

APA HOME SAFETY CHECKLIST

*This checklist is intended to assist resettlement staff with assessing the condition of housing secured for APA clients. Where a response requires follow-up, the action taken, including dates should be recorded in the space provided.*

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| Client Name: | Case #: |
| Address of Apartment/House: |
| Home Safety Check Conducted By (Please Print Name): | Date Home Safety Check Conducted: |

|  |  |  |  |
| --- | --- | --- | --- |
| ITEM TO BE ASSESSED | Yes | **No** | **Follow/Up - Action Taken****w/Date** |
| AFFORDABILITY |
| How much is the total rent and if applicable, the portion of rent paid by client? |  |  |
| How much is the security deposit? |  |  |
| Is this affordable for the family/case following the period of agency support?  |  |  |  |
| SPACE  |
| How many people are living in the housing? |  |  |
| How many bedrooms are there? |  |  |
| Is there adequate space for all family members in accordance with locally accepted standards? |  |  |  |
| SAFETY |
| Are there any neighborhood safety issues? |  |  |  |
| Is bare wiring visible? |  |  |  |
| Is there peeling or flaking interior paint or plaster? |  |  |  |
| Is there any visible mold? |  |  |  |
| Are there detectable dangerous or unsanitary odors? |  |  |  |
| Have emergency escape route(s) been identified and are they accessible?  |  |  |  |
| Are fire extinguishers in accessible locations where required? |  |  |  |
| Do windows and outside doors have working locks? |  |  |  |
| Are there an appropriate number of working smoke detectors? |  |  |  |
| Are windows in working order with no evidence of broken glass? |  |  |  |
| Is there adequate heat, ventilation, lighting, and hot and cold running water? |  |  |  |
| Are electrical fixtures working and in good repair?  |  |  |  |
| APPLIANCES AND FIXTURES |
| Kitchen: Is there a working stove, oven, and refrigerator in good repair? |  |  |  |
| Bathrooms: Is there a sink, flushing toilet, and shower or bath in good repair? |  |  |  |
| GARBAGE AND EXTERMINATION |
| Is there an accessible storage or disposal facility for garbage? |  |  |  |
| Is there a rodent or insect infestation? |  |  |  |
| DISABILITY ACCOMODATION |
| In cases of refugees with disabilities, does the housing accommodate known disabilities? |  |  |  |
| ACCEPTABILITY |
| Is housing safe, sanitary and in good repair? |  |  |  |
| COMMENTS: |
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| **Based on the above findings, housing meets the basic minimum standards set forth in the Cooperative Agreement.** |
| Signature of person conducting home safety check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |