

**NEW YORK CITY HOUSING AUTHORITY
LEASED HOUSING DEPARTMENT**

OWNER CERTIFICATION FOR INITIAL INSPECTION (INTERIM CERTIFICATION COVID-19)

Name of Applicant			Voucher #		
Present Address			Applicant Telephone #		
APARTMENT TO BE RENTED			OWNER OR AGENT		
DEVELOPMENT	ADDRESS	APT.	NAME		
			EMAIL ADDRESS		PHONE

INSTRUCTIONS: One of the requirements of this program is that housing into which an applicant moves must be clean, in good repair and free from any conditions that could be dangerous or unhealthy for the family. Because of the ongoing COVID-19 public health emergency and pursuant to PIH Notice 2020-05, owners must complete the below form and certify the conditions in the prospective rental unit and the public space areas of the building. If an item is not applicable, please write "N/A" next to it. NYCHA will inspect the unit at a later date to confirm the unit meets federal Housing Quality Standards.

PLEASE RETURN COMPLETED FORM ALONG WITH A SKETCH OF THE FLOOR PLAN THAT INCLUDES DIMENSIONS FOR EACH ROOM

OWNER OR AGENT: Answer questions for building and all rooms in apartment to be inspected.

Total # of Rooms: _____ **# of Bedrooms:** 12 **# of Family Members:** _____

	YES	NO		YES	NO
1. STREET & EXTERIOR OF BUILDING			3. LIVING ROOM		
1.1 Are SITE & immediate NEIGHBORHOOD free from conditions which endanger health & safety of tenants, including open vacant or fire gutted buildings?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3.1 Are there at least 2 WORKING OUTLETS or 1 working outlet & 1 WORKING LIGHT FIXTURE?	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Is building free from high levels of AIR POLLUTION from vehicular exhaust, sewer/fuel gas, dust or other pollutants?	<input type="checkbox"/>	<input type="checkbox"/>	3.2 Is room free from electrical HAZARD?	<input type="checkbox"/>	<input type="checkbox"/>
1.3 Are EXTERIOR SURFACES sound and hazard free?	<input type="checkbox"/>	<input type="checkbox"/>	3.3 Is there at least one window and are all WINDOWS in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
1.4 Are the ROOF, GUTTERS & DOWNSPOUTS sound & free of hazards?	<input type="checkbox"/>	<input type="checkbox"/>	3.4 Are all WINDOWS & DOORS accessible from the outside LOCKABLE?	<input type="checkbox"/>	<input type="checkbox"/>
1.5 Are all exterior surfaces accessible to children under 7 years old free of cracking, peeling & loose PAINT or adequately covered to prevent exposure to LEAD BASE PAINT?	<input type="checkbox"/>	<input type="checkbox"/>	3.5 Are the CEILING, WALLS & FLOOR sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>
1.6 Are there adequate covered facilities for GARBAGE approved by local agency?	<input type="checkbox"/>	<input type="checkbox"/>	3.6 Are all interior surfaces free of cracking, peeling & loose PAINT or adequately covered to prevent tenant exposure to LEAD BASE PAINT?	<input type="checkbox"/>	<input type="checkbox"/>
1.7 Are all EXTERIOR STAIRS, RAILS & PORCHES sound & hazard free?	<input type="checkbox"/>	<input type="checkbox"/>	4. KITCHEN		
1.8 Is FOUNDATION sound & hazard free?	<input type="checkbox"/>	<input type="checkbox"/>	4.1 Is there at least one WORKING ELECTRICAL OUTLET & one permanently installed LIGHT FIXTURE?	<input type="checkbox"/>	<input type="checkbox"/>
1.9 Is CHIMNEY sound & hazard free?	<input type="checkbox"/>	<input type="checkbox"/>	4.2 Is kitchen free from ELECTRICAL HAZARD (including proper placement of GFCI outlet)?	<input type="checkbox"/>	<input type="checkbox"/>
2. INTERIOR OF BUILDING & UNIT			4.3 Are all WINDOWS & DOORS accessible from the outside LOCKABLE?	<input type="checkbox"/>	<input type="checkbox"/>
2.1 INTERIOR STAIRS & HALLS hazard free?	<input type="checkbox"/>	<input type="checkbox"/>	4.4 Is there a SINK with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Are ELEVATORS working & do they have current inspection certificate?	<input type="checkbox"/>	<input type="checkbox"/>	4.5 Are WINDOWS in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Unblocked FIRE EXIT from building?	<input type="checkbox"/>	<input type="checkbox"/>	4.6 Is there a SPACE TO STORE AND PREPARE FOOD?	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Is there ACCESS TO UNIT without going through another unit?	<input type="checkbox"/>	<input type="checkbox"/>	4.7 Are all interior surfaces free of cracking, peeling & loose PAINT or adequately covered to prevent exposure to LEAD BASE PAINT?	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Unit/bldg. free of RATS, MICE, VERMIN?	<input type="checkbox"/>	<input type="checkbox"/>	4.8 Are the CEILING, WALLS & FLOOR sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>
2.6 Unit/bldg. free of GARBAGE OR DEBRIS?	<input type="checkbox"/>	<input type="checkbox"/>	4.9 Is there a working OVEN & RANGE with working top burners?	<input type="checkbox"/>	<input type="checkbox"/>
			4.10 Is there appropriate size REFRIGERATOR in working order.	<input type="checkbox"/>	<input type="checkbox"/>



5. BATHROOM

Full Bathrooms: ____ # Half Bathrooms: ____

- | | YES | NO |
|---|--------------------------|--------------------------|
| 5.1 Is there at least one permanently installed LIGHT FIXTURE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 Is room free from ELECTRICAL HAZARD? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3 Are all WINDOWS & DOORS accessible from the outside LOCKABLE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.4 Are all WINDOWS in good condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.5 Are the CEILING, WALLS & FLOOR sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.6 Are all interior surfaces free of cracking, peeling & loose PAINT or adequately covered to prevent exposure to LEAD BASE PAINT? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.7 Is there a private TOILET in working order? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.8 Are there private BATH OR SHOWER & WASH BASIN, with hot and cold running WATER? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.9 Is there an operable WINDOW OR EXHAUST FAN? | <input type="checkbox"/> | <input type="checkbox"/> |

6. HEATING & PLUMBING

- | | | |
|---|--------------------------|--------------------------|
| 6.1 Is the HEATING EQUIPMENT capable of providing ADEQUATE heat (i.e., is there a heat source in every bedroom and living space)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 Is the apartment free of any UNSAFE HEATING EQUIPMENT? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3 Does apartment have adequate VENTILATION? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.4 Is HOT WATER HEATER located, equipped and installed in a safe manner? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.5 Is PLUMBING free from major leaks or corrosion causing rust or contamination of drinking water? | <input type="checkbox"/> | <input type="checkbox"/> |

7. BEDROOMS (confirm each bedroom meets the requirements below)

If any bedroom fails to meet the minimum requirements, NYCHA will adjust the subsidy payments retroactively and may require the tenant to move

- 7.1 # of Bedrooms: 12
Dimensions: Minimum is 8 feet by 10 feet (80 square feet)
 Bedroom 1: _____ Bedroom 5: _____
 Bedroom 2: _____ Bedroom 6: _____
 Bedroom 3: _____ Bedroom 7: _____
 Bedroom 4: _____ Bedroom 8: _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| 7.2 Are there 2 WORKING OUTLETS or 1 working outlet & 1 working permanently installed LIGHT FIXTURE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.3 Is room free from ELECTRICAL HAZARD? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.4 Are all WINDOWS in good condition? Is there at least 1 window? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.5 Are all WINDOWS & DOORS accessible from the outside LOCKABLE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.6 Are the CEILING, WALLS & FLOOR sound and free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.7 Each bedroom has a door? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.8 Are all interior surfaces free of peeling, cracking & loose PAINT or adequately covered to prevent exposure to LEAD BASE PAINT? | <input type="checkbox"/> | <input type="checkbox"/> |

8. OTHER ROOMS FOR LIVING

- | | | |
|---|--------------------------|--------------------------|
| 8.1 Are there 2 WORKING OUTLETS or 1 working outlet & 1 working permanently installed LIGHT FIXTURE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.2 Is room free from ELECTRICAL HAZARD? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.3 Are all WINDOWS in good condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.4 Are all WINDOWS & DOORS accessible from the outside LOCKABLE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.5 Are the CEILING, WALLS & FLOOR sound Free from hazardous defects? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.6 Are all interior surfaces free of peeling, cracking & loose PAINT or adequately covered to prevent exposure to LEAD BASE PAINT? | <input type="checkbox"/> | <input type="checkbox"/> |

9. SMOKE DETECTORS and CARBON MONOXIDE DETECTORS

- | | | |
|--|--------------------------|--------------------------|
| 9.1 Is there at least one battery-operated or hard-wired smoke and carbon monoxide detector in proper working condition on each level of unit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2 If apartment is occupied by hearing-impaired persons, is there an alarm system for hearing-impaired in each bedroom occupied by a hearing-impaired person? | <input type="checkbox"/> | <input type="checkbox"/> |

10. WINDOW GUARDS If a child under 11 is moving into or will visit the apartment, are window guards installed on all windows?

11. LEAD PAINT

I confirm I have no knowledge of lead-based paint and/or lead-based paint hazards in the prospective rental unit and building:

INITIALS

Note: If building is built prior to 1978, the Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards form (NYCHA Form 059.018) and (2) the lead-based paint disclosure statement on the owner certification section of the Request for Tenancy Approval (NYCHA Form 059.128) must be returned.

OWNER CERTIFICATION

I, _____, certify the above-listed information provided to NYCHA about the condition of the prospective rental unit is true and accurate to the best of my knowledge and belief. I further certify I have no reasonable basis to have knowledge that life threatening conditions exist in the prospective rental unit and the public space areas of the building. I understand providing false statements or information is punishable under federal and local laws. I also understand that false statements or information are grounds for disapproval of the rental and/or termination of the housing assistance payments contract.

Further, I have read, or someone has read to me, and understand the above statement.

Owner or Agent Signature _____ Date _____

