

Streamlining Compliance in Oregon Affordable Housing

Participating Funders Pre-Inspection Information

Clackamas County



Property: _____

Date of Inspection: _____

City of Eugene



Participating Funder: _____

Inspector Auditor

Name: _____

Phone: _____

Email: _____

Housing Authority
of Portland



homeforward

I will be attending the physical inspection: Yes No

Oregon Housing and
Community
Services



Inspection Details:

Single Building Multi-Building Property: # _____

The required number units our agency needs inspected: _____

Provide a separate report for each unit: Yes No

Are there any issues/areas of concern that you want the inspector to pay particular attention to during the inspection? Yes No

Please describe: _____

Portland Housing
Bureau



Portland
Housing
Bureau

City of Salem



Lead-Based Paint Requirements:

Was the property built prior to 1978? Yes No

Lead-Based Paint requirements apply: Yes No

Washington County



If "Yes" Lead Based Paint annual re-evaluation report: Properties built pre-1978 subject to Lead Based Paint requirements must contain name of certified inspector, certification number and expiration.

File Audit & Management Review

File audit will be conducted electronically: Yes No

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HOME Program

The following information must be completed:

Please complete the following chart, noting the number of HOME units by bedroom size:

Type of Units	Number of HOME units	Fixed or Floating?	High or Low
Studio			
1 BR			
2 BR			
3 BR			
4 BR			
5 BR			
Total HOME Units			

Property IDIS Close-out date: _____

Other Restrictions

List any other applicable restrictions: _____

Mark an "X" whether you already have copies on file, need a copy only if the item has been updated, or need to have a copy provided:

Document	Verify Exists Onsite	Obtain Copy for Auditor*	Obtain Copy if updated
Administrative Notebook			
Tenant Selection Criteria/Plan			
Grievance Procedure			
Maintenance Procedures			
HOME Addendum			
Current HOME Monitoring Report			
VAWA Policy			
Lease			
Reasonable Accommodation Policies			
AFHMP if updated			
Lead Based Paint annual re-evaluation report			
Other:			
Other:			

*For all items above marked as "Obtain Copy", submit a copy to the Auditor once obtained.

Return this completed form to: _____

Email: _____

Return by: _____
Date