# ERA/HSP - Habitability Standards and Certification

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| **About this Tool**  **Permanent Housing Standards.** The subgrantee and subrecipient cannot use ERA funds to help a program participant remain in or move into housing that does not meet the minimum habitability standards. If HSP funds are used for home repair, it must be to repair a unit to the extent that it will pass a Habitability Standards inspection.  Subgrantees and subrecipients must document compliance with the applicable standards. Note that these checklists do not cover the requirements to comply with the Lead-Based Paint requirements of federal programs at §576.403(a); however, Oregon law does not require that subgrantees and subrecipients comply with these requirement, but subgrantees and subrecipients can elect to provide the “*Protect Your Family From Lead In Your Home”*  brochure if they choose to do so ( <https://www.epa.gov/lead/protect-your-family-lead-your-home-english>). The brochure is available is available in 8 different languages at this link.  The checklist below offers an optional format for documenting compliance with the appropriate standards. These are intended to:   1. Provide a clear summary of the requirements and an adaptable tool so subgrantees and subrecipients can formally assess their compliance with ERA/HSP requirements, identify and carry out corrective actions, and better prepare for monitoring visits. 2. Provide a tool for a subgrantee to monitor that its subrecipient is in compliance with ERA/HSP requirements. Where non-compliance is identified, the ERA/HSP subgrantee can use this information to require or assist the subrecipient to make necessary changes.   Carefully read each statement and indicate the unit’s status for each requirement (Approved or Deficient). Add any comments and corrective actions needed in the appropriate box. The reviewer should complete the information about the project, and sign and date the form. This template includes space for an “approving official,” if the subgrantee or subrecipient has designated another authority to approve the review. When the assessment is complete, review it with program staff and develop an action plan for addressing any areas requiring corrective action. |

Minimum Standards for Permanent Housing

**Instructions:** Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

| **Approved** | **Deficient** | **Standard** |
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|  |  | 1. *Structure and materials*: The structure is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents. |
|  |  | 1. *Space and security*: Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided an acceptable place to sleep. |
|  |  | 1. *Interior air quality*: Each room or space has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents. |
|  |  | 1. *Water Supply*: The water supply is free from contamination. |
|  |  | 1. *Sanitary Facilities*: Residents have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste. |
|  |  | 1. *Thermal environment*: The housing has any necessary heating/cooling facilities in proper operating condition. |
|  |  | 1. *Illumination and electricity*: The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the structure. |
|  |  | 1. *Food preparation*: All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner. |
|  |  | 1. *Sanitary condition*: The housing is maintained in sanitary condition. |
|  |  | 1. *Fire safety*: |
|  |  | * 1. There is a second means of exiting the building in the event of fire or other emergency.   2. The unit includes at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors are located, to the extent practicable, in a hallway adjacent to a bedroom.   3. If the unit is occupied by hearing-impaired persons, smoke detectors have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.   4. The public areas are equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas. |
|  |  | 11. Meets additional recipient/subrecipient standards (if any). |

# CERTIFICATION STATEMENT

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

Property meets all of the above standards.

Property does not meet all of the above standards.

**COMMENTS:**

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| ERA Subgrantee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ERA Subrecipient Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Apartment: \_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_  Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Evaluator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approving Official Signature (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approving Official Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |