

religious instruction, or proselytization, or any manner prohibited by law. Among other things, faith-based organizations may use space in their facilities to provide program-funded services, without removing or altering religious art, icons, scriptures, or other religious symbols. In addition, a Continuum of Care program-funded religious organization retains its authority over its internal governance, and it may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other governing documents.

3. Involuntary Family Separation

The HEARTH Act CoC Program Interim Rule states that the recipient or subrecipient must document its compliance with involuntary family separation requirements under § 578.93(e), which is as follows:

(e) Prohibition against involuntary family separation. The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that receives funds under this part.

4. Discrimination Policy

Federal and California State laws note that discrimination can be based on race, color, national origin or gender. Discrimination can also be based on age, religion, disability, familial status or sexual orientation.

O. HOUSING FIRST

The Housing First model prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions. This means projects must allow entry to program participants regardless of their income, current or past substance use, history of victimization (e.g., domestic violence, sexual assault, childhood abuse), and criminal record – with the exception of restrictions imposed by federal, state or local law or ordinance (e.g., restrictions on serving people who are listed on sex offender registries).

Subrecipients must commit to applying the Housing First model to all CoC Program funded projects.

P. ENVIRONMENTAL REQUIREMENTS

The Subrecipient shall supply all available, relevant information necessary for DPSS to perform for each property any environmental review as required under 24 CFR Part 50. The Subrecipient shall also carry out mitigating measures required by DPSS or select an alternate eligible property.

The Subrecipient, or any subcontractor of the Subrecipient, may not acquire, rehabilitate, convert, lease, repair, dispose of, demolish, or construct property for a project, or commit or local funds for eligible activities under this part, until HUD has performed an environmental review under 24 CFR Part 50 and the Subrecipient has received HUD approval of the property.

For all funded applications, DPSS will inform the Subrecipient of any required additional environmental review.

Q. TERMINATION OF ASSISTANCE TO PROGRAM PARTICIPANTS

The interim rule provides that a recipient may terminate assistance to a participant who violates program requirements or conditions of occupancy. The recipient must provide a formal process that recognizes the due process of law. Recipients may resume assistance to a participant whose assistance has been terminated. Recipients that are providing permanent supportive housing for hard-to-house populations of homeless persons must exercise judgment and examine all circumstances in determining whether termination is appropriate. Under this interim rule, HUD has determined that a participant's assistance should be terminated only in the most severe cases.

R. PROJECT RENEWALS

If the Subrecipient wishes to renew its contract with Riverside County DPSS, the Subrecipient will need to apply through the HUD NOFA (Notice of Funding Availability) competitive process during the final year of the active grant.

All approved renewal applications will be submitted as part of the County's Consolidated Application. Problems that could prevent a program from being submitted for renewal, or receiving a low ranking score include, but are not limited to, failure to meet program goals, low performance, mismanagement of funds, or failure to serve the population targeted in the project application.

During the application process, all applications are evaluated and ranked by an independent review panel. The review and evaluation process is approved by the CoC Board of Governance and include evaluation of project performance, compliance with rules and regulations and cost effectiveness.

S. CRIMINAL BACKGROUND

The Subrecipient providing services to minors is required to conduct criminal background records checks on all employees, subcontractors, and volunteers providing services under the Continuum of Care Program. Subrecipient must retain a copy of a criminal background records verification and available for review by DPSS.

CoC PROGRAM REFERENCE GUIDE

1. 24 CFR Part 578
https://www.onecpd.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf
2. McKinney-Vento Homeless Assistance Act as Amended
<https://www.hudexchange.info/resource/1715/mckinney-vento-homeless-assistance-act-amended-by-hearth-act-of-2009/>
3. OMB Circular 2 CFR Part 200 (OFFICE OF MANAGEMENT AND BUDGET GUIDANCE FOR GRANTS AND AGREEMENTS)
<http://www.gpo.gov/fdsys/pkg/FR-2013-12-26/pdf/2013-30465.pdf>
4. HUD Exchange
<https://www.hudexchange.info/homelessness-assistance/>
5. Sage HMIS Reporting Repository
<https://www.sagehmis.info/logon>
6. Coordinated Entry Policy Brief
<https://www.hudexchange.info/resource/4427/coordinated-entry-policy-brief/>
7. Department of Public Social Services – Homeless Program
<http://dpss.co.riverside.ca.us/homeless-programs>

EXHIBIT A

COUNTY OF RIVERSIDE DEPARTMENT OF PUBLIC SOCIAL SERVICES
 U.S. Department of Housing and Urban Development
 Continuum of Care Homeless Assistance Programs

Continuum of Care Program

Grant No. _____ Claim No. _____

Prepared by: _____ Tel #/Ext. _____

Name of Payee: _____
 (Agency) (Tax ID or SSN)

Address: _____
 (Street) (City) (State) (Zip Code)

| | | | | | |
|--------------|------------------|--------------|---------------------|--------------|--------------|
| Line Item | Activity | Line Item | Activity | Line Item | Activity |
| 1010 | Acquisition | 1040 | Rental Assistance | 1062 | COC Planning |
| 1020 | Rehabilitation | 1050 | Supportive Services | 1100 | Leasing |
| 1021 | New Construction | 1051 | HMIS | 1120 | Other |
| 1030 | Operating Cost | 1060 | Administrative Cost | | |

Date of Service: _____

| Line Item | Activity | Description | Cash/In-Kind Match | Amount Billed | For DPSS Use Only |
|--------------|----------|-------------|--------------------|---------------|-------------------|
| | | | | | Amount Paid |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL | | | | | |

PLEASE NOTE: All source documents and proof of payment have been attached. These source documents include invoices (not billing statements), payroll registers, receipts and contracts. Proof of payment is herein attached in the form of copies of checks or warrants.

I declare under penalty of perjury that the foregoing is true and correct.

Authorized Signature: _____ Date of Request: _____

| For DPSS Use Only | | |
|----------------------|--|------------------|
| Business Unit: _____ | Purchase Order #: _____ | Invoice #: _____ |
| Dept. ID: _____ | If amount authorized is different from amount requested, please explain: | |
| Fund: _____ | | |
| Account: _____ | | |
| Program: _____ | Program: _____ | Date: _____ |
| Project/Grant: _____ | MRU: _____ | Date: _____ |
| Vendor Code: _____ | Contracts: _____ | Date: _____ |

DPSS 3106 (REV. 8/17) HUD Program Claim Form

EXHIBIT B

HUD CONTINUUM OF CARE TIME/ACTIVITY REPORT
SUBRECIPIENT NAME - EMPLOYEE NAME

DATES: (dates for pay period)

GRANT #:

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | TOTAL | | |
|--|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------|------|------|
| SUPPORTIVE SERVICES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assessment of Service Needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| Assistance with Moving Costs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Case Management | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Child Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Education Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Employment Assistance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Food | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Housing/Counseling Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Legal Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Life Skills | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Mental Health Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Outpatient Health Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Outreach Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Substance Abuse Treatment Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Transportation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Utility Deposits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Direct Provision of Svcs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Total Supp. Svcs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| OPERATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maintenance/Repair | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Property Taxes and Insurance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Building Security | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Electricity, Gas & Water | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Furniture | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Total Operations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| HMIS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personnel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Total HMIS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| ADMIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Mgmt, Oversight & Coordination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Budgets/Schedules | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Developing Systems (Pgm Compliance) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Developing Subrecipient Agreements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Monitoring for Pgm Compliance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Preparing Pgm Reports (Ex. APR) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Resolving Audit/Monitoring Findings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Evaluating Pgm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Managing/Supervising above staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Total Admin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Non-Project | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Total Non-Project | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Vacation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Sick | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Holiday | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Other Paid Time Off | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Total Fringe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| TOTALS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

| | |
|--------------------------|------|
| Total Hours | 0.00 |
| Total Fringe Hrs | 0.00 |
| Difference | 0.00 |
| Actual Hrs - Supp. Svcs. | 0.00 |
| Actual Hrs - Operations | 0.00 |
| Actual Hrs - HMIS | 0.00 |
| Actual Hrs - Admin | 0.00 |
| Non-Project Hours | 0.00 |

I certify that this is a true and accurate report of my time and the activities were performed as shown.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

revised 9/19/2013

HUD CONTINUUM OF CARE TIME/ACTIVITY REPORT

SUBRECIPIENT NAME - EMPLOYEE NAME

LEASING / RENTAL ASSISTANCE ONLY

DATES: (dates for pay period)

GRANT #

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | TOTAL | |
|--|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------|------|
| LEASING / RENTAL ASSISTANCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Receiving new participants into the program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Providing housing information and search assistance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Determining participant income and rent contributions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Inspecting units for compliance with Housing Quality Standards | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Processing rental payments to landlords | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Total Leasing/RA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Non-Project | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Total Non-Project | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Vacation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Sick | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Holiday | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Other Paid Time Off | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Total Fringe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| TOTALS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

I certify that this is a true and accurate report of my time and the activities were performed as shown.

| | |
|-------------------------|------|
| Total Hours | 0.00 |
| Total Fringe Hrs | 0.00 |
| Difference | 0.00 |
| Actual Hrs - Leasing/RA | 0.00 |
| Non-Project Hours | 0.00 |

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

EXHIBIT D

Inspection Checklist

Housing Choice Voucher Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0180
(Exp. 04/30/2018)

Public reporting burden for this collection of information is estimated to average 0.50 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.

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). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

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 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.

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

A. General Information

| | | |
|---|-------------------------|---|
| Inspected Unit | Year Constructed (yyyy) | Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise: 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other |
| Full Address (Including Street, City, County, State, Zip) | | |
| Number of Children in Family Under 6 | | |
| Owner | | |
| Name of Owner or Agent Authorized to Lease Unit Inspected | | Phone Number |
| Address of Owner or Agent | | |

B. Summary Decision On Unit (To be completed after form has been filled out)

| | | |
|---------------------------------------|--|--------------------------|
| <input type="checkbox"/> Pass | Number of Bedrooms for Purposes of the FMR or Payment Standard | Number of Sleeping Rooms |
| <input type="checkbox"/> Fail | | |
| <input type="checkbox"/> Inconclusive | | |

| Inspection Checklist | | | | | | |
|----------------------|---------------------|----------|---------|----------|---------|----------------------------------|
| Item No. | 1. Living Room | Yes Pass | No Fail | In-Conc. | Comment | Final Approval Date (mm/dd/yyyy) |
| 1.1 | Living Room Present | | | | | |
| 1.2 | Electricity | | | | | |
| 1.3 | Electrical Hazards | | | | | |
| 1.4 | Security | | | | | |
| 1.5 | Window Condition | | | | | |
| 1.6 | Ceiling Condition | | | | | |
| 1.7 | Wall Condition | | | | | |
| 1.8 | Floor Condition | | | | | |

Previous editions are obsolete

* 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; 6 = Other

| Item No. | | Yes Pas | No Fail | In-Conc. | Comment | Final Approval Date (mm/dd/yyyy) |
|-----------------------------------|--|---------|---------|----------|----------------|----------------------------------|
| 1. Living Room (Continued) | | | | | | |
| 1.9 | Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? | | | | Not Applicable | |
| 2. Kitchen | | | | | | |
| 2.1 | Kitchen Area Present | | | | | |
| 2.2 | Electricity | | | | | |
| 2.3 | Electrical Hazards | | | | | |
| 2.4 | Security | | | | | |
| 2.5 | Window Condition | | | | | |
| 2.6 | Ceiling Condition | | | | | |
| 2.7 | Wall Condition | | | | | |
| 2.8 | Floor Condition | | | | | |
| 2.9 | Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? | | | | Not Applicable | |
| 2.10 | Stove or Range with Oven | | | | | |
| 2.11 | Refrigerator | | | | | |
| 2.12 | Sink | | | | | |
| 2.13 | Space for Storage, Preparation, and Serving of Food | | | | | |
| 3. Bathroom | | | | | | |
| 3.1 | Bathroom Present | | | | | |
| 3.2 | Electricity | | | | | |
| 3.3 | Electrical Hazards | | | | | |
| 3.4 | Security | | | | | |
| 3.5 | Window Condition | | | | | |
| 3.6 | Ceiling Condition | | | | | |
| 3.7 | Wall Condition | | | | | |
| 3.8 | Floor Condition | | | | | |
| 3.9 | Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? | | | | Not Applicable | |
| 3.10 | Flush Toilet in Enclosed Room in Unit | | | | | |
| 3.11 | Fixed Wash Basin or Lavatory in Unit | | | | | |
| 3.12 | Tub or Shower in Unit | | | | | |
| 3.13 | Ventilation | | | | | |

Previous editions are obsolete.

Page 2 of 8

form HUD-52580 (4/2015)
ref Handbook 7420.8

| Item No. | 4. Other Rooms Used For Living and Halls | Yes Pass | No Fail | In- Conc. | Comment | Final Approval Date: (mm/dd/yyyy) |
|----------|--|-------------|------------|--------------|---|--------------------------------------|
| 4.1 | Room Code* and Room Location <input type="checkbox"/> | | | | (Circle One) Right/Center/Left (Circle One) Front/Center/Rear _____ Floor Level | |
| 4.2 | Electricity/Illumination | | | | | |
| 4.3 | Electrical Hazards | | | | | |
| 4.4 | Security | | | | | |
| 4.5 | Window Condition | | | | | |
| 4.6 | Ceiling Condition | | | | | |
| 4.7 | Wall Condition | | | | | |
| 4.8 | Floor Condition | | | | | |
| 4.9 | Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? | | | | <input type="checkbox"/> Not Applicable | |
| 4.10 | Smoke Detectors | | | | | |
| 4.1 | Room Code* and Room Location <input type="checkbox"/> | | | | (Circle One) Right/Center/Left (Circle One) Front/Center/Rear _____ Floor Level | |
| 4.2 | Electricity/Illumination | | | | | |
| 4.3 | Electrical Hazards | | | | | |
| 4.4 | Security | | | | | |
| 4.5 | Window Condition | | | | | |
| 4.6 | Ceiling Condition | | | | | |
| 4.7 | Wall Condition | | | | | |
| 4.8 | Floor Condition | | | | | |
| 4.9 | Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? | | | | <input type="checkbox"/> Not Applicable | |
| 4.10 | Smoke Detectors | | | | | |
| 4.1 | Room Code* and Room Location <input type="checkbox"/> | | | | (Circle One) Right/Center/Left (Circle One) Front/Center/Rear _____ Floor Level | |
| 4.2 | Electricity/Illumination | | | | | |
| 4.3 | Electrical Hazards | | | | | |
| 4.4 | Security | | | | | |
| 4.5 | Window Condition | | | | | |
| 4.6 | Ceiling Condition | | | | | |
| 4.7 | Wall Condition | | | | | |
| 4.8 | Floor Condition | | | | | |
| 4.9 | Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? | | | | <input type="checkbox"/> Not Applicable | |

| Item No. | 4. Other Rooms Used For Living and Halls | Yes Pass | No Fail | In-Conc. | Comment | Final Approval Date (mm/dd/yyyy) | |
|----------|--|-----------------------------------|---------|----------|-----------------------------------|----------------------------------|--|
| 4.1 | Room Code * and Room Location | (Circle One) Right/Center/Left | | | (Circle One) Front/Center/Rear | Floor Level | |
| 4.2 | Electricity/Illumination | | | | | | |
| 4.3 | Electrical Hazards | | | | | | |
| 4.4 | Security | | | | | | |
| 4.5 | Window Condition | | | | | | |
| 4.6 | Ceiling Condition | | | | | | |
| 4.7 | Wall Condition | | | | | | |
| 4.8 | Floor Condition | | | | | | |
| 4.9 | Lead-Based Paint | | | | Not Applicable | | |
| | Are all painted surfaces free of deteriorated paint? | | | | | | |
| | If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? | | | | | | |
| 4.10 | Smoke Detectors | | | | | | |
| 4.1 | Room Code* and Room Location | (Circle One) Right/Center/Left | | | (Circle One) Front/Center/Rear | Floor Level | |
| 4.2 | Electricity/Illumination | | | | | | |
| 4.3 | Electrical Hazards | | | | | | |
| 4.4 | Security | | | | | | |
| 4.5 | Window Condition | | | | | | |
| 4.6 | Ceiling Condition | | | | | | |
| 4.7 | Wall Condition | | | | | | |
| 4.8 | Floor Condition | | | | | | |
| 4.9 | Lead-Based Paint | | | | Not Applicable | | |
| | Are all painted surfaces free of deteriorated paint? | | | | | | |
| | If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component? | | | | | | |
| 4.10 | Smoke Detectors | | | | | | |
| | 5. All Secondary Rooms (Rooms not used for living) | | | | | | |
| 5.1 | None Go to Part 6 | | | | | | |
| 5.2 | Security | | | | | | |
| 5.3 | Electrical Hazards | | | | | | |
| 5.4 | Other Potentially Hazardous Features in these Rooms | | | | | | |

| Item No. | 6. Building Exterior | Yes Pass | No Fail | In - Conc | Comment | Final Approval Date (mm/dd/yyyy) |
|-------------------------------------|---|-------------|------------|--------------|----------------|-------------------------------------|
| 6.1 | Condition of Foundation | | | | | |
| 6.2 | Condition of Stairs, Rails, and Porches | | | | | |
| 6.3 | Condition of Roof/Gutters | | | | | |
| 6.4 | Condition of Exterior Surfaces | | | | | |
| 6.5 | Condition of Chimney | | | | | |
| 6.6 | Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area? | | | | Not Applicable | |
| 6.7 | Manufactured Home: Tie Downs | | | | | |
| 7. Heating and Plumbing | | | | | | |
| 7.1 | Adequacy of Heating Equipment | | | | | |
| 7.2 | Safety of Heating Equipment | | | | | |
| 7.3 | Ventilation/Coofing | | | | | |
| 7.4 | Water Heater | | | | | |
| 7.5 | Approvable Water Supply | | | | | |
| 7.6 | Plumbing | | | | | |
| 7.7 | Sewer Connection | | | | | |
| 8. General Health and Safety | | | | | | |
| 8.1 | Access to Unit | | | | | |
| 8.2 | Fire Exits | | | | | |
| 8.3 | Evidence of Infestation | | | | | |
| 8.4 | Garbage and Debris | | | | | |
| 8.5 | Refuse Disposal | | | | | |
| 8.6 | Interior Stairs and Commom Halls | | | | | |
| 8.7 | Other Interior Hazards | | | | | |
| 8.8 | Elevators | | | | | |
| 8.9 | Interior Air Quality | | | | | |
| 8.10 | Site and Neighborhood Conditions | | | | | |
| 8.11 | Lead-Based Paint: Owner's Certification | | | | Not Applicable | |

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.

C. Special Amenities (Optional)

This Section is for optional use of the HA. It is designed to collect additional information about other positive features of the unit that may be present. Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent. Check/list any positive features found in relation to the unit.

D. Questions to ask the Tenant (Optional)

1. Living Room

- High quality floors or wall coverings
- Working fireplace or stove Balcony, patio, deck, porch Special windows or doors
- Exceptional size relative to needs of family
- Other: (Specify)

2. Kitchen

- Dishwasher
- Separate freezer
- Garbage disposal
- Eating counter/breakfast nook
- Pantry or abundant shelving or cabinets
- Double oven/self cleaning oven, microwave
- Double sink
- High quality cabinets
- Abundant counter-top space
- Modern appliance(s)
- Exceptional size relative to needs of family
- Other: (Specify)

3. Other Rooms Used for Living

- High quality floors or wall coverings
- Working fireplace or stove Balcony, patio, deck, porch Special windows or doors
- Exceptional size relative to needs of family
- Other: (Specify)

4. Bath

- Special feature shower head
- Built-in heat lamp
- Large mirrors
- Glass door on shower/tub
- Separate dressing room
- Double sink or special lavatory
- Exceptional size relative to needs of family
- Other: (Specify)

5. Overall Characteristics

- Storm windows and doors
- Other forms of weatherization (e.g., insulation, weather stripping) Screen doors or windows
- Good upkeep of grounds (i.e., site cleanliness, landscaping, condition of lawn)
- Garage or parking facilities
- Driveway
- Large yard
- Good maintenance of building exterior
- Other: (Specify)

6. Disabled Accessibility

Unit is accessible to a particular disability. Yes No
Disability

1. Does the owner make repairs when asked? Yes No
2. How many people live there?
3. How much money do you pay to the owner/agent for rent? \$ _____
4. Do you pay for anything else? (specify) _____
5. Who owns the range and refrigerator? (insert O = Owner or T = Tenant) Range _____ Refrigerator _____ Microwave
6. Is there anything else you want to tell us? (specify) Yes No

E. Inspection Summary/Comments (Optional)

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

| | | | |
|--------------------|--|---------------------------------|---------------------------|
| Tenant ID Number | Inspector | Date of Inspection (mm/dd/yyyy) | Address of Inspected Unit |
| Type of Inspection | Initial | Special | Reinspection |
| Item Number | Reason for "Fail" or "Pass with Comments" Rating | | |

| |
|--|
| |
|--|

Continued on additional page Yes No

**ASSURANCE OF COMPLIANCE WITH
THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
NONDISCRIMINATION IN STATE AND FEDERALLY ASSISTED PROGRAMS**

NAME OF ORGANIZATION
(HEREINAFTER CALLED THE "CONTRACTOR")

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975 as amended; the Food Stamp Act of 1977, as amended, and in particular Section 272.6; Title II of the Americans with Disabilities Act of 1990; Government Code (GC) Section 11135, as amended; California Code of Regulations (CCR) Title 22 Section 98000 – 98413; Title 24 of the California Code of Regulations, Section 3105A(e); the Dymally-Alatorre Bilingual Services Act; Section 1808 Removal of Barriers to Inter Ethnic Adoption Act of 1996 and other applicable federal and state laws, as well as their implementing regulations [including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, 7 CFR Part 15, and 28 CFR Part 42], by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of race, color, national origin, political affiliation, religion, marital status, sex, age, or disability be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state assistance; and HEREBY GIVE ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and THE CONTRACTOR HEREBY GIVES ASSURANCE THAT administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Chapter 21, will be prohibited.

BY ACCEPTING THIS ASSURANCE, the CONTRACTOR agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the aforementioned laws, rules and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code Section 10605, or Government Code Section 11135-39, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance.

THIS ASSURANCE is binding on the CONTRACTOR directly or through contract, license, or other provider services, as long as it receives federal or state assistance; and shall be submitted with the required Civil Rights Plan Update.

Date

Director's Signature

Address of CONTRACTOR