



## Independent Housing Monitoring Assessment

*This assessment is a tool for provide support coordinators and service providers to monitor and record observations regarding an individual's housing stability in the areas of lease compliance, ability to maintain the unit, and general health and safety. It is good practice to complete this assessment once every 3-4 months. Where issues are noted, bring these concerns to the individual's planning team so they can be addressed in the individual service plan.*

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

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

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

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

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

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

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

Was direct contact made with the property manager/landlord?  Yes  No  
If Yes, how?  Phone  Email  Face to Face

Is there a new property management contact?  Yes  No

New management contact name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

### Additional Questions for Tenant

1. Are extra supports/services needed?  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
2. Since the last contact, has the individual's income:  Increased?  Decreased?  
*Tenants who live in income-based housing and/or receive rent assistance should report income changes as soon as possible.*
3. Is the individual interested in sharing the experience of living in his/her own place with other individuals who want to learn about renting their own housing?  Yes  No