in reviewing the activities conducted and housing assisted to assess compliance with the requirements of NAHASDA. The sections below review each entity's role. Review the sampling methods in the General Instructions.	NAHASDA, Section 403(b) 24 CFR 1000.502(a) and (b) 24 CFR 1000.503(b) and (c)	Program Guidance 2007-08 and 2005-04, (Tribes/ TDHEs)		Read & Noted
IV. Recipient Responsibilities (TDHE or Tribe)				-
A. If the recipient has a Self-Monitoring Policy, the reviewer should review the policy to assist in determining whether the recipient's plan or process has been followed.	NAHASDA, Section 403(b)			Read & Noted
1. Is a self-monitoring plan or process in place?		<i>See Attached</i>		Yes, and policy was passed by Resolution 2013-12-009
2. Does the self-monitoring plan indicate there could be a conflict of interest in regards to the person conducting the Assessment?				No



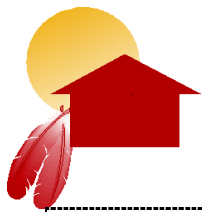
RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
3. Review the recipient's Assessments.				Read & Noted
4. Are Assessments completed at least annually?	24 CFR 1000.502(a) and (b)			Yes
5. Are the Assessments adequate?	24 CFR 1000.502(b) and .506			Yes
a Is the recipient providing regular Assessment reports to the BOC or Tribal officials?				Yes, programmatic & fiscal reporting is given to Tribal Council at their monthly meeting and the Annual Self-Monitoring Report is provided with the annual APR for their review.
b. Does the Assessments process include an analysis of the planned activities identified in the IHP?				Yes
c If so, does the Assessment provide information concerning the status of the planned activities?				Yes
B. Has the recipient noted any deficiencies or areas of noncompliance with NAHASDA and other applicable regulations?				No
1. If so, does the recipient have an adequate corrective action plan or strategy in place to address those deficiencies or violations?	24 CFR 1000.508			N/A, no noted deficiencies found in 2022



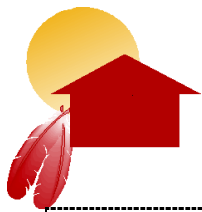
RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
2. If deficiencies are identified in the Annual Performance Report (APR) with corrective actions, test on site to confirm the statements.	24 CFR 1000.512	HUD-52737 (IHP/APR) <i>IHP/APR See Attached</i>		Reviewed and confirmed by reviewing the 2021 APR, and 2021 Self-Monitoring Results report.
3. Test for completion and effectiveness of corrective actions.		<i>See Attached HUD form</i>		Reviewed, age of unit is now documented on HUD inspection form, with Housing Team Leader or Director's review,
C. Has HUD's on-site monitoring review identified deficiencies or areas of noncompliance that were not identified in the recipient's Assessments? If yes, the reviewer should make an additional finding or concern in this area citing that its Assessments process is not adequate to ensure compliance with applicable Federal requirements. If no Assessment deficiencies are identified, go to question 2.	24 CFR 1000.508			N/A; no HUD on-site occurred in 2020, 2021 or 2022
1. Has the recipient made progress from year to year in addressing deficiencies identified in the Assessments? NOTE. The most efficient way to determine progress over time is to design an exception chart, identifying by year, the problem, and corrective actions determined				In most cases, it has lead to strengthened controls and program procedures being put in place. However, we did find some work surrounding deficiencies from recent years could have been stronger: 1) In our 2016 Self-monitoring, we noted a deficiency to document the age of the home in the client file. In 2016, the



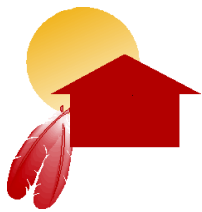
				<p>program implemented a procedure to use the county assessor website or real estate websites to print a documented verification of the homes age for the client file. That procedure was in place through 2018, but was replaced in 2019 with a Landlord declaration of the age of the home because case managers were having a barrier in finding reliable access with all the different assessor sites. That declaration was used from 2019 to 2021, but this year we found that self-declaration was not sufficient to identify and document our staff's responsibilities for inspection of Lead-based paint, and thus have asked the program again begin to include a verification of the homes' age in the client file from an outside source. We feel commercial real estate sources, such as Zillow and Redfin, that have emerged as a reliable source the program can use to overcome the lack of access to assessor records in some counties. Since this was a repeat of an issue, we have asked the program to create a formalize procedure in the client's in-take and/or pre-occupancy inspection to ensure sufficient documentation of the verification of the homes age is completed without further failure.</p> <p>2) Additionally, we identified failures in conflict of interest identification and notice and posting as required in both 2019 and</p>
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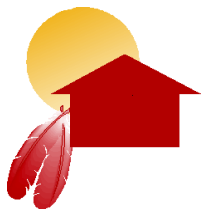
				<p>2020. In 2019 there was a failure to identify a conflict, and in 2020 there were 3 files that failed for notify ONAP and complete the public posting. Corrective action was taken in 2019 to add the HUD definition of immediate family to the application form, which it continues to be in place and has been successful. In 2020, the program completed the required notification to ONAP and the public posting as soon as we identified the issue for those 3 files found during the review, but the program did take that opportunity to review all case files for this failure at that time. As a result, this year we identified that several additional files initiated prior to 2020 also contained a failure to identify a real or apparent conflict correctly, and or, failed to ensure the client file had sufficient documentation of the required ONAP notification and public posting. As a result, the HHS Specialist is now reviewing every current client's file to ensure that it has sufficient evidence concerning conflicts of interest. Additionally, this year we felt that conflict could change annually due to marriage or death, so the program will be completing the conflict of interest declaration annually as part of recertification.</p> <p>3) In 2021 there was lack of confirmation that common areas were being inspected for Lead-Based paint deterioration in</p>
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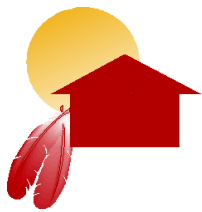
				<p>residences built before 1978 that have children under 6 in residence. The standard HUD inspection form only had a single cell as “areas of concern” with no comments. To ensure proper inspection and detailed documentation, the program created an addendum pg20, to add to the standard HUD inspection form that identifies all the specific common areas requiring inspection. This form is now completed as applicable with the pre-occupancy and the annual inspection to capture greater detail of the common areas inspected.</p>
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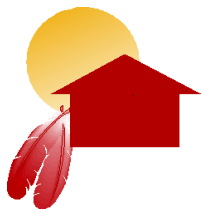
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and taken. Progress over time should result in fewer problems each year.				-
2. Has the recipient made the results of its Assessment available to the public? (Determine this from either the APR or from management and staff interviews.)	24 CFR 1000.518	See Attached: Section 10 of the IHP/APR		2021 APR was posted for public review on our website and included the 2021 Self-Monitoring Report.
V. Recipient Responsibilities If TDHE Is Recipient				-
Has the TDHE submitted periodic progress reports to the Tribe, including the Assessment, APR, and audit reports? Note: This may have to be determined when reviewing the tribe to ensure the TDHE has met its responsibilities.	24 CFR 1000.502(b) and .506			N/A to Samish
VI. Tribe Responsibilities If TDHE is Recipient				-
When the recipient is a TDHE, the tribe is responsible for monitoring programmatic and compliance requirements by requiring the TDHE to prepare periodic progress reports including the Assessment, APR, and audit reports.				N/A to Samish
A. Has the tribe established a schedule for the TDHE to submit Assessment reports and has the tribe provided the schedule to the TDHE?	24 CFR 1000.502(b)			N/A to Samish



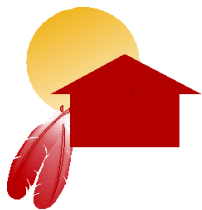
RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
B. If yes, is the TDHE submitting the Assessment reports to the Tribe according to the schedule established?	24 CFR 1000.506			N/A to Samish
C. Has the Tribe monitored the TDHE to determine whether the TDHE is meeting the programmatic and compliance requirements of the IHP and NAHASDA?	24 CFR 1000.506			N/A to Samish
1. If yes, has the Tribe identified any compliance concerns?	24 CFR 1000.510			N/A to Samish
2. If yes, has the TDHE addressed these concerns?	24 CFR 1000.510			N/A to Samish
3. If no, include the finding in the monitoring report to the TDHE and send a letter to the Tribe notifying them of the finding.				N/A to Samish
VII. Subrecipients				-
A. Are subrecipients contractually involved in the recipient's IHBG activities?	2 CFR 200.330 and .331			N/A in 2022
1. If so, is the recipient monitoring the subrecipients for compliance with the subrecipient agreement and applicable NAHASDA requirements?	2 CFR 200.331			N/A in 2022



RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
2. Use the above questions to evaluate the recipient's monitoring of its subrecipients – this may cover area(s) that ideally should have been included in a contract and were not.				N/A in 2022
B. Are subrecipients included in the Assessments process?				N/A in 2022
VIII. Self-Monitoring Mutual Agreements				-
A. Has ONAP entered into a SMMA with the recipient? If so,	24 CFR 1000.503(d)			N/A in 2022
1. Has the self-monitoring plan and/or policy been revised since the SMMA was executed?				N/A in 2022
a. If so, does it still address all the items contained in the Program Guidance under the "Initial Review" section?				N/A in 2022
b. If not, the SMMA should be reviewed and possibly terminated.				N/A in 2022
2. Was the Assessment conducted by an independent person.				N/A in 2022
3. If corrective actions were identified in the last Assessment, have they been taken?				N/A in 2022



RECIPIENT NAME:	<u>Regulatory/ Statutory Citation</u>	<u>Other Tools</u>	<u>W/P Pg.</u>	<u>Remarks</u>
4. If so, have the deficiencies been corrected?				N/A in 2022
5. Has the reviewer identified any findings that were not identified in the recipient's last Assessments?				N/A in 2022
a. If the violation(s) occurred after the last Assessment, make additional finding(s) in this area.				N/A in 2022
b. If the violation(s) occurred prior to the last Assessment, make additional finding(s) <u>and</u> contact the Area ONAP to terminate the SMMA.				N/A in 2022
X. Summary				-
A. Summarize the results of the review in a work paper. B. Discuss significant issues with Supervisor. C. Develop findings, including questioned costs and corrective actions, as appropriate. D. Develop concerns because they could lead to a violation E. Develop report language, including any findings and concerns. F. If there are any major issues identified in this review and the recipient has approval to invest, determine if a withdrawal of investment authority should be recommended.				No areas of concern identified for the self-monitoring process and policy and program is in Compliance




Office of Native American Programs

Self-Monitoring
Monitoring Plan (IHBG Only)
RECIPIENT

Reviewer Name:	Lisabeth Nielssen, interviewed Sharon Paskewitz and Justin Krupa
Review Date(s):	11/08/2022

Lisabeth Nielssen 

Sharon Paskewitz: *Sharon Paskewitz*

Justin Krupa: 

Reviewed and Approved by Carey Thurston, CFO:

2021 – OVERVIEW SELF-MONITORING RESULTS

This year Samish has continued using the self-monitoring plans for recipients, as provided by HUD on their website one the Grant Oversight and Monitoring page, to complete our required annual self-monitoring. During this year we completed the following monitoring plans as applicable to current Samish NAHASDA programs and any areas of non-compliance or improvements needed are noted:

A. APR & IHP Compliance

Issue: No areas of non-compliance or improvement noted.

Corrective Action Plan/Taken: N/A

Improvement:

We found that the fair market rent, area median income, and the ERRs failed to be published to the Housing section of the Samish website for 2021 operations and thus were not available for public review as required; however, we are confident this was an isolated oversight due to our transition to remote operation during Covid-19 and does not represent a systemic failure. Samish facilities continue to be closed due to C19 and the program will continue to utilize the Samish website to make public disclosures and allow for public access of records as required under regulations, so the program will be creating a formal checklist to outline this procedure for 2022 forward. The Checklist will track declarations and notices and their website uploads as needed to ensure program compliance. The HHS Specialist will be responsible for completion and upload of these required records moving forward, and the Program Director will review to ensure timely completion.

B. Draft Lead-Based Paint

Issue:

We identified a lack of confirmation that common areas were being inspected for Lead-Based paint deterioration in residences built before 1978 that have children under 6 in residence. The HUD standard inspection form only notes this in a single cell as “other areas of concern” and that section showed no comments, but the program did not feel that these areas were being inspected.

Corrective Action Plan/Taken:

The program reviewed all current client files and identified those that lived in a unit built before 1978 and had a child under 6 in residence, which included 2 households; this week they went on-site and completed visual inspections of these common areas to make certain these clients files were in compliance. To ensure this more detailed record is part of the inspection for clients moving forward, the program has created an addendum, pg 20, to add to the standard HUD Inspection form that identifies all of the specific common areas requiring inspection for these residences. This form will now be completed as applicable with the pre-occupancy and the annual inspection to capture greater detail of the common areas inspected. This new form was also used to complete the corrective action this year.

Improvement:

As an improvement to make certain that we have correctly identified the age of a home for lead-based paint determination and that the client file does contain support documentation for that age, the HUD inspection template used for pre-occupancy and for annual inspections has been modified to add a question for the inspector to answer the source of the age documentation. Additionally, the Housing Director or the Lead Housing Support Specialist will verify the client file has documented verification of the age of the unit as part of their approval of client inspections.

C. Environmental Review Compliance

Issue: No areas of non-compliance or improvement noted.

Corrective Action Plan/Taken: N/A

D. Organization & Structure

Issue: No areas of non-compliance or improvement noted.

Corrective Action Plan/Taken: N/A

Improvement: Several revisions to the Housing policy are in draft form and have been under since 2019. These revisions are necessary to ensure the program policy accurately reflects current program procedures. We understand they are incorporated with policy edits to add new activities under the program, and that has been causing their stagnant progress, but we advise they move forward as soon as possible to ensure that compliance it maintained by having program operations in line with approved policy.

E. Procurement & Contract Administration

Issue: No areas of non-compliance or improvement noted.

Corrective Action Plan/Taken: N/A

F. Section 504 Accessibility

Issue: No areas of non-compliance or improvement noted.

Corrective Action Plan/Taken: N/A

G. IHBG Self-Monitoring

Issue: No areas of non-compliance or improvement noted.

Corrective Action Plan/Taken: N/A

H. Admissions & Occupancy

Issue:

We identified four current clients that had intake done between 2013-2016, at a time when the program had failed to correctly recognize the real or apparent conflict present for Tribal Council members both through the declarations in the file and in lacking sufficient documentation to prove the required public posting and ONAP notifications occurred in the file.

Corrective Action Plan/Taken:

As a result, those clients' conflict of interest public posting and notification were redone now to ensure we are in compliance. This corrective action was complete before the monitoring for this year was concluded. In order to make certain this issue does not occur again in 2022, additional procedures have been created to cross-check its completion. Moving forward, the Client In-take Checklist now includes both the public posting and the ONAP notification listed as part of the formalized in-take procedure. Additionally, this thorough review of client in-take this year also alerted us that the clients should have the enrollment and conflict of interest verification done annually since that status can change. The program has integrated that into its annual recertification process moving forward.

Comments:

The program was again advised that policy to include how internal program conflicts will be managed is advisable as a best practice in maintaining proper internal controls. Formalizing conflict procedures that outline that those with a conflict do not engage with a conflicted client or their services would ensure clear and transparent program operations are in place. This is strongly advised to be in place prior to planned program growth.

I. Financial & Fiscal Management (including Appendixes 1-8)

Issue: No areas of non-compliance or improvement noted.

Corrective Action Plan/Taken: N/A



Samish Indian Nation

OF WASHINGTON

Motion No: 2013-12-008
Resolution No: 2013-12-009
Date Approved: December 13, 2013
Contact: Dana Matthews
Subject: Samish Tribal Code
§13.600 Indian Housing Plan
Self-Monitoring and Evaluation
Policy

WHEREAS, the Samish Indian Nation was Federally re-acknowledged by the Assistant Secretary of the Department of the Interior of the United States of America on April 6, 1996; and

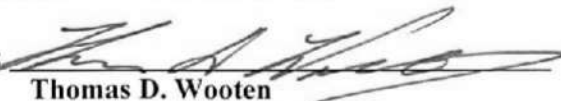
WHEREAS, the Samish Tribal Council is empowered to act on behalf of the Samish Indian Nation pursuant to Article VI, Section 2, of the Samish Tribal Constitution, approved November 14, 2003, by Resolution of the Samish Tribal Council and adopted and ratified by Vote of the Samish General Council on March 2, 2004 and recognized by the Assistant Secretary for Indian Affairs, David W. Anderson on April 20, 2004; and

WHEREAS, the Samish Tribal Council has reviewed the attached Samish Housing Department's Indian Housing Plan Self-Monitoring and Evaluation Policies and,

NOW THEREFORE BE IT RESOLVED the Samish Tribal Council hereby approve the Samish Indian Housing Plan Self-Monitoring and Evaluation Policies as presented.

SAMISH TRIBAL COUNCIL

By:



Thomas D. Wooten
Tribal Chairman

CERTIFICATION

The above resolution was duly adopted by the Samish Tribal Council at a regular council meeting held on the 13th day of December 2013, at which time a quorum was present by a vote of:

 7 FOR, 0 AGAINST, 0 ABSTAIN.

Certified by:


Dana M. Matthews
Tribal Council Secretary

Resolution No: 2002-04-023
Date Approved: April 28, 2002
Date Revised: December 13, 2013
Resolution No:2013-12-009
Subject: Self-Monitoring & Evaluation Policy

**SAMISH INDIAN NATION
SELF-MONITORING AND EVALUATION POLICY**

**Samish Tribal Code §13.600
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SAMISH INDIAN NATION SELF-MONITORING AND EVALUATION POLICY

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§13.600 INTRODUCTION

On September 26, 1996, President Clinton signed into law the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA). This law authorized or amended programs administered by the Office of Native American Programs. Program regulations which implement this law are found at 24 CFR part 1000.

§13.601 MONITORING RESPONSIBILITIES

The Samish Indian Nation ("Tribe") is responsible for monitoring grant activities to ensure compliance with applicable Federal requirements and monitoring performance goals under the Indian Housing Plan ("IHP"). Pursuant to § 1000.502(a), these responsibilities include self-monitoring and the monitoring of sub-recipients.

HUD responsibilities for reviewing recipients are set forth in § 1000.520 as referenced in § 1000.502(c). HUD monitoring will consist of on-site review and off-site review of records, reports and audits [§1000.502(d)]. Section 1000.520 requires HUD to review, at least annually, each recipient's performance to determine whether it has carried out its eligible activities in a timely manner, has carried out its eligible activities and certifications in accordance with the requirements and the primary objective of NAHASDA and with other applicable laws, and whether the recipient has a continuing capacity to carry out those activities in a timely manner.

§13.602 ANNUAL MONITORING

The Samish Indian Nation shall complete self- monitoring annually. The self-monitoring will be conducted by the Controller, Compliance Officer, and Housing Department Staff, as applicable, before the close of the program year. Applicable sections of the self-monitoring forms offered by HUD will be utilized to complete this internal monitoring.

§13.603 REPORT OF SELF-MONITORING RESULTS

A Self-Monitoring Results Report will be completed annually and submitted to Tribal Council for review. This report will outline each self-monitoring section completed, any issues or events of non-compliance found in that section, and the corrective plan for each issue or event.



Energy and Performance Information Center (EPIC)

Grant Number: **55-IT-53-13870**
Report: **APR Report for 2021**
First Submitted On: **03/24/2022**
Last Submitted On: **03/24/2022**

OMB CONTROL NUMBER: 2577-0218
EXPIRATION DATE: 07/31/2019

Cover Page

Grant Information:

Grant Number	55-IT-53-13870
Recipient Program Year	01/01/2021-12/31/2021
Federal Fiscal Year	2021
Initial Indian Housing Plan (IHP):	Yes
Amended Plan	
Annual Performance Report (APR):	Yes
Amended Plan	
Tribe:	Yes
TDHE:	

Recipient Information:

Name of the Recipient	Samish Indian Nation
Contact Person	Wooten, Thomas
Telephone Number with Area Code	360-293-6404
Mailing Address	PO Box 217
City	Anacortes
State	WA
Zip	982210217
Fax Number with Area Code	360-293-0790
Email Address	tomwooten@samishtribe.nsn.us

TDHE/Tribe Information:

Tax Identification Number	910931896
DUNS Number	091741637
CCR/SAM Expiration Date	01/10/2023

Planned Grant-Based Budget for Eligible Programs:

IHBG Fiscal Year Formula Amount	\$903,427.00
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Housing Needs

Type of Need (A)	Low-Income Indian Families (B)	All Indian Families (C)
Overcrowded Households	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Renters Who Wish to Become Owners	<input type="checkbox"/>	<input type="checkbox"/>
Substandard Units Needing Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
Homeless Households	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Households Needing Affordable Rental Units	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
College Student Housing	<input type="checkbox"/>	<input type="checkbox"/>
Disabled Households Needing Accessibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Units Needing Energy Efficiency Upgrades	<input type="checkbox"/>	<input type="checkbox"/>
Infrastructure to Support Housing	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>
Planned Program Benefits	<p>assistance needs. Our program and activities address the needs of low income Native families by offering safe and affordable housing through our Tenant Based Rental Assistance (TBRA) Program, Homelessness Prevention, Emergency Housing (Shelter Stays), Rapid Re-Housing, housing searches, financial management, landlord/tenant education and other supportive services that will help Native families obtain skills that will support their ability to retain long term permanent housing. Through our TBRA program, fifty (50) Native families will be provided with rental assistance and 50 will be supported through our Homelessness Prevention, Rapid Re-Housing and/or Emergency Housing assistance program. In 2021, Samish Indian Nation will complete its pre-construction work, and start constructing up to fourteen (14) units of rental housing, in which seven (7) of those units will be designated as affordable permanent housing for our low-income households. The other 7 will be designated for over-income households, financed with Non-Indian Housing Block Grant (IHBG) funding. Additionally, we will be building one unit for a live in Resident Manager. This unit will be built using IHBG and Non-IHBG funding. The land is located at 2109 34th Street, Anacortes, Washington 98221. A Community Center will be constructed to be used by residents of our affordable permanent housing, in addition to families participating in our TBRA, Homelessness Prevention, Rapid Re-housing and Emergency housing programs. We will introduce a new program ¿Community Awareness Health and Safety¿, designed to provide home safety demonstrations, home ownership education, home maintenance skills, educational training, and financial literature to residents in our affordable permanent housing, in addition to families participating in our TBRA, Homelessness Prevention, Rapid Re-housing and Emergency Shelter housing programs. These services will be offered virtually and in person, using social distancing recommendations. Activities offered will include assistance preparing a housing search plan and list of local landlords. For those clients that demonstrate that they need more assistance and support to find housing, the supportive service will be provided to meet the level of need. Evaluate the household¿s current resources, problem-solving abilities, and financial life skills, then provide the appropriate amount of assistance to ensure the greatest chance of successful transition to independence after program exit. When assistance ends, participants should have developed a natural support system, if possible, that will allow them to address obstacles that might later arise with employment, childcare, transportation, or financial management. Participants will also need to know how to navigate multiple systems, so ¿other housing services¿ should consist of arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability. Rather than simply making referrals to programs, there will be times that we will need to walk participants through how to access services on their own and ensure that participants have the skills to access services in the future independently. This is extremely important now due to COVID-19, for some of our clients are not sure how to access these services remotely. Connections to Mainstream Resources ¿ that are appropriate to addressing barriers to housing retention. Our clients reside in scattered site-housing throughout ten (10) Counties in Western Washington ¿ Clallam, Island, Jefferson, King, Kitsap, Pierce, San Juan, Skagit, Snohomish and Whatcom. Many of our housing clients live in rural areas and do not have access to public transportation. Because of the COVID-19 Pandemic, our housing staff will use virtual techniques to make ¿home visits¿, to review housing</p>	

	stability plans, plan for clients to get transportation to medical appointments. Staff members will work with clients to navigate systems such as work source and other necessary appointments to ensure families will become self-sufficient.
Geographic Distribution	Assistance is distributed in a variety of ways for us to meet the needs and diversity of our families. We send information to our families through mailings on a quarterly basis. Our newsletter is mailed to all Samish households regardless of where they live, and our webpage is available to anyone with access to the internet. For our Native Elders, developing community relationships with agencies that have Tribal Outreach and Assistance has been and continues to be critical in providing information and assistance to this population. This one on one approach has been effective in helping our elders understand the services we provide and how such services can be effective for them. We provide services in ten (10) counties throughout Western Washington Clallam, Island, Jefferson, King, Kitsap, Pierce, San Juan, Skagit, Snohomish, and Whatcom. We have developed partnerships within our 10-county service area, explaining to other providers who we serve and how to contact us for information regarding the various housing services offered. We are also a part of Skagit, Island and Whatcom Counties Coordinated Entry System- a system designed for all populations that aligns the Single Adult, Family, and Youth into a seamless, collaborative, county-wide platform for housing and service delivery to homeless households. Our focus is on Native households. The main objectives of this system are to: <ul style="list-style-type: none"> Reduce the length of time a family is homeless and permanently house them as quickly as possible, using Rapid Re-housing and linkages to supportive services. Build upon existing community-based infrastructures to serve homeless families, leverage resources, and provide more targeted and cost-effective interventions. Because of the COVID-19 Pandemic, and our lack of ability to see our clients face to face, it is our goal in 2021 to become ambassadors in using technology to work with our families to help them reach their housing goals. We also plan on becoming a part of the Homelessness Management Information System (HMIS) in San Juan County. This will be another resource in helping us identify families in those areas that could benefit from our program.

Programs

2021-0004 : Construction of Rental Housing

Program Name:	Construction of Rental Housing
Unique Identifier:	2021-0004
Program Description (continued)	Samish Indian Nation will build up to 14 units of rental housing of which 7 units will be designated as affordable permanent housing for our low-income households and a Community Center that will be used by residents of our affordable permanent housing, in addition to families participating in our TBRA, Homelessness Prevention, Rapid Re-Housing and Emergency Housing Programs. One additional unit will be built for an on-site live in Residential Manager. Up to 7 of the units and fifty percent (50%) of the cost associated with the community center and related infrastructure will be designated for low-income households using IHBG funding. Up to 7 of the units and fifty percent (50%) of the cost associated with the community center and related infrastructure will be designated for over-income households financed with non-IHBG funding. One additional unit will be built for an on-site Residential Manager. The cost of this unit will be split 50/50 using IHBG Funding and Non-IHBG funding. The land is located at 2109 34th Street, Washington 98221.
Eligible Activity Number	(4) Construction of Rental Housing [202(2)]
Intended Outcome Number	(7) Create new affordable rental units
APR: Actual Outcome Number	(12) Other-must provide description in the box below If Other: In 2021, Samish Indian Nation decided to use funding from the United States Department of Treasury under the American Rescue Plan Act (ARPA) for the construction of rental housing. This was approved through resolution 2021-09-001.
Who Will Be Assisted	Low-Income Native American Families with a preference for Samish Tribal Elders and members with a permanent or total disability.
Types and Level of Assistance	Permanent Supportive Housing to families that meet program eligibility criteria. The project will provide up to 14 - small cottages, - in which 7 will be assisted with IHBG funds. Each unit will have two bedrooms, one and

	one-half bathrooms with a combination of ADA accessible bedrooms. Each unit will be 1,200 square feet. A Community Center will be located on the property, allowing housing staff to conduct community gatherings, annual events in the community, safety demonstrations, home maintenance and education training provided in a classroom setting. Low income families will pay between 10% - 30% of their adjusted gross income toward monthly rent. This percentage amount will be determined by Council Resolution on an annual basis.	
APR : Describe Accomplishments	Dollars for Construction was repurposed in 2021.	
Planned and Actual Outputs for 12-Month Program Year	Planned	APR - Actual
	Number of Units to be Completed in Year 8	0
APR: If the program is behind schedule, explain why	In 2021, Samish Indian Nation decided to use funding from the United States Department of Treasury under the American Rescue Plan Act (ARPA) for the construction of rental housing. This was approved through resolution 2021-09-001.	

Uses of Funding:

The Uses of Funding table information can be entered here for each individual program or can be entered for all programs within Section 5(b): Uses of Funding. Changes to data on either page location will update in both Section 3: Program Descriptions and Section 5(b): Uses of Funding accordingly.

Prior and current year IHBG (only) funds to be expended in 12-month program year (L)	Total all other funds to be expended in 12-month program year (M)	Total funds to be expended in 12-month program year (N=L+M)	Total IHBG (only) funds expended in 12-month program year (O)	Total all other funds expended in 12-month program year (P)	Total funds expended in 12-month program year (Q=O+P)
\$2,262,657.18	\$2,262,657.18	\$4,525,314.36	\$4,625.90	\$0.00	\$4,625.90

2021-0017 : Tenant Based Rental Assistance

Program Name:	Tenant Based Rental Assistance
Unique Identifier:	2021-0017
Program Description (continued)	This program is designed to provide rental assistance to Samish Citizens and enrolled members of Federally recognized Indian tribes living in the Samish Tribes 10 county service area. The purpose of the program is to ensure that low income Native families have the opportunity for and access to housing and that they can develop and/or increase their economic skills that will demonstrate their ability to maintain stable permanent housing once rental assistance ends. Families will be assigned to a Case Manager that will link them to supportive services that enable participants to increase earned income, reduce or eliminate the need for welfare assistance, and make progress toward achieving economic independence and housing self-sufficiency. Program participants must meet income eligibility requirements, the criteria in the Samish Indian Nation's Housing Policies and Native American Housing and Self-Determination Act (NAHASDA) policies.
Eligible Activity Number	(17) Tenant Based Rental Assistance [202(3)]
Intended Outcome Number	(6) Assist affordable housing for low income households
APR: Actual Outcome Number	(6) Assist affordable housing for low income households
Who Will Be Assisted	Low-Income Native American Families
Types and Level of Assistance	Rental assistance will be used to pay rent in private market rental units. Eligible families will pay between 10% - 30% of the household adjusted gross income (amount to be determined and approved by the Council Resolution Annually). The Samish Housing Department pays the additional cost of the families rent up to the Fair Market Rent for that area.
APR : Describe Accomplishments	Although our outcomes were higher than anticipated, the cost of rental units has gone up and it has been difficult finding units that are within the Fair Market Rents. There were 16 families that exited TBRA in 2021. 5 families became homeowners 2 families were over income limits 4 families completed program and demonstrated their ability to pay their housing expenses moving forward 2 families were transferred to another internal housing program. 1 family moved out of the service area 1 Elder passed away 1 family was terminated due to failure to pay rent
Planned and Actual Outputs for 12-Month Program	

Year	Planned	APR - Actual
	Number of Households 50 to be served in Year	54
APR: If the program is behind schedule, explain why	Does not apply	

Uses of Funding:

The Uses of Funding table information can be entered here for each individual program or can be entered for all programs within Section 5(b): Uses of Funding. Changes to data on either page location will update in both Section 3: Program Descriptions and Section 5(b): Uses of Funding accordingly.

Prior and current year IHBG (only) funds to be expended in 12-month program year (L)	Total all other funds to be expended in 12-month program year (M)	Total funds to be expended in 12-month program year (N=L+M)	Total IHBG (only) funds expended in 12-month program year (O)	Total all other funds expended in 12-month program year (P)	Total funds expended in 12-month program year (Q=O+P)
\$633,534.76	\$0.00	\$633,534.76	\$676,369.15	\$0.00	\$676,369.15

2021-0018 : Housing and Support Services

Program Name:	Housing and Support Services
Unique Identifier:	2021-0018
Program Description (continued)	<p>The intent of this program is to work with Native families to understand their unique needs, tailoring our services to move them toward independence and self-sufficiency. Information and resources on budgets, credit repair, basic home housekeeping, how to maintain a rental unit, Landlord/Tenant rights and other information, is just an example of the resources we will provide to families enrolled in our services. To prevent households from becoming homeless by offering short term rental assistance to defray rent and utility bills. For tribal households who are currently homeless to establish stable housing, emergency shelter will be offered for up to four (4) weeks. Emergency assistance will also be used to relocate families when it has been determined that current living situations are not decent, safe or sanitary. We will introduce a new program ¿Community Awareness Health and Safety¿, designed to provide home safety demonstrations, home ownership education, home maintenance skills, educational training, and financial literature to residents in our affordable permanent housing. Households participating in our TBRA, Homelessness Prevention, Rapid Rehousing and Emergency Housing Programs will also benefit from this new service. These services will be offered virtually and in person, using social distancing recommendations. Our clients reside in scattered site-housing throughout ten (10) Counties in Western Washington ¿ Clallam, Island, Jefferson, King, Kitsap, Pierce, San Juan, Skagit, Snohomish, and Whatcom. Many of our housing clients live in rural areas and do not have access to public transportation. Because of the COVID-19 Pandemic, our housing staff will use virtual techniques to make ¿home visits¿, to review housing stability plans, plan for clients to get transportation to medical appointments. Staff members will work with clients to navigate systems such as work source and other necessary appointments to ensure families will become self-sufficient.</p>
Eligible Activity Number	(18) Other Housing Service [202(3)]
Intended Outcome Number	<p>(12) Other-must provide description in the box below If Other: Families will learn how to identify, obtain and/or maintain access to community resources. They will learn how to understand, create and use a monthly budget and apply those skills to track their spending habits, cut spending and set financial goals. Families will set long term financial goals and take steps to clear up their credit report, if necessary. Families using our emergency assist</p>
APR: Actual Outcome Number	<p>(12) Other-must provide description in the box below If Other: We offered financial literacy education to families to help increase money management skills. Knowledge of credit, debt management and saving strategies.</p>
Who Will Be Assisted	Low-Income Native American Families
Types and Level of Assistance	Assistance preparing a housing search plan and list of local landlords. For those clients that demonstrate that they need more assistance and support to find housing, the supportive service will be provided to meet the level of need. Evaluate the households current resources, problem-solving abilities, and financial life skills, then provide the appropriate amount of assistance to

	ensure the greatest chance of successful transition to independence after program exit. When assistance ends, participants should have developed a natural support system, if possible, that will allow them to address obstacles that might later arise with employments, childcare, transportation or financial management. Participants will also need to know how to navigate multiple systems, so other housing services should consist of arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability. Rather than simply making referrals to programs, there will be times that we will need to walk participants through how to access services on their own and ensure that participants have the skills to access services in the future independently. This is extremely important now due to COVID-19, for some of our clients are not sure how to access these services remotely. Connections to Mainstream Resources that are appropriate to addressing barriers to housing retention. We will also provide resources and information through our newsletter, webpage and mailings on budgeting, credit repair and debt management. We will also provide information on basic home repair, weatherization and home safety tips. This information will be available to all our Samish citizens and to other Native families that have access to the internet. Homelessness Prevention - short term rental assistance to defray rent and utility bills. Rapid Re-Housing quickly move families out of homelessness and into permanent housing. Emergency Assistance - to establish stable housing, emergency shelter will be offered for up to four (4) weeks. Emergency assistance will also be used to relocate families when it has been determined that current living situations are not decent, safe or sanitary. All services are attached to Case Management and community mainstream resources.	
APR : Describe Accomplishments	We worked with 66 households in 2021 to help them understand their credit, debt management and saving strategies. This resulted in 5 Families becoming first time home owners and 4 families no longer needing any financial assistance from us for they demonstrated their ability to manage their household expenses - Rent and other basic needs.	
Planned and Actual Outputs for 12-Month Program Year	Planned Number of Households 50 to be served in Year	APR - Actual 66
APR: If the program is behind schedule, explain why	Does Not Apply	

Uses of Funding:

The Uses of Funding table information can be entered here for each individual program or can be entered for all programs within Section 5(b): Uses of Funding. Changes to data on either page location will update in both Section 3: Program Descriptions and Section 5(b): Uses of Funding accordingly.

Prior and current year IHBG (only) funds to be expended in 12-month program year (L)	Total all other funds to be expended in 12-month program year (M)	Total funds to be expended in 12-month program year (N=L+M)	Total IHBG (only) funds expended in 12-month program year (O)	Total all other funds expended in 12-month program year (P)	Total funds expended in 12-month program year (Q=O+P)
\$143,251.06	\$0.00	\$143,251.06	\$127,498.13	\$0.00	\$127,498.13

2021-0019 : Housing Management

Program Name:	Housing Management
Unique Identifier:	2021-0019
Program Description (continued)	The provision of management services for affordable housing, including preparation of work specifications, and management of affordable housing projects.
Eligible Activity Number	(19) Housing Management Services [202(4)]
Intended Outcome Number	(6) Assist affordable housing for low income households
APR: Actual Outcome Number	(6) Assist affordable housing for low income households
Who Will Be Assisted	Low-Income Native American Families
Types and Level of Assistance	(1) Preparation of work specifications for affordable housing; (2) Loan processing for affordable housing; (3) Inspections for affordable housing; (4) Tenant selection for affordable housing; (5) Management of tenant-based and project-based rental assistance; (6) Mediation programs for landlord-tenant disputes for affordable housing; (7) Hiring of grants writers for affordable housing applications.

APR : Describe Accomplishments	In 2021, due to the national pandemic, we were able to provide housing inspections, virtually, to 66 households.	
Planned and Actual Outputs for 12-Month Program Year	Planned	APR - Actual
	Number of Households 100 to be served in Year	66
APR: If the program is behind schedule, explain why	We used our Tribal Citizens funds for the majority of the households needing housing assistance in 2021. This funding was specific to those impacted by the pandemic.	

Uses of Funding:

The Uses of Funding table information can be entered here for each individual program or can be entered for all programs within Section 5(b): Uses of Funding. Changes to data on either page location will update in both Section 3: Program Descriptions and Section 5(b): Uses of Funding accordingly.

Prior and current year IHBG (only) funds to be expended in 12-month program year (L)	Total all other funds to be expended in 12-month program year (M)	Total funds to be expended in 12-month program year (N=L+M)	Total IHBG (only) funds expended in 12-month program year (O)	Total all other funds expended in 12-month program year (P)	Total funds expended in 12-month program year (Q=O+P)
\$167,792.52	\$0.00	\$167,792.52	\$147,282.96	\$0.00	\$147,282.96

2021-0021 : Community Center

Program Name:	Community Center
Unique Identifier:	2021-0021
Program Description (continued)	The Community Center will be a place for all residents to gather for celebrations, community awareness, cultural events, and other activities for families that live in our affordable housing units. Some of the activities will focus on isolation prevention (for our elders) and as a place of relief in instances of community tragedies. Staff will provide outreach to residents through participation in annual events in the community. Safety demonstrations, home maintenance and education training will be provided virtually and when we are able - in a classroom setting, using social distancing guidelines. All services offered at the Community Center will be available to all clients participating in our housing programs.
Eligible Activity Number	(22) Model Activities [202(6)]
Intended Outcome Number	(12) Other-must provide description in the box below If Other: The Community Center will be used by residents of our permanent affordable housing project, and clients that participate in our TBRA, Homelessness Prevention, Rapid Re-housing and Emergency Housing Programs.
APR: Actual Outcome Number	(12) Other-must provide description in the box below If Other: In 2021, Samish Indian Nation decided to use funding from the United States Department of Treasury under the American Rescue Plan Act (ARPA) for the construction of rental housing. This was approved through resolution 2021-09-001.
Who Will Be Assisted	Native American Families
Types and Level of Assistance	Home safety demonstrations, home ownership education, home maintenance skills, educational training and financial literature. The Community Center is a new construction. The footprint for the building is approximately 800-1000 Sq. Ft. The total floor area may be up to 2000 sq. Ft. The main floor will be opened, with a kitchen area and two bathrooms. Outside there will be a playground.
APR : Describe Accomplishments	Does not apply
Planned and Actual Outputs for 12-Month Program Year	Planned APR - Actual
	The output measure being collected for this eligible activity is dollars. The dollar amount should be included as an other fund amount listed in the Uses of Funding table.
APR: If the program is behind schedule, explain why	In 2021, Samish Indian Nation decided to use funding from the United States Department of Treasury under the American Rescue Plan Act (ARPA) for the construction of rental housing. This was approved through resolution 2021-09-001.

Uses of Funding:

The Uses of Funding table information can be entered here for each individual program or can be entered for all programs within Section 5(b): Uses of Funding. Changes to data on either page location will update in both Section 3: Program Descriptions and Section 5(b): Uses of Funding accordingly.

Prior and current year IHBG (only) funds to be expended in 12-month program year (L)	Total all other funds to be expended in 12-month program year (M)	Total funds to be expended in 12-month program year (N=L+M)	Total IHBG (only) funds expended in 12-month program year (O)	Total all other funds expended in 12-month program year (P)	Total funds expended in 12-month program year (Q=O+P)
\$75,000.00	\$0.00	\$75,000.00	\$0.00	\$0.00	\$0.00

Maintaining 1937 Act Units, Demolition, and Disposition

Maintaining 1937 Act Units	Does Not Apply
Demolition and Disposition	Does Not Apply

Budget Information**Sources of Funding**

Funding Source	Estimated(IHP) /Actual(APR)	Amount on hand at beginning of program year (F)	Amount to be received during 12-month program year (G)	Total sources of funds (H=F+G)	Funds to be expended during 12-month program year (I)	Unexpended funds remaining at end of program year (J=H-I)	Unexpended funds obligated but not expended at end of 12-month program year (K)
IHBG Funds:	Estimated	\$2,622,679.78	\$826,748.00	\$3,449,427.78	\$3,449,427.69	\$0.09	
	Actual	\$2,511,940.38	\$903,427.00	\$3,415,367.38	\$1,125,833.87	\$2,289,533.51	\$0.00
IHBG Program Income:	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Title VI:	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Title VI Program Income:	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1937 Act Operating Reserves:	Estimated	\$0.00		\$0.00	\$0.00	\$0.00	
	Actual	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
Carry Over 1937 Act Funds:	Estimated	\$0.00		\$0.00	\$0.00	\$0.00	
	Actual	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
LEVERAGED FUNDS							
ICDBG Funds:	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Federal Funds:	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
LIHTC:	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$2,622,679.78	\$0.00	\$2,622,679.78	\$2,262,657.18	\$360,022.60	
Non-Federal Funds:	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$5,245,359.56	\$826,748.00	\$6,072,107.56	\$5,712,084.87	\$360,022.69	\$0.00
Total:	Actual	\$2,511,940.38	\$903,427.00	\$3,415,367.38	\$1,125,833.87	\$2,289,533.51	\$0.00

Uses of Funding

Program Name	Unique Identifier	Prior and current year IHBG (only) funds to be expended in 12-month program year (L)	Total all other funds to be expended in 12-month program year (M)	Total funds to be expended in 12-month program year (N=L+M)	Total IHBG (only) funds expended in 12-month program year (O)	Total all other funds expended in 12-month program year (P)	Total funds expended in 12-month program year (Q=O+P)
Construction of Rental Housing	2021-0004	\$2,262,657.18	\$2,262,657.18	\$4,525,314.36	\$4,625.90	\$0.00	\$4,625.90
Tenant Based Rental Assistance	2021-0017	\$633,534.76	\$0.00	\$633,534.76	\$676,369.15	\$0.00	\$676,369.15
Housing and Support Services	2021-0018	\$143,251.06	\$0.00	\$143,251.06	\$127,498.13	\$0.00	\$127,498.13
Housing Management	2021-0019	\$167,792.52	\$0.00	\$167,792.52	\$147,282.96	\$0.00	\$147,282.96
Community Center	2021-0021	\$75,000.00	\$0.00	\$75,000.00	\$0.00	\$0.00	\$0.00
Planning and Administration		\$167,192.17	\$0.00	\$167,192.17	\$170,057.73	\$0.00	\$170,057.73
Loan Repayment (describe in 3 & 4 below)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$3,449,427.69	\$2,262,657.18	\$5,712,084.87	\$1,125,833.87	\$0.00	\$1,125,833.87

APR	Does not Apply
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APR	Does not apply
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Other Submission Items

Useful Life/Affordability Period(s)	Under \$5000 - 6 Months; \$5000 - \$15,000 - 5 Years; \$15,001 - \$40,000 - 10 Years; Over \$40,000 - 15 Years; New Construction or Acquisition - 20 Years.
Model Housing and Over-Income Activities	The Community Center will be a place for all residents to gather for celebrations, community awareness, cultural events, and other activities for families that live in our affordable housing units. Some of the activities will focus on isolation prevention (for our elders) and as a place of relief in instances of community tragedies. Staff will provide outreach to residents through participation in annual events in the community. Safety demonstrations, home maintenance and education training will be provided virtually and when we are able - in a classroom setting, using social distancing guidelines. All services offered at the Community Center will be available to all clients participating in our housing programs.
Tribal and Other Indian Preference Does the tribe have a preference policy?	YES Samish Tribal Citizens will have first preference for all services offered through our Housing Department, however, if funds allow, we will provide services to other Native households that are enrolled in a federally recognized Indian tribe.
Anticipated Planning and Administration Expenses Do you intend to exceed your allowable spending cap for Planning and Administration?	NO

Actual Planning and Administration Expenses Did you exceed your allowable spending cap for Planning and Administration?	NO											
Does the tribe have an expanded formula area?:	NO											
Total Expenditures on Affordable Housing Activities:	<table><tr><td></td><td>All AIAN Households</td><td>AIAN Households with Incomes 80% or Less of Median Income</td></tr><tr><td>IHBG Funds</td><td>\$0.00</td><td>\$0.00</td></tr><tr><td>Funds from Other Sources</td><td>\$0.00</td><td>\$0.00</td></tr></table>				All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income	IHBG Funds	\$0.00	\$0.00	Funds from Other Sources	\$0.00	\$0.00
	All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income										
IHBG Funds	\$0.00	\$0.00										
Funds from Other Sources	\$0.00	\$0.00										
For each separate formula area, list the expended amount	<table><tr><td></td><td>All AIAN Households</td><td>AIAN Households with Incomes 80% or Less of Median Income</td></tr><tr><td>IHBG Funds</td><td>\$0.00</td><td>\$0.00</td></tr><tr><td>Funds from Other Sources</td><td>\$0.00</td><td>\$0.00</td></tr></table>				All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income	IHBG Funds	\$0.00	\$0.00	Funds from Other Sources	\$0.00	\$0.00
	All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income										
IHBG Funds	\$0.00	\$0.00										
Funds from Other Sources	\$0.00	\$0.00										

Indian Housing Plan Certification Of Compliance

In accordance with applicable statutes, the recipient certifies that it will comply with Title II of the Civil Rights Act of 1968, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and other federal statutes, to the extent that they apply to tribes and TDHEs, see 24 CFR 1000.12.	YES
In accordance with 24 CFR 1000.328, the recipient receiving less than \$200,000 under FCAS certifies that there are households within its jurisdiction at or below 80 percent of median income.	Not Applicable
The recipient will maintain adequate insurance coverage for housing units that are owned and operated or assisted with grant amounts provided under NAHASDA, in compliance with such requirements as may be established by HUD:	YES
Policies are in effect and are available for review by HUD and the public governing the eligibility, admission, and occupancy of families for housing assisted with grant amounts provided under NAHASDA:	YES
Policies are in effect and are available for review by HUD and the public governing rents charged, including the methods by which such rents or homebuyer payments are determined, for housing assisted with grant amounts provided under NAHASDA:	YES
Policies are in effect and are available for review by HUD and the public governing the management and maintenance of housing assisted with grant amounts provided under NAHASDA:	YES

Tribal Wage Rate Certification

1. You will use tribally determined wage rates when required for IHBG-assisted construction or maintenance activities. The Tribe has appropriate laws and regulations in place in order for it to determine and distribute prevailing wages.	YES
2. You will use Davis-Bacon or HUD determined wage rates when required for IHBG-assisted construction or maintenance activities.	
3. You will use Davis-Bacon and/or HUD determined wage rates when required for IHBG-assisted construction except for the activities described below.	

4. List the activities using tribally determined wage rates:	
--	--

Self Monitoring

Do you have a procedure and/or policy for self-monitoring?:	YES
Pursuant to 24 CFR § 1000.502 (b) where the recipient is a TDHE, did the TDHE provide periodic progress reports including the self-monitoring report, Annual Performance Report, and audit reports to the Tribe?:	NA
Did you conduct self-monitoring, including monitoring sub-recipients?:	YES
Self-Monitoring Results: Describe the results of the monitoring activities, including corrective actions planned or taken.	2021 Self-Monitoring Report has been attached

Inspections

Activity (A)	Total number of Units (B)	Units in standard condition (C)	Units needing rehabilitation (D)	Units needing to be replaced (E)	Total number of units inspected (F=C+D+E)
1937 Housing Act Units:					
a. Rental	0	0	0	0	0
b. Homeownership	0	0	0	0	0
c. Other	0	0	0	0	0
1937 Act Subtotal:	0	0	0	0	0
NAHASDA Assisted Units:					
a. Rental	0	0	0	0	0
b. Homeownership	0	0	0	0	0
c. Rental Assistance	66	66	0	0	66
d. Other	0	0	0	0	0
NAHASDA Subtotal:	66	66	0	0	66
Total:	66	66	0	0	66

2. Did you comply with your inspection policy?	YES
--	-----

Audits

1. Did you expend \$750,000 or more in total Federal awards during the previous fiscal year ended (24 CFR 1000.544) ? If Yes, an audit is required to be submitted to the Federal Audit Clearinghouse. If No, an audit is not required.	YES
--	-----

Public Availability

Did you make this APR available to the citizens in your jurisdiction before it was submitted to HUD (24 CFR § 1000.518)?	YES
If you are a TDHE, did you submit this APR to the Tribe	Not Applicable
If you answered No to question #1 and/or #2, provide an explanation as to why not and indicate when you will do so:	
Summarize any comments received from the Tribe and/or the citizens :	No Comments were received

Jobs Supported By NAHASDA

Number of Permanent Jobs Supported by Indian Housing Block Grant Assistance(IHBG):	9
Number of Temporary Jobs Supported by Indian Housing Block	1

Grant Assistance(IHBG):

Narrative (Optional):

Inspection Form

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)

Public reporting burden for this collection of information is estimated to average 0.25 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.

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 the 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.

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).
a unit meets the housing quality standards of the section 8 rental assistance program.

The information is used to determine if

PHA	Tenant ID Number	Date of Request (mm/dd/yyyy)
Inspector	Date Last Inspection (mm/dd/yyyy)	Date of Inspection (mm/dd/yyyy)
Neighborhood/Census Tract	Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Project Number

A. General Information

Street Address of Inspected Unit

City County State Zip

Name of Family Current Telephone of Family

Current Street Address of Family

City County State Zip

Number of Children in Family Under 6
If there is a child in the home under the age of 6,
please complete Page 20

Name of Owner or Agent Authorized to Lease Unit Inspected Telephone of Owner or Agent

Address of Owner or Agent

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:(Specify)

Year Building Was Built Confirmed By the Following Source(s):

Source Means - County Assessors Office; Secondary Zillow, Redfin, etc.

Save and Attach the Source Documentation
in Client File: HUD Inspection Folder

Case Manager Signature: _____ Date: _____

Team Lead / Housing Director Signature:

Confirming that the following has been reviewed and/or completed:

*Source Documentation

*Children <6

*Page 20 (Section 20 Common Areas)

Signature: _____ Date: _____

B. Summary Decision on the Unit

(to be completed after the form has been filled in)

Housing Quality Standard Pass or Fail

☐ 1. **Fail** If there are any checks under the column headed "Fail" the unit fails the minimum housing quality standards. Discuss with the owner the repairs noted that would be necessary to bring the unit up to the standard.

☐ 2. **Inconclusive** If there are no checks under the column headed "Fail" and there are checks under the column headed "Inconclusive," obtain additional information necessary for a decision (question owner or tenant as indicated in the item instructions given in this checklist). Once additional information is obtained, change the rating for the item and record the date of verification at the far right of the form.

☐ 3. **Pass** If neither (1) nor (2) above is checked, the unit passes the minimum housing quality standards. Any additional conditions described in the right hand column of the form should serve to (a) establish the precondition of the unit, (b) indicate possible additional areas to negotiate with the owner, (c) aid in assessing the reasonableness of the rent of the unit, and (d) aid the tenant in deciding among possible units to be rented. The tenant is responsible for deciding whether he or she finds these conditions acceptable.

Unit Size: Count the number of bedrooms for purposes of the FMR or Payment Standard. Record in the box provided.

Year Constructed: Enter from Line 5 of the Request for Tenancy Approval form. Record in the box provided.

Number of Sleeping Rooms: Count the number of rooms which could be used for sleeping, as identified on the checklist. Record in the box provided.

C. How to Fill Out This Checklist

Complete the checklist on the unit to be occupied (or currently occupied) by the tenant. Proceed through the inspection as follows:

Area	Checklist Category
room by room	1. Living Room 2. Kitchen 3. Bathroom 4. All Other Rooms Used for Living 5. All Secondary Rooms Not Used for Living
basement or utility room	6. Heating & Plumbing
outside	7. Building Exterior
overall	8. General Health & Safety

Each part of the checklist will be accompanied by an explanation of the item to be inspected.

Important: For each item numbered on the checklist, **check one box only** (e.g., check one box only for item 1.4 "Security" in the Living Room.)

In the space to the right of the description of the item, if the decision on the item is: "Fail" write what repairs are necessary; If "Inconclusive" write in details.

Also, if "Pass" but there are some conditions present that need to be brought to the attention of the owner or the tenant, write these in the space to the right.

If it is an annual inspection, record to the right of the form any repairs made since the last inspection. If possible, record reason for repair (e.g., ordinary maintenance, tenant damage).

If it is a complaint inspection, fill out only those checklist items for which complaint is lodged. Determine, if possible, tenant or owner cause.

Once the checklist has been completed, return to Part B (Summary Decision on the Unit).

Previous editions are obsolete

1. Living Room

1.1 Living Room Present

Note: If the unit is an efficiency apartment, consider the living room present.

1.2 Electricity

In order to qualify, the outlets must be present and properly installed in the baseboard, wall or floor of the room. Do not count a single duplex receptacle as two outlets, i.e., there must be **two** of these in the room, or **one** of these **plus a permanently installed ceiling or wall light fixture**.

Both the outlets and/or the light must be working. Usually, a room will have sufficient lights or electrical appliances plugged into outlets to determine workability. Be sure light fixture does not fail just because the bulb is burned out.

Do not count any of the following items or fixtures as outlets/fixtures: Table or floor lamps (these are **not** permanent light fixtures); ceiling lamps plugged into socket; extension cords.

If the electric service to the unit has been temporarily turned off check "Inconclusive." Contact owner or manager after inspection to verify that electricity functions properly when service is turned on. Record this information on the checklist.

1.3 Electrical Hazards

Examples of what this means: broken wiring; non-insulated wiring; frayed wiring; improper types of wiring, connections or insulation; wires lying in or located near standing water or other unsafe places; light fixture hanging from electric wiring without other firm support or fixture; missing cover plates on switches or outlets; badly cracked outlets; exposed fuse box connections; overloaded circuits evidenced by frequently "blown" fuses (ask the tenant).

Check "Inconclusive" if you are uncertain about severity of the problem and seek expert advice.

1.4 Security

"Accessible to outside" means: doors open to the outside or to a common public hall; windows accessible from the outside (e.g. basement and first floor); windows or doors leading onto a fire escape, porch or other outside place that can be reached from the ground.

"Lockable" means: the window or door has a properly working lock, or is nailed shut, or the window is not designed to be opened. A storm window lock that is working properly is acceptable. Windows that are nailed shut are acceptable only if these windows are not needed for ventilation or as an alternate exit in case of fire.

1.5 Window Condition

Rate the windows in the room (including windows in doors).

"Severe deterioration" means that the window no longer has the capacity to keep out the wind and the rain or is a cutting hazard. Examples are: missing or broken-out panes; dangerously loose cracked panes; windows that will not close; windows that, when closed, do not form a reasonably tight seal.

If more than one window in the room is in this condition, give details in the space provided on the right of the form.

If there is only "moderate deterioration" of the windows the item should "Pass." "Moderate deterioration" means windows which are reasonably weather-tight, but show evidence of some aging, abuse, or lack of repair. Signs of deterioration are: minor crack in window pane; splintered sill; signs of some minor rotting in the window frame or the window itself; window panes loose because of missing window putty. Also for deteriorated and peeling paint see 1.9. If more than one window is in this condition, give details in the space provided on the right of the form.

1.6 Ceiling Condition

“Unsound or hazardous” means the presence of such serious defects that either a potential exists for structural collapse or that large cracks or holes allow significant drafts to enter the unit. The condition includes: severe bulging or buckling; large holes; missing parts; falling or in danger of falling loose surface materials (other than paper or paint).

Pass ceilings that are basically sound but have some nonhazardous defects, including: small holes or cracks; missing or broken ceiling tiles; water stains; soiled surfaces; unpainted surfaces; peeling paint (for peeling paint see item 1.9).

1.7 Wall Condition

“Unsound or hazardous” includes: serious defects such that the structural safety of the building is threatened, such as severe buckling, bulging or leaning; damaged or loose structural members; large holes; air infiltration.

Pass walls that are basically sound but have some nonhazardous defects, including: small or shallow holes; cracks; loose or missing parts; unpainted surfaces; peeling paint (for peeling paint see item 1.9).

1.8 Floor Condition

“Unsound or hazardous” means the presence of such serious defects that a potential exists for structural collapse or other threats to safety (e.g., stripping) or large cracks or holes allow substantial drafts from below the floor. The condition includes: severe buckling or major movements under walking stress; damaged or missing parts.

Pass floors that are basically sound but have some nonhazardous defects, including: heavily worn or damaged floor surface (for example, scratches or gouges in surface, missing portions of tile or linoleum, previous water damage). If there is a floor covering, also note the condition, especially if badly worn or soiled. If there is a floor covering, including paint or sealant, also note the conditions, specially if badly worn, soiled or peeling (for peeling paint, see 1.9).

1.9 Lead-Based Paint

Housing Choice Voucher Units If the unit was built January 1, 1978, or after, no child under age six will occupy or currently occupies it, is a 0-BR, elderly or handicapped unit with no children under age six on the lease or expected, has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead-based paint.), check NA and do not inspect painted surfaces.

This requirement applies to all painted surfaces (building components) within the unit. (Do not include tenant belongings). Surfaces to receive a visual assessment for deteriorated paint include walls, floors, ceilings, built in cabinets (sink bases), baseboards, doors, door frames, windows systems including mullions, sills, or frames and any other painted building component within the unit. Deteriorated paint includes any painted surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

All deteriorated paint surfaces **more than 2 sq. ft. in any one interior room or space, or more than 10% of the total surface area of an interior type of component with a small surface area (i.e., window sills, baseboards, and trim)** must be stabilized (corrected) in accordance with all safe work practice requirements and clearance is required. **If the deteriorated painted surface is less than 2 sq. ft. or less than 10% of the component, only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities, except for *de minimis level* repairs.

1. Living Room

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
1.1 Living Room Present	Is there a living room?	<input type="checkbox"/>	<input type="checkbox"/>			
1.2 Electricity	Are there at least two working outlets or one working outlet and one working light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.3 Electrical Hazards	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
1.5 Window Condition	Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
1.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
1.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
1.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
1.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint?	<input type="checkbox"/>	<input type="checkbox"/>			
	If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	

Additional Comments: (Give Item Number)

Comments continued on a separate page Yes ☐ No ☐

2. Kitchen

2.1 Kitchen Area Present

Note: A kitchen is an area used for preparation of meals. It may be either a separate room or an area of a larger room (for example, a kitchen area in an efficiency apartment).

2.2 - 2.9 Explanation for these items is the same as that provided for "Living Room" with the following modifications:

2.2 Electricity

Note: The requirement is that at least one outlet and one permanent light fixture are present and working.

2.5 Window Condition

Note: The absence of a window does not fail this item in the kitchen. If there is no window, check "Pass."

2.10 Stove or Range with Oven

Both an oven and a stove (or range) with top burners must be present and working. If either is missing and you know that the owner is responsible for supplying these appliances, check "Fail." Put check in "Inconclusive" column if the tenant is responsible for supplying the appliances and he or she has not yet moved in. Contact tenant or prospective tenant to gain verification that facility will be supplied and is in working condition. Hot plates are not acceptable substitutes for these facilities.

An oven is not working if it will not heat up. To be working a stove or range must have all burners working and knobs to turn them off and on. Under "working condition," also look for hazardous gas hook-ups evidenced by strong gas smells; these should fail. (Be sure that this condition is not confused with an unlit pilot light -a condition that should be noted, but does not fail.)

If both an oven and a stove or range are present, but the gas or electricity are turned off, check "Inconclusive." Contact owner or manager to get verification that facility works when gas is turned on. If both an oven and a stove or range are present and working, but defects exist, check "Pass" and note these to the right of the form. Possible defects are marked, dented, or scratched surfaces; cracked burner ring; limited size relative to family needs.

A microwave oven may be substituted for a tenant-supplied oven and stove (or range).

A microwave oven may be substituted for an owner-supplied oven and stove (or range) if the tenant agrees and microwave ovens are furnished instead of ovens and stoves (or ranges) to both subsidized and unsubsidized tenants in the building or premises.

2.11 Refrigerator

If no refrigerator is present, use the same criteria for marking either "Fail" or "Inconclusive" as were used for the oven and stove or range.

A refrigerator is not working if it will not maintain a temperature low enough to keep food from spoiling over a reasonable period of time. If the electricity is turned off, mark "Inconclusive." Contact owner (or tenant if unit is occupied) to get verification of working condition.

If the refrigerator is present and working but defects exist, note these to the right of the form. Possible minor defects include: broken or missing interior shelving; dented or scratched interior or exterior surfaces; minor deterioration of door seal; loose door handle.

2.12 Sink

If a permanently attached kitchen sink is not present in the kitchen or kitchen area, mark "Fail." A sink in a bathroom or a portable basin will not satisfy this requirement. A sink is not working unless it has running hot and cold water from the faucets and a properly connected and properly working drain (with a "gas trap"). In a vacant apartment, the hot water may have been turned off and there will be no hot water. Mark this "Inconclusive." Check with owner or manager to verify that hot water is available when service is turned on.

If a working sink has defects, note this to the right of the item. Possible minor defects include: dripping faucet; marked, dented, or scratched surface; slow drain; missing or broken drain stopper.

2.13 Space for Storage, Preparation, and Serving of Food

Some space must be available for the storage, preparation, and serving of food. If there is no built-in space for food storage and preparation, a table used for food preparation and a portable storage cabinet will satisfy the requirement. If there is no built-in space, and no room for a table and portable cabinet, check "Inconclusive" and discuss with the tenant. The tenant makes the final determination as to whether or not this space is acceptable.

If there are some minor defects, check "Pass" and make notes to the right. Possible defects include: marked, dented, or scratched surfaces; broken shelving or cabinet doors; broken drawers or cabinet hardware; limited size relative to family needs.

2. Kitchen

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
2.1 Kitchen Area Present	Is there a kitchen?	<input type="checkbox"/>	<input type="checkbox"/>			
2.2 Electricity	Are there at least one working outlet and one working, permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.3 Electrical Hazards	Is the kitchen free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
2.5 Window Condition	Are all windows free of signs of deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
2.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
2.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
2.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
2.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or less than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	
2.10 Stove or Range with Oven	Is there a working oven, and a stove (or range) with top burners that work? If no oven and stove (or range) are present, is there a microwave oven and, if microwave is owner-supplied, do other tenants have microwaves instead of an oven and stove (or range)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.11 Refrigerator	Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.12 Sink	Is there a kitchen sink that works with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.13 Space for Storage, Preparation, and Serving of Food	Is there space to store, prepare, and serve food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes ☐ No ☐

3. Bathroom

3.1 Bathroom Present

Most units have easily identifiable bathrooms (i.e., a separate room with toilet, washbasin and tub or shower). In some cases, however, you will encounter units with scattered bathroom facilities (i.e., toilet, washbasin and tub or shower located in separate parts of the unit). At a minimum, there must be an enclosure around the toilet. In this case, count the enclosure around the toilet as the bathroom and proceed with 3.2-3.9 below, with respect to this enclosure. If there is more than one bathroom that is normally used, rate the one that is in best condition for Part 3. If there is a second bathroom that is also used, complete Part 4 of the checklist for this room. (See Inspection Manual for additional notes on rating the second bathroom.)

3.2 - 3.9 Explanation for these items is the same as that provided for "Living Room" with the following modifications:

3.2 Electricity

Note: The requirement is that at least one permanent light fixture is present and working

3.3 Electrical Hazards

Note: In addition to the previously mentioned hazards, outlets that are located where water might splash or collect are considered an electrical hazard.

3.5 Window Condition

Note: The absence of a window does not fail this item in the bathroom (see item 3.13, Ventilation, for relevance of window with respect to ventilation). If there is no window, but a working vent system is present, check "Pass."

3.7 Wall Condition

Note: Include under nonhazardous defects (that would pass, but should be noted) the following: broken or loose tile; deteriorated grouting at tub/wall and tub/floor joints, or tiled surfaces; water stains.

3.8 Floor Condition

Note: Include under nonhazardous defects (that would pass, but should be noted) the following: missing floor tiles; water stains.

3.10 Flush Toilet in Enclosed Room in Unit

The toilet must be contained within the unit, be in proper operating condition, and be available for the exclusive use of the occupants of the unit (i.e., outhouses or facilities shared by occupants of other units are not acceptable). It must allow for privacy.

Not working means: the toilet is not connected to a water supply; it is not connected to a sewer drain; it is clogged; it does not have a trap; the connections, vents or traps are faulty to the extent that severe leakage of water or escape of gases occurs; the flushing mechanism does not function properly. If the water to the unit has been turned off, check "Inconclusive." Obtain verification from owner or manager that facility works properly when water is turned on.

Comment to the right of the form if the toilet is "present, exclusive, and working," but has the following types of defects: constant running; chipped or broken porcelain; slow draining.

If drain blockage is more serious and occurs further in the sewer line, causing backup, check item 7.6, "Fail," under the plumbing and heating part of the checklist. A sign of serious sewer blockage is the presence of numerous backed-up drains.

3.11 Fixed Wash Basin or Lavatory in Unit

The wash basin must be permanently installed (i.e., a portable wash basin does not satisfy the requirement). Also, a kitchen sink used to pass the requirements under Part 2 of the checklist (kitchen facilities) cannot also serve as the bathroom wash basin. The wash basin may be located separate from the other bathroom facilities (e.g., in a hallway).

Not working means: the wash basin is not connected to a system that will deliver hot and cold running water; it is not connected to a properly operating drain; the connectors (or vents or traps) are faulty to the extent that severe leakage of water or escape of sewer gases occurs. If the water to the unit or the hot water unit has been turned off, check "Inconclusive." Obtain verification from owner or manager that the system is in working condition.

Comment to the right of the form if the wash basin is "present and working," but has the following types of minor defects: insufficient water pressure; dripping faucets; minor leaks; cracked or chipped porcelain; slow drain (see discussion above under 3.10).

3.12 Tub or Shower in Unit

Not present means that neither a tub nor shower is present in the unit. Again, these facilities need not be in the same room with the rest of the bathroom facilities. They must, however, be private.

Not working covers the same requirements detailed above for wash basin (3.11).

Comment to the right of the form if the tub or shower is present and working, but has the following types of defects: dripping faucet; minor leaks; cracked porcelain; slow drain (see discussion under 3.10); absent or broken support rod for shower curtain.

3.13 Ventilation

Working vent systems include: ventilation shafts (non-mechanical vents) and electric fans. Electric vent fans must function when switch is turned on. (Make sure that any malfunctions are not due to the fan not being plugged in.) If electric current to the unit has not been turned on (and there is no operable window), check "Inconclusive." Obtain verification from owner or manager that system works. Note: exhaust vents must be vented to the outside, attic, or crawlspace.

3. Bathroom

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
3.1 Bathroom Present (See description)	Is there a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>			
3.2 Electricity	Is there at least one permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.3 Electrical Hazards	Is the bathroom free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
3.5 Window Condition	Are all windows free of signs of deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
3.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
3.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
3.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
3.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	
3.10 Flush Toilet in Enclosed Room in Unit	Is there a working toilet in the unit for the exclusive private use of the tenant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.11 Fixed Wash Basin or Lavatory in Unit	Is there a working, permanently installed wash basin with hot and cold running water in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.12 Tub or Shower	Is there a working tub or shower with hot and cold running water in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.13 Ventilation	Are there operable windows or a working vent system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes ☐ No ☐

4. Other Room Used for Living and Halls

Complete an "Other Room" checklist for as many "other rooms used for living" as are present in the unit and not already noted in Parts 1, 2, and 3 of the checklist. See the discussion below for definition of "used for living." Also complete an "Other Room" checklist for all entrance halls, corridors, and staircases that are located within the unit and are part of the area used for living. If a hall, entry and/or stairway are contiguous, rate them as a whole (i.e., as part of one space).

Additional forms for rating "Other Rooms" are provided in the check-list.

Definition of "used for living." Rooms "used for living" are areas of the unit that are walked through or lived in on a regular basis. Do not include rooms or other areas that have been permanently, or near permanently, closed off or areas that are infrequently entered. For example, do not include a utility room, attached shed, attached closed-in porch, basement, or garage if they are closed off from the main living area or are infrequently entered. Do include any of these areas if they are frequently used (e.g., a finished basement/play-room, a closed-in porch that is used as a bedroom during summer months). Occasional use of a washer or dryer in an otherwise unused room does not constitute regular use.

If the unit is vacant and you do not know the eventual use of a particular room, complete an "Other Room" checklist if there is any chance that the room will be used on a regular basis. If there is no chance that the room will be used on a regular basis, do not include it (e.g., an unfinished basement) since it will be checked under Part 5, All Secondary Rooms (Rooms not used for living).

4.1 Room Code and Room Location

Enter the appropriate room code given below:

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 (also check presence of sink trap and clogged toilet)
- 6 = Other

Room Location: Write on the line provided the location of the room with respect to the unit's width, length and floor level as if you were standing outside the unit facing the entrance to the unit:

right/left/center: record whether the room is situated to the right, left, or center of the unit.

front/rear/center: record whether the room is situated to the back, front or center of the unit.

floor level: identify the floor level on which the room is located.

If the unit is vacant, you may have some difficulty predicting the eventual use of a room. Before giving any room a code of 1 (bedroom), the room must meet all of the requirements for a "room used for sleeping" (see items 4.2 and 4.5).

4.2 - 4.9 Explanations of these items are the same as those provided for "Living Room" with the following modifications:

4.2 Electricity/Illumination

If the room code is not a "1," the room must have a means of natural or artificial illumination such as a permanent light fixture, wall outlet present, or light from a window in the room or near the room. If any required item is missing, check "Fail." If the electricity is turned off, check "Inconclusive."

4.5 Window Condition

Any room used for sleeping must have at least one window. If the windows in sleeping rooms are designed to be opened, at least one window must be operable. The minimum standards do not require a window in "other rooms." Therefore, if there is no window in another room not used for sleeping, check "Pass," and note "no window" in the area for comments.

4.6 Smoke Detectors

At least one battery-operated or hard-wired smoke detector must be present and working on each level of the unit, including the basement, but not the crawl spaces and unfinished attic.

Smoke detectors must be installed in accordance with and meet the requirements of the National Fire Protection Association Standard (NFPA) 74 (or its successor standards).

If the dwelling unit is occupied by any hearing-impaired person, smoke detectors must have an alarm system designed for hearing-impaired persons as specified in NFPA 74 (or successor standards).

If the unit was under HAP contract prior to April 24, 1993, owners who installed battery-operated or hard-wired smoke detectors in compliance with HUD's smoke detector requirements, including the regulations published on July 30, 1992 (57 FR 33846), will not be required subsequently to comply with any additional requirements mandated by NFPA 74 (i.e. the owner would not be required to install a smoke detector in a basement not used for living purposes, nor would the owner be required to change the location of the smoke detectors that have already been installed on the other floors of the unit). In this case, check "Pass" and note under comments.

Additional Notes

For staircases, the adequacy of light and condition of the stair rails and railings is covered under Part 8 of the checklist (General Health and Safety)

4. Other Rooms Used for Living and Halls For each numbered item, check one box only.

4.1 Room Location

_____ right/left/center: the room is situated to the right, left, or center of the unit.

_____ front/rear/center: the room is situated to the back, front or center of the unit.

_____ floor level: the floor level on which the room is located.

Room Code

- 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 (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2 Electricity/Illumination	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
4.5 Window Condition	If Room Code is a 1, is there at least one window?	<input type="checkbox"/>	<input type="checkbox"/>			
	And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
4.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint?	<input type="checkbox"/>	<input type="checkbox"/>			
	If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable		
4.10 Smoke Detectors	Is there a working smoke detector on each level?	<input type="checkbox"/>	<input type="checkbox"/>			
	Do the smoke detectors meet the requirements of NFPA 74?	<input type="checkbox"/>	<input type="checkbox"/>			
	In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>			

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes ☐ No ☐

4. Supplemental for Other Rooms Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

_____ right/left/center: the room is situated to the right, left, or center of the unit.
 _____ front/rear/center: the room is situated to the back, front or center of the unit.
 _____ floor level: the floor level on which the room is located.

Room Code

- 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 (also check presence of sink trap and clogged toilet)
 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2 Electricity/Illumination	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
4.5 Window Condition	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
4.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	
4.10 Smoke Detectors	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>			

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes ☐ No ☐

4. Supplemental for Other Rooms Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

_____ right/left/center: the room is situated to the right, left, or center of the unit.
 _____ front/rear/center: the room is situated to the back, front or center of the unit.
 _____ floor level: the floor level on which the room is located.

Room Code

- 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 (also check presence of sink trap and clogged toilet)
 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2 Electricity/Illumination	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
4.5 Window Condition	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
4.10 Smoke Detectors	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes ☐ No ☐

4. Supplemental for Other Rooms Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

_____ right/left/center: the room is situated to the right, left, or center of the unit.
 _____ front/rear/center: the room is situated to the back, front or center of the unit.
 _____ floor level: the floor level on which the room is located.

Room Code

- ☐ 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 (also check presence of sink trap and clogged toilet)
☐ 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2 Electricity/Illumination	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
4.5 Window Condition	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
4.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	
4.10 Smoke Detectors	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>			

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes ☐ No ☐

5. All Secondary Rooms (Rooms not used for living)

5. Secondary Rooms (Rooms not used for living)

If any room in the unit did not meet the requirements for "other room used for living" in Part 4, it is to be considered a "secondary room (not used for living)." Rate all of these rooms together (i.e., a single Part 5 checklist for all secondary rooms in the unit).

Inspection is required of the following two items since hazardous defects under these items could jeopardize the rest of the unit, even if present in rooms not used for living: 5.2 Security, 5.3 Electrical Hazards. Also, be observant of any other potentially hazardous features in these rooms and record under 5.4

5.1 None

If there are no "Secondary Rooms (rooms not used for living)," check "None" and go on to Part 6.

5.2 - 5.4 Explanations of these items is the same as those provided for "Living Room"

Additional Note

In recording "other potentially hazardous features," note (in the space provided) the means of access to the room with the hazard and check the box under "Inconclusive." Discuss the hazard with the HA inspection supervisor to determine "Pass" or "Fail." Include defects like: large holes in floor, walls or ceilings; evidence of structural collapse; windows in condition of severe deterioration; and deteriorated paint surfaces.

6. Building Exterior

6.1 Condition of Foundation

"Unsound or hazardous" means foundations with severe structural defects indicating the potential for structural collapse; or foundations that allow significant entry of ground water (for example, evidenced by flooding of basement).

6.2 Condition of Stairs, Rails, and Porches

"Unsound or hazardous" means: stairs, porches, balconies, or decks with severe structural defects; broken, rotting, or missing steps; absence of a handrail when there are extended lengths of steps (generally four or more consecutive steps); absence of or insecure railings around a porch or balcony which is approximately 30 inches or more above the ground.

6.3 Condition of Roof and Gutters

"Unsound and hazardous" means: The roof has serious defects such as serious buckling or sagging, indicating the potential of structural collapse; large holes or other defects that would result in significant air or water infiltration (in most cases severe exterior defects will be reflected in equally serious surface defects within the unit, e.g., buckling, water damage). The gutters, downspouts and soffits (area under eaves) shows serious decay and have allowed the entry of significant air or water into the interior of the structure. Gutters and downspouts are, however, not required to pass. If the roof is not observable and there is no sign of interior water damage, check "Pass."

6.4 Condition of Exterior Surfaces

See definition above for roof, item 6.3.

6.5 Condition of Chimney

The chimney should not be seriously leaning or showing evidence of significant disintegration (i.e., many missing bricks).

6.6 Lead-Based Paint: Exterior Surfaces

Housing Choice Voucher Units If the unit was built January 1, 1978 or after, no child under age six will occupy or currently occupies, is a 0-BR, elderly or handicapped unit with no children under age six on the lease or expected, has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead), check NA and do not inspect painted surfaces. Visual assessment for deteriorated paint applies to all exterior painted surfaces (building components) associated with the assisted unit including windows, window sills, exterior walls, floors, porches, railings, doors, decks, stairs, play areas, garages, fences or other areas if frequented by children under age six.

All deteriorated paint surfaces **more than 20 sq. ft. on exterior surfaces** must be stabilized (corrected) in accordance with all safe work practice requirements. **If the painted surface is less than 20 sq. ft., only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities except for *de minimis level* repairs.

6.7 Manufactured Homes: Tie Downs

Manufactured homes must be placed on a site in a stable manner and be free from hazards such as sliding and wind damage. Manufactured homes must be securely anchored by a tie down device which distributes and transfers the loads imposed by the unit to appropriate ground anchors so as to resist wind overturning and sliding, unless a variation has been approved by the HUD Field Office.

5. All Secondary Rooms (Rooms not used for living) For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
5.1	None <input type="checkbox"/> Go to Part 6					
5.2	Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
5.3	Electrical Hazards Are all these rooms free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.4	Other Potentially Hazardous Features Are all of these rooms free of any other potentially hazardous features? For each room with an "other potentially hazardous feature," explain the hazard and the means of control of interior access to the room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.0	Building Exterior					
6.1	Condition of Foundation Is the foundation sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.2	Condition of Stairs, Rails, and Porches Are all the exterior stairs, rails, and porches sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.3	Condition of Roof and Gutters Are the roof, gutters, and downspouts sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.4	Condition of Exterior Surfaces Are exterior surfaces sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.5	Condition of Chimney Is the chimney sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.6	Lead-Based Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed 20 sq. ft. of total exterior surface area?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	
6.7	Manufactured Homes: Tie Downs If the unit is a manufactured home, is it properly placed and tied down? If not a manufactured home, check "Not Applicable."	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes ☐ No ☐

7. Heating and Plumbing

7.1 Adequacy of Heating Equipment

"Adequate heat" means that the heating system is capable of delivering enough heat to assure a healthy environment in the unit (appropriate to the climate). The HA is responsible for defining what constitutes a healthy living environment in the area of the country in which it operates. Local codes (city or state codes) should be instructive in arriving at a reasonable local definition. For example, for heat adequacy, local codes often require that the unit's heating facility be capable of maintaining a given temperature level during a designated time period. Portable electric room heaters or kitchen stoves or ranges with a built-in heat unit are not acceptable as a primary source of heat for units located in areas where climate conditions require regular heating.

"Directly or indirectly to all rooms used for living" means:

"Directly" means that each room used for living has a heat source (e.g., working radiator; working hot air register; baseboard heat)

"Indirectly" means that, if there is no heat source present in the room, heat can enter the room easily from a heated adjacent room (e.g. a dining room may not have a radiator, but would receive heat from the heated living room through a large open archway).

If the heating system in the unit works, but there is some question whether a room without a heat source would receive adequate indirect heat, check "Inconclusive" and verify adequacy from tenant or owner (e.g., unheated bedroom at the end of a long hallway).

How to determine the capability of the heating system: If the unit is occupied, usually the quickest way to determine the capability of the heating system over time is to question the tenant. If the unit is not occupied, or the tenant has not lived in the unit during the months when heat would be needed, check "Inclusive." It will be necessary to question the owner on this point after the inspection has been completed and, if possible, to question other tenants (if it is a multi-unit structure) about the adequacy of heat provided. Under some circumstances, the adequacy of heat can be determined by a simple comparison of the size of the heating system to the area to be heated. For example, a small permanently installed space heater in a living room is probably inadequate for heating anything larger than a relatively small apartment.

7.2 Safety of Heating Equipment

Examples of "unvented fuel burning space heaters" are: portable kerosene units; unvented open flame portable units.

"Other unsafe conditions" include: breakage or damage to heating system such that there is a potential for fire or other threats to safety; improper connection of flues allowing exhaust gases to enter the living area; improper installation of equipment (e.g., proximity of fuel tank to heat source, absence of safety devices); indications of improper use of equipment (e.g., evidence of heavy build-up of soot, creosote, or other substance in the chimney); disintegrating equipment; combustible materials near heat source or flue. See Inspection Manual for a more detailed discussion of the inspection of safety aspects of the heating systems.

If you are unable to gain access to the primary heating system in the unit check "Inconclusive." Contact the owner or manager for verification of safety of the system. If the system has passed a recent local inspection, check "Pass." This applies especially to units in which heat is provided by a large scale, complex central heating system that serves multiple units (e.g., a boiler in the basement of a large apartment building). In most cases, a large scale heating system for a multi-unit building will be subject to periodic safety inspections by a local public agency. Check with the owner or manager to determine the date and outcome of the last such inspection, or look for an inspection certificate posted on the heating system.

7.3 Ventilation and Adequacy of Cooling

If the tenant is present and has occupied the unit during the summer months, inquire about the adequacy of air flow. If the tenant is not present or has not occupied the unit during the summer months, test a sample of windows to see that they open (see Inspection Manual for instruction).

"Working cooling equipment" includes: central (fan) ventilation system; evaporative cooling system; room or central air conditioning.

Check "Inconclusive" if there are no operable windows and it is impossible, or inappropriate, to test whether a cooling system works. Check with other tenants in the building (in a multi-unit structure) and with the owner or manager for verification of the adequacy of ventilation and cooling.

7.4 Water Heater

"Location presents hazard" means that the gas or oil water heater is located in living areas or closets where safety hazards may exist (e.g., water heater located in very cluttered closet with cloth and paper items stacked against it). Gas water heaters in bedrooms or other living areas must have safety dividers or shields.

Water heaters must have a temperature- pressure relief valve and discharge line (directed toward the floor or outside of the living area) as a safeguard against build up of steam if the water heater malfunctions. If not, they are not properly equipped and shall fail.

To pass, gas or oil fired water heaters must be vented into a properly installed chimney or flue leading outside. Electric water heaters do not require venting.

If it is impossible to view the water heater, check "Inconclusive."

Obtain verification of safety of system from owner or manager.

Check "Pass" if the water heater has passed a local inspection. This applies primarily to hot water that is supplied by a large scale complex water heating system that serves multiple units (e.g., water heating system in large apartment building). Check in the same manner described for heating system safety, item 7.2, above.

7.5 Water Supply

If the structure is connected to a city or town water system, check "Pass." If the structure has a private water supply (usually in rural areas) inquire into the nature of the supply (probably from the owner) and whether it is approvable by an appropriate public agency.

General note: If items 7.5, 7.6, or 7.7 are checked "Inconclusive," check with owner or manager for verification of adequacy.

7.6 Plumbing

"Major leaks" means that main water drain and feed pipes (often located in the basement) are seriously leaking. (Leaks present at specific facilities have already been evaluated under the checklist items for "Bathroom" and "Kitchen.")

"Corrosion" (causing serious and persistent levels of rust or contamination in the drinking water) can be determined by observing the color of the drinking water at several taps. Badly corroded pipes will produce noticeably brownish water. If the tenant is currently occupying the unit, he or she should be able to provide information about the persistence of this condition. (Make sure that the "rusty water" is not a temporary condition caused by city or town maintenance of main water lines.) See general note under 7.5.

7.7 Sewer Connection

If the structure is connected to the city or town sewer system, check "Pass." If the structure has its own private disposal system (e.g., septic field), inquire into the nature of the system and determine whether this type of system can meet appropriate health and safety regulations.

The following conditions constitute "evidence of sewer back up": strong sewer gas smell in the basement or outside of unit; numerous clogged or very slow drains; marshy areas outside of unit above septic field. See general note under 7.5.

7. Heating and Plumbing

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
7.1 Adequacy of Heating Equipment	Is the heating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.2 Safety of Heating Equipment	Is the unit free from unvented fuel burning space heaters or any other types of unsafe heating conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.3 Ventilation and Adequacy of Cooling	Does the unit have adequate ventilation and cooling by means of openable windows or a working cooling system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.4 Water Heater	Is the water heater located, equipped, and installed in a safe manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.5 Water Supply	Is the unit served by an approvable public or private sanitary water supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.6 Plumbing	Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.7 Sewer Connection	Is plumbing connected to an approvable public or private disposal system, and is it free from sewer back-up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)

Comments continued on a separate page Yes ☐ No ☐

8. General Health and Safety

8.1 Access to Unit

“Through another unit” means that access to the unit is only possible by means of passage through another dwelling unit.

8.2 Exits

“Acceptable fire exit” means that the building must have an alternative means of exit that meets local or State regulations in case of fire; this could include:

An openable window if the unit is on the first floor or second floor or easily accessible to the ground.

A back door opening on to a porch with a stairway leading to the ground.

Fire escape, fire ladder, or fire stairs.

“Blocked” means that the exit is not useable due to conditions such as debris, storage, door or window nailed shut, broken lock.

Important note: The HA has the final responsibility for deciding whether the type of emergency exit is acceptable, although the tenant should assist in making the decision.

8.3 Evidence of Infestation

“Presence of rats, or severe infestation by mice or vermin” (such as roaches) is evidenced by: rat holes; droppings; rat runs; numerous settings of rat poison. If the unit is occupied, ask the tenant,

8.4 Garbage and Debris

“Heavy accumulation” means large piles of trash and garbage, discarded furniture, and other debris (not temporarily stored awaiting removal) that might harbor rodents. This may occur inside the unit, in common areas, or outside. It usually means a level of accumulation beyond the capacity of an individual to pick up within an hour or two.

8.5 Refuse Disposal

“Adequate covered facilities” includes: trash cans with covers, garbage chutes, “dumpsters” (i.e., large scale refuse boxes with lids); trash bags (if approvable by local public agency). “Approvable by local public agency” means that the local Health and Sanitation Department (city, town or county) approves the type of facility in use. Note: During the period when the HA is setting up its inspection program, it will check with the local health and sanitation department to determine which types of facilities are acceptable and include this in the inspection requirements.

If the unit is vacant and there are no adequate covered facilities present, check “Inconclusive.” Contact the owner or manager for verification of facilities provided when the unit is occupied.

8.6 Interior Stairs and Common Halls

“Loose, broken, or missing steps” should fail if they present a serious risk of tripping or falling.

A handrail is required on extended sections of stairs (generally four or more consecutive steps). A railing is required on unprotected heights such as around stairwells.

“Other hazards” would be conditions such as bare electrical wires and tripping hazards.

Housing Choice Voucher Units If the unit was built January 1, 1978, or after, no child under six will occupy or currently occupies it, is a 0-BR, elderly or handicapped unit with no children under six on the lease or expected, has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead-based paint.), check NA and do not inspect painted surfaces.

This requirement applies to all painted surfaces (building components) within the unit. (Do not include tenant belongings). Surfaces to receive a visual assessment for deteriorated paint include walls, floors, ceilings, built in cabinets (sink bases), baseboards, doors, door frames, windows systems including

mullions, sills, or frames and any other painted building component within the unit. Deteriorated paint includes any painted surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

All deteriorated paint surfaces **more than 2 sq. ft. in any one interior room or space, or more than 10% of the total surface area of an interior type of component with a small surface area (i.e., window sills, baseboards, and trim)** must be stabilized (corrected) in accordance with all safe work practice requirements and clearance is required. **If the deteriorated painted surface is less than 2 sq. ft. or less than 10% of the component, only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities, except for *de minimis level* repairs.

8.7 Other Interior Hazards

Examples of other hazards might be: a broken bathroom fixture with a sharp edge in a location where it represents a hazard; a protruding nail in a doorway.

8.8 Elevators

Note: At the time the HA is setting up its inspection program, it will determine local licensing practices for elevators. Inspectors should then be aware of these practices in evaluating this item (e.g., check inspection date). If no elevator check “Not Applicable.”

8.9 Interior Air Quality

If the inspector has any questions about whether an existing poor air quality condition should be considered dangerous, he or she should check with the local Health and Safety Department (city, town or county).

8.10 Site and Neighborhood Conditions

Examples of conditions that would “seriously and continuously endanger the health or safety of the residents” are:

- other buildings on, or near the property, that pose serious hazards (e.g., dilapidated shed or garage with potential for structural collapse),
- evidence of flooding or major drainage problems,
- evidence of mud slides or large land settlement or collapse,
- proximity to open sewage,
- unprotected heights (cliffs, quarries, mines, sandpits),
- fire hazards,
- abnormal air pollution or smoke which continues throughout the year and is determined to seriously endanger health, and
- continuous or excessive vibration of vehicular traffic (if the unit is occupied, ask the tenant).

8.11 Lead-Based Paint: Owner 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 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.

8. General Health and Safety

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
8.1 Access to Unit	Can the unit be entered without having to go through another unit?	<input type="checkbox"/>	<input type="checkbox"/>			
8.2 Exits	Is there an acceptable fire exit from this building that is not blocked?	<input type="checkbox"/>	<input type="checkbox"/>			
8.3 Evidence of Infestation	Is the unit free from rats or severe infestation by mice or vermin?	<input type="checkbox"/>	<input type="checkbox"/>			
8.4 Garbage and Debris	Is the unit free from heavy accumulation of garbage or debris inside and outside?	<input type="checkbox"/>	<input type="checkbox"/>			
8.5 Refuse Disposal	Are there adequate covered facilities for temporary storage and disposal of food wastes, and are they approvable by a local agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.6 Interior Stairs and Common Halls	Are interior stairs and common halls free from hazards to the occupant because of loose, broken, or missing steps on stairways; absent or insecure railings; inadequate lighting; or other hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.7 Other Interior Hazards	Is the interior of the unit free from any other hazard not specifically identified previously?	<input type="checkbox"/>	<input type="checkbox"/>			
8.8 Elevators	Where local practice requires, do all elevators have a current inspection certificate? If local practice does not require this, are they working and safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
8.9 Interior Air Quality	Is the unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?	<input type="checkbox"/>	<input type="checkbox"/>			
8.10 Site and Neighborhood Conditions	Are the site and immediate neighborhood free from conditions which would seriously and continuously endanger the health or safety of the residents?	<input type="checkbox"/>	<input type="checkbox"/>			
8.11 Lead-Based Paint: Owner Certification	If the owner of the unit is required to correct any deteriorated paint or lead-based paint hazards at the property, has the Lead-Based Paint Owner's Certification been completed, and received by the PHA? If the owner was not required to correct any deteriorated paint or lead-based paint hazards, check NA.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	

Additional Comments: (Give Item Number)

Comments continued on a separate page Yes ☐ No ☐



This page is to be completed if the household has a child or children under the age of 6.

The purpose for completing this section of the HUD Inspection is to ensure the tribe / TDHE has established procedures to eliminate, as far as practicable, lead-based paint hazards in housing occupied by families receiving the tenant-based rental assistance that have children under the age of 6 living in the unit.

Client Identification Number: _____

Date of Inspection: _____

20 Common Areas Check One Box ONLY	If PASS , give comments and details. If FAIL , what repairs are necessary? If INCONCLUSIVE , give details.	If FAIL or INCONCLUSIVE , Date (mm/dd/yyyy) of Final Approval.
20.1 Hallways Are all painted surfaces free of deteriorated paint? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INCONCLUSIVE PASS FAIL		
20.2 Stairways Are all painted surfaces free of deteriorated paint? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INCONCLUSIVE PASS FAIL		
20.3 Laundry Room Are all painted surfaces free of deteriorated paint? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INCONCLUSIVE PASS FAIL		
20.4 Recreational Room Are all painted surfaces free of deteriorated paint? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INCONCLUSIVE PASS FAIL		
20.5 Playgrounds Are all painted surfaces free of deteriorated paint? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INCONCLUSIVE PASS FAIL		
20.6 Community Centers Are all painted surfaces free of deteriorated paint? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INCONCLUSIVE PASS FAIL		
20.7 On-Site Day Care Are all painted surfaces free of deteriorated paint? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INCONCLUSIVE PASS FAIL		

