

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT COURT OF ILLINOIS
EASTERN DIVISION

DOROTHY GAUTREAUX, et al.,	)	
	)	
Plaintiffs,	)	
	)	
-vs-	)	No. 66 C 1459
	)	No. 66 C 1460
CHICAGO HOUSING AUTHORITY, et al.,	)	
	)	Hon. Marvin Aspen
Defendants.	)	

CHA'S MEMORANDUM IN OPPOSITION TO
THE CRA INTERVENORS' MOTION TO INTERVENE

I. INTRODUCTION

CHA opposes the proposed intervention by the Concerned Residents of ABLA and the other individual ABLA residents (hereafter "the CRA intervenors"). We support, however, the Receiver's Suggested Procedures, under which CHA would continue to consult with the CRA intervenors (as we have in the past) during the development of the final ABLA plan and, if after consultation, the CRA intervenors still object to aspects of the plan, they would be entitled to a hearing before this Court on their objections.

Intervention now, however, is inappropriate. This is true for several reasons. First, the CRA intervenors are all members of the Gautreaux class, and share the interest of the Gautreaux class—namely, to convert the ABLA development from a dilapidated and isolated very low-income project to a safe, economically and socially integrated neighborhood with the maximum number of public housing units. Where, as here, the intervening and existing parties are identical, as are their interests, the adequacy of existing class counsel's representation is presumed. Jenkins v Missouri 78 F3d 1270, 1275 (8th Cir. 1996) (collecting cases); and United States v South Bend Community School Corp. 692 F2d 623, 628 (7th Cir. 1982). To overcome the presumption, the CRA intervenors must show gross negligence, bad faith or ineffective assistance on the part of existing class counsel, or some type of collusion between the

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existing parties. Id.; and American National Bank & Trust Co v City of Chicago 865 F2d 144, 148 n.3 (7th Cir. 1989). The CRA intervenors have not even begun to make any such showing here. As such one of the four prerequisites for intervention is lacking.

In effect, what is occurring here is that two different sets of attorneys (Mr. Polikoff's group and Mr. Wilen's group) have differences of opinion over how to achieve their common goal. Such strategic differences, however, are not sufficient to demonstrate inadequate representation. Jenkins v Missouri 78 F3d 1270, 1276 (8th Cir. 1996); and Bradley v Milliken 828 F2d 1186, 1192 (6th Cir. 1987). It would be particularly unfair to require CHA to deal with two sets of attorneys for the same class members who disagree on the same issue. So, for example, Mr. Polikoff and Mr. Wilen could well feel very differently about the type of tenant screening program the CHA should have at ABLA and, indeed, one of these attorneys would likely support a particular resident's right to occupy the new housing while the other attorney would not. Where both represent the same resident, how could the matter be litigated? Who would speak for the particular resident—with CHA and before the Court? We agree with the Gautreaux plaintiffs on this point and adopt the balance of their brief on this issue.

Second, there is no final plan yet adopted for ABLA. The CHA, together with the Receiver and the City, have obtained substantial funding commitments from HUD and the City—enough to leverage a \$430 million dollar redevelopment program at ABLA. We are just now, however, concluding a national search for a development planner to design the program. To the extent that the CRA intervenors say the plan is discriminatory (racially or otherwise) in Counts I-VII, they are very premature, as there is no final plan. The Receiver discusses this point at length in his brief and CHA adopts the arguments made there.

Third, we have the CRA intervenors' consultation claim (Count VIII). Consultation, however, is not a basis for intervention. As Section II below makes clear, CHA has always been willing to consult with the CRA and remains willing to do so, despite the fact that the law does not require consultation other than with the elected ABLA LAC. As such, the CRA intervenors are not suffering any "real and immediate injury or threat of injury" and thus presently lack standing to assert this claim. See, Los Angeles v Lyons 461 U.S. 95, 100-02 (1983). Without standing, the CRA intervenors lack the interest Rule 24(a)(2) requires as a predicate for intervention. People Who Care v Rockford Board of Education 171 F3d 1083 (7th Cir. 1999); United States v 36.96 Acres of Land 754 F2d 855, 859 (7th Cir. 1985), cert. denied, 476 U.S. 1108 (1986) (interest necessary to intervene must be greater than the interest sufficient to satisfy the standing requirement).

Fourth are the CRA intervenors' relocation claims. Count IX claims CHA failed to relocate ABLA tenants to housing that, to the maximum extent practicable, was housing of their choice, in violation of 42 U.S.C. section 1437p(b)(2). As discussed in Section III below, this claim, however, is plainly not enforceable and therefore intervention is inappropriate. See Keith v. Daley, 764 F.2d 1265, 1268 (7th Cir. 1995) (where intervenors propose a cause of action that fails to state a claim, intervention is inappropriate). Count X claims CHA violated various provisions of the Uniform Relocation Act. It is brought by three individuals (Simpson, Johnson and Young) on behalf of a proposed class consisting of "all persons who, on or after August 1, 1995, legally resided in and subsequently moved out of the ABLA development", (par. 25). As we discuss in Section IV below, the named plaintiffs lack standing to sue and thus have no adequate Rule 24(a)(2) interest sufficient to warrant intervention. Moreover, our investigation reveals that these families received everything they were entitled to under the

Relocation Act. As such, they are not adequate class representatives for a proposed class that, in any event, is likely to be dominated by individual questions, and thus is not a proper class. CHA believes that it would benefit all parties if the particulars of the CRA intervenors' relocation claims were discussed as part of the Receiver's proposed consultation process. Such a discussion could resolve, or at least narrow, the issues prior to litigation.

II. CHA HAS NO DUTY TO CONSULT WITH THE CRA INTERVENORS, BUT IT NONETHELESS DID CONSULT WITH THEM AND REMAINS WILLING TO DO SO

A. The Residents Of ABLA Have Been Intimately Involved In The ABLA Planning Process From Its Inception

From June 1995, when the process of preparing the 1996 HOPE VI application began, until today, CHA has consulted with the residents of ABLA. In 1995, CHA began meeting with the ABLA Local Advisory Council ("ABLA LAC"), which is comprised of tenants democratically elected by the residents of ABLA, "to explore methods of promoting rehabilitation and redevelopment of ABLA on a mixed-income approach." 1996 Chicago Housing Authority HOPE VI Application For A Revitalization Plan - ABLA Homes (Brooks Extension - Target Development) ("1996 App."), Att.1, at 101. These meetings continued through June of 1996. Id. During that time, CHA also hosted resident planning seminars "to develop a planning strategy and [a] resident housing choice survey instrument." Id. Residents were then surveyed to determine how they wanted ABLA to be redeveloped. Id. Residents were also trained "in the engineering, mechanical, and architectural aspects of the planning process." Id. at 102. The planning committee formed subcommittees to concentrate on social services, stabilization, operations and management, and financing. Id.

The resident surveys showed that over 60% of the residents wanted to leave ABLA for housing elsewhere in Chicago or the suburbs. Id. The Behavioral Sciences Department of the University of Illinois was commissioned to run focus groups with those who wished to leave, those who

wished to stay and the ABLA planning committee. Id. Those groups confirmed the numbers of residents who desired to leave or stay at ABLA. Id. CHA continued to meet with the residents' planning committees until the 1996 application was submitted to HUD and thereafter to implement the plan. Id.

In June 1997, CHA formed a new working group to participate in the development of an application for a new HOPE VI revitalization grant for the ABLA homes as a whole. The ABLA LAC was part of that working group. As confirmed by the attached correspondence, the ABLA LAC invited the CRA Intervenor to join the group, too. Att. 2, letter of June 11, 1997. However, the CRA Intervenor insisted that their lawyer and engineer participate in the group, too. Id., letter of June 25, 1997. The ABLA LAC agreed to their participation, including their review of all documents and information, but asked that the lawyers and engineers not physically attend the meetings. Because of this condition, the CRA declined the invitation to participate.¹

The working group, including the ABLA LAC, prepared the 1997 and 1998 HOPE VI applications for submission to HUD. As described in Exhibit G to the 1998 application, the process included substantial consultation with ABLA tenants. Att. 3. Four distinct and separate planning committees were established, one for each of the four ABLA sub-developments. Id. at 48. These planning committees surveyed tenants in their buildings to gain information about what the tenants hoped to see in the revitalization plan. Id. at 49.

Before the 1998 application was finalized, CHA conducted two public meetings on June 15 and 19, 1998. Id. at 50. Notice of the meetings was

¹ CRA was not the only tenant group (other than the elected ABLA LAC) that asked to sit on the working group. A group called the Mahogany Community Network, which claims to represent a fourth group of ABLA residents, was invited to participate as well. See id., letter of June 11, 1997. (The four are the Gautreaux plaintiffs, the ABLA LAC, the CRA intervenors and the Mahogany group.)

published in the Chicago Sun-Times, and fliers were distributed throughout ABLA and in surrounding neighborhood locations including community centers, boys and girls clubs, the local YMCA, schools, child care facilities and community development organizations. Id.; see also Atts. 4 (flier for June 15, 1998 meeting) and 5 (newspaper notice for June 19, 1998 meeting). The CRA Intervenorrs were invited to these presentations and encouraged to come. In addition, prior to filing the 1998 application, CHA permitted the CRA Intervenorrs' counsel to review a draft of the application. He commented on the application and changes were made to reflect some of his comments. Hornstein Aff., Att. 6.²

HUD funded CHA's 1998 HOPE VI application in late 1998. About the same time, CHA contracted with the Chicago Workshop on Economic Development, an independent not-for-profit, to conduct a formal contested election in every ABLA building for representatives to the ABLA LAC, all in accordance with HUD regulations requiring such elections at CHA developments in order to determine who speaks for the residents. See, 24 C.F.R. Part 964. Hornstein Aff., Att. 6. Members of CRA ran against a slate of incumbents and the two sides debated the merits of CHA's HOPE VI application. Id. The election was held in February of 1999. CRA, the slate that opposed the application and whose members propose to intervene, lost. Id.

In May of 1999, another working group was established to select a Development Manager for ABLA who would develop a final, master revitalization plan, utilizing the 1996 and 1998 HOPE VI funds. The duly elected members of the ABLA LAC are participants in that group. On November 18, 1999, the ABLA Working Group conducted a meeting at which

² The CRA intervenors claim they were excluded from a February 20, 1998 meeting at ABLA, but in fact, only their lawyer was, as the meeting was only for CHA residents. In addition to the CRA lawyer, a nun was also asked to leave, as she was also not a CHA resident. There were no other lawyers there. Hornstein Aff., Att. 6.

ABLA residents met with the three finalists for the development manager position. Fliers were distributed in each of the ABLA developments to notify residents of the meeting. Id. The meeting was attended by approximately 150 to 200 people, including the president of CRA and CRA's attorney. Id. Each of the three finalists gave a presentation, and the residents, including CRA, were permitted to ask questions and provide input. Id.

According to the CRA Intervenor, CHA has taken the position that it will consult "only with the local LAC." ABLA Plaintiffs' Memorandum In Support Of Their Motion To Intervene ("CRA Memo") at 5. The foregoing demonstrates that is far from the case. The CRA Intervenor has been invited to participate on planning committees, at ABLA-wide meetings, and even were offered a position on the ABLA Working Group. Sometimes the CRA Intervenor participated; sometimes they refused, but the choice has been theirs.

CHA remains willing to consult with the CRA Intervenor. CHA fully supports the Receiver's suggestion that consultation now occur with the CRA Intervenor, as planning for ABLA proceeds. This is the most that the court could order on the CRA Intervenor's Count VIII consultation claim, even if intervention was permitted and the CRA prevailed.

B. CHA Has Invited The CRA To Participate In The Planning Process And Continues To Do So Even Though CHA Has No Legal Duty To Consult With The CRA Intervenor

To support their claim that CHA had a duty to consult with them, the CRA intervenors rely on section 18 of the United States Housing Act, 42 U.S.C. § 1437p. Complaint ¶¶ 35-38, 111-113. According to the CRA Intervenor, section 18 "governs demolition of public housing developments." Id. at ¶ 13. But the Quality Housing and Work Responsibility Act of 1998 (QHWRA"), Pub. L. 105-276, 112 Stat. 2521,, expressly provides that "[s]everely distressed public housing demolished

pursuant to a revitalization plan shall not be subject to the provisions of section 1437p of this title." 42 U.S.C. § 1437v(g) (also known as §24).

§24 became effective on October 21, 1998. In an apparent effort to avoid the effect of that provision, the CRA Intervenor's rely on 64 Fed. Reg. 8203 (Feb. 18, 1999) in which, according to the ABLA plaintiffs, "HUD ... determined that all demolition applications received by HUD on or before the effective date of QHWRA, October 21, 1998, are to be processed pursuant to the provisions of Section 18(b)(1), Section 18(b)(2) and 24 C.F.R. Part 970 that were in effect prior to October 21, 1998." Complaint ¶ 42. If HUD really did mean to displace QHWRA for applications filed before October 21, 1998, its regulation would plainly violate 42 U.S.C. § 1437v(g), as this provision of the HOPE VI statute aimed to dispense with the old demolition rules insofar as HOPE VI programs are concerned, providing in express terms that "[s]everely distressed public housing demolished pursuant to a revitalization plan shall not be subject to the section 1437p of this title."

In fact, however, HUD's regulation does not undo the very provisions Congress just adopted. The regulation says only that demolition applications that HUD had received prior to October 21, 1998 "generally will be reviewed in accordance with 24 C.F.R. Part 970 which was in effect at the time of the application submission." In light of QHWRA, many, if not most of the Part 970 regulations must be rewritten. In the meantime, HUD will abide by the old ones "generally". Fairly read, the regulation does not trump the specific provisions of the QHWRA statute altogether; it only seeks to continue the procedures provided in the earlier version of 24 C.F.R. part 970 "generally," ie., where they are not at odds with specific provisions of the statute, like 42 U.S.C. §1437v(g) (§24). HUD's HOPE VI Grant Implementation Guidebook, Att. 7, confirms this understanding, as it says that §24 is retroactive, and HUD "will use

information in selected FY 1998 applications to determine whether the proposed demolition can be approved".

Even if 42 U.S.C. § 1437p(b)(2) (i.e. §18) remains in full force and effect (despite the adoption of § 1437v(g)(§24)), it does not require CHA to consult with tenant organizations other than the elected ABLA LAC. The statute only requires that CHA develop demolition applications "in consultation with the residents affected by the proposed demolition". 24 C.F.R. § 970.4(a), also relied upon by CRA at 5, implements this statutory provision. It provides that, to obtain HUD approval for a demolition, a public housing agency must develop its application "in consultation with tenants of the project involved, any tenant organization for the project, and any PHA-wide tenant organization that will be affected by the demolition." By limiting consultation to the tenant organization for the project³, HUD made clear that only the duly elected tenant council need be made part of the consultative process. That is consistent with 24 C.F.R. § 964.18(a)(7), in which HUD prohibits a housing authority from "recogniz[ing] a competing resident council once a duly elected resident council has been established."

Thus, CHA is not required to consult with CRA and every other unelected organization that demands inclusion. Any such process would be unwieldy to the point that the consultation process would almost surely break down. As required, CHA consulted with the duly elected tenant organization at ABLA, and it provided opportunities for all ABLA tenants

³ HUD also requires consultation with "any PHA-wide tenant organization that will be affected by the demolition", but CRA is not such an organization. PHA means "public housing authority", so a PHA-wide organization is one that serves the whole public housing resident community. CHA has such an organization, but it is not CRA. It is the Central Advisory Council and is comprised of the LAC chairpersons from each development. CRA concedes it "is an association of tenants living in the ABLA public housing development ... [whose] mission is to act as an advocate for ABLA residents." Complaint ¶ 11.

to meet with it, including those directly affected by each demolition. Thus, CHA has met any obligation it had to consult with the tenants.⁴

C. If 42 U.S.C. § 1437p Governs At All, The CRA Intervenor's Lack Standing To Enforce Its Consultation Provision

If 42 U.S.C. § 1437p(b)(2) remains in effect at HOPE VI projects after QHWRA, plaintiffs must live in a unit that is to be demolished (or otherwise disposed of) and be adversely affected by the demolition or disposition in order to have standing to invoke the statute. Thomas v. Chicago Housing Authority, 919 F.Supp. 1159, 1165-66 (N.D.Ill. 1996).

None of the individual proposed intervenors alleges that she will be adversely affected by demolition or other disposition of any of the particular buildings at ABLA such that she would be entitled to consultation under § 1437p(b)(2). Ferrell Freeman, Wandra Stimage, Africa Simpson, Kizzie Johnson and Nona Young allege that they were moved pursuant to a municipal building court order to vacate, Complaint ¶ 14 (Freeman), or because their units became uninhabitable. Id. ¶¶ 16 (Stimage), 19 (Simpson), 20 (Johnson), 21 (Young). Therefore, each of them would have been relocated even if CHA had never applied for demolition of their buildings. And though they assert that they were relocated, none suggests that the buildings in which she now lives is subject to a demolition application filed prior to October 21, 1998, or that she would otherwise be adversely affected by anything in that

⁴ CRA also relies on HUD's FY 1998 HOPE VI Guidebook to support its consultation claim. It says that "meetings about HOPE VI planning and implementation ... should be open to all affected residents and their representatives." But the general ABLA meetings have been open to everyone and the Working Group even offered a seat to CRA, but was spurned. In any event, while the Guidebook represents one expression of HUD's position, to which the Court should give some deference, it does not have the force and effect of law. See Cosby v. Ward, 843 F.2d 967, 979-81 (7th Cir. 1988) (USDOL letters not legally binding); Pennington v. Didrickson, 22 F.3d 1367, 1382-85 (7th Cir. 1987) (same as to draft bills); Doe v. Rivitz, 830 F.2d 1441, 1447 (7th Cir. 1987) (same as to HHS regional administrator's letter).

application, such that she would have been an appropriate person with whom to consult.

Carolyn Nance, Viola Singleton, and Vera Smith allege that they remain in the same units in which they have lived for "almost 10 years", Complaint ¶ 15 (Nance); "37 years", id. ¶ 17 (Singleton); and "almost 20 years." Id. ¶ 18 (Smith). Each would like assurance that she can remain in ABLA, but CHA has never said anything to the contrary, and none of these plaintiffs ever suggests that she lives in a building subject to a pre-October 21, 1998 demolition application.

Three plaintiffs, Latonya Maxwell, Latonya Willett and Lorree Brown allege that they are on CHA's waiting list for housing. Complaint ¶¶ 22-24. Each would like to find a unit in a rehabilitated ABLA, but none asserts that her desire for such an opportunity is affected at all, let alone adversely, by pending demolition applications.

Similarly, CRA, the institutional defendant, alleges that its associated members live in ABLA. But it never alleges that any of its members live in buildings that are subject to demolition if the HOPE VI application is approved, or that any are otherwise adversely affected by anything in the HOPE VI application. Moreover, it is not the duly elected tenant organization with which CHA was required, by HUD regulation, to consult. See Section I.B. supra. Thus, none of the plaintiffs asserts an interest for which she (or it, in the case of CRA) has standing. Thomas, 919 F.Supp. at 1165-66.

III. THE CRA INTERVENORS HAVE NO ENFORCEABLE RIGHT TO RELOCATION HOUSING OF THEIR CHOICE

The ABLA plaintiffs also claim that CHA violated the repealed version of 42 U.S.C. § 1437p(b)(2), which provided that "all tenants to be displaced as a result of the demolition or disposition will be given assistance by the public housing agency and are to [be] relocated to other decent, safe, sanitary, and affordable housing which is, to the maximum

extent practicable, housing of their choice." See Complaint ¶¶ 39-42, 114-116. But that was one of the provisions repealed by QHWRRA, and the ABLA plaintiffs cannot revive it by reliance on 24 Fed. Reg. 8203, as the regulation does not address this provision. Compare Complaint ¶ 42 with section II.B. supra.

In any event, the provision (even prior to its repeal) is not enforceable. Actions to enforce federal statutes are cognizable under 42 U.S.C. § 1983 only if the statute at issue creates enforceable rights. Artist M. v. Suter, 503 U.S. 347, 355 (1992). In Cabrini-Green Local Advisory Council v. CHA, 1997 U.S. Dist. Lexis 625; 1997 WL 31002 (1997), Judge Coar held that § 1437p(b)(2)'s language did not create enforceable rights. 1997 U.S. Dist. Lexis at *51. See also Artist M., 503 U.S. at 355 ("reasonable efforts" language did not create enforceable rights); City of Chicago v. Lindley, 66 F.3d 819 (7th Cir. 1995) (same as to statutory language requiring that City "take into account" certain factors); Mungiovi v. CHA, 914 F.Supp. 207, 208-09 (N.D.Ill.) (same as to regulation requiring CHA to "ensure strong resident participation").

IV. CRA MAY NOT ASSERT ITS RELOCATION ACT CLAIMS BY INTERVENTION

A. Intervenor Simpson, Johnson and Young Lack Standing To Assert Their Relocation Act Claims

Intervenors Africa Simpson and Kizzie Johnson allege that they lived at 1239 S. Racine (one of the Brooks Extension high-rises) and that they were required to move because the building became uninhabitable. They say CHA provided them with Section 8 Certificates and they used them to obtain housing, though it was in a segregated neighborhood. Both say they were required to move when their units failed an inspection by the Section 8 administrator. They conclude by saying, in general terms, that CHA never offered them relocation assistance (¶¶ 19 and 20).

To intervene, these plaintiffs must have a Rule 24(b)(2) interest, which means standing to assert the claim they propose, see discussion supra at 3. They lack standing for several reasons:

1. To invoke the Relocation Act, they must be "displaced persons" under the Act. Alexander v United States Department of Housing and Urban Development 441 U.S. 39 (1979). Section 101(6) of the Act defines a "displaced person" as "any person who...moves...as a result of the acquisition of ...real property...or as a result of the written order of the acquiring agency to vacate real property...for a program or project undertaken by a federal agency". Id. at 39. The intervenors are not "displaced persons", as they allege they were moved when their building became uninhabitable, and not because of any federal program or project, or even because of any aspect of the HOPE VI plan. They are correct, as 1239 S. Racine was only vacated because the Circuit Court of Cook County required it. A copy of the Court's order is Att. 8 hereto.

2. Under 49 C.F.R. section 24.207, a regulation implementing the Relocation Act, any tenant claiming the right to a relocation payment not provided must file a claim with the CHA demanding such payment within 18 months of the tenant's displacement. Ms. Simpson was provided with her Section 8 Certificate on April 10, 1997 and moved into her new unit on October 17, 1997. O'Neil Aff., par.11-12, Att. 9. Ms. Johnson was provided with her Section 8 Certificate on September 30, 1997 and moved to her new unit on December 17, 1997. Id., par. 5-6. Neither of these residents alleges or, in fact, made any claim for relocation payments or assistance until they filed suit on July 29, 1999—more than 18 months after their displacement. Ms. Simpson has a more profound problem, as she was afforded a Section 8 Certificate more than two years prior to filing her lawsuit. Her Relocation claim purportedly is a 42 U.S.C. section 1983 claim and is governed by a two-year statute of limitations. Anton v Lehpamer 787 F2d 1141 (7th Cir. 1986).

3. Neither of these proposed plaintiffs allege that CHA failed to assess their needs and preferences as part of the relocation process. Nor do they claim that they were not offered the opportunity to take a Section 8 apartment in a non-segregated area—only that they ended up in a segregated area. They do not claim that their replacement housing was not decent, safe and sanitary. Indeed, they allege just the opposite—that they had to move because their units failed a subsequent inspection. All they say is that CHA, in general terms, did not "offer" them relocation assistance. They do not even allege they were denied relocation payments to which they were entitled. This claim is hopelessly vague in terms of the manner in which they were injured under the Relocation Act and therefore not sufficient to confer standing. Allen v. Wright, 468 U.S. 737, 751 (1984).

4. Our investigation indicates that both Ms. Simpson and Ms. Johnson, in fact, received a full measure of benefits under the Relocation Act. The affidavits of Jennifer O'Neil and Sharon Glenn, Atts. 9 and 10 hereto, demonstrate that these residents chose to take a Section 8 Certificate as their replacement housing, which is not only permissible under 42 U.S.C. Sec. 1437(f) but encouraged under Section 3-4(b)(3) of HUD's Relocation Manual. See, Atts. 11

hereto. Prior to providing the Section 8 Certificate, both CHA and CHA's Section 8 administrator (CHAC) carefully assessed the needs of each family and gave them a briefing on available units in non-segregated areas. The families, however, chose to live in segregated areas, which remains their right under the Relocation Act. CHA's Section 8 administrator then inspected their new apartments to ensure that they were decent, safe and sanitary before either family moved in. CHA provided them with security deposits, utility disconnection and reconnection fees (if needed), and arranged and paid for their moving costs. When Ms. Simpson's unit fell below the appropriate quality, CHA's Section 8 administrator advised her and issued her a new Section 8 Certificate so that she could relocate. Ms. Simpson never told the Section 8 program she had a problem relocating to a new unit. In Ms. Johnson's case, her Section 8 apartments never failed to pass an inspection, though she chose to move on her own.

Intervenor Nona Young alleges that she was required to leave her building in the Addams Homes because it became uninhabitable. She says that while CHA offered her an apartment at Altgeld Gardens, another CHA development (which she does not claim is unsafe or physically inadequate), she chose to leave on her own for non-CHA housing on the Near West Side. (par. 21). Ms. Young has profound standing problems, as she is not only not a "displaced person" under the Act, she left CHA housing altogether despite the offer of a comparable unit within CHA.

CHA's preliminary investigation, however, indicates that Ms. Young never relocated out of ABLA. Cheryl Daniels, the Housing Manager at ABLA says Ms. Young was in her office in October 1999, asking that her rent be reduced to zero because she had quit her job. She remains in the Addams Homes and has never surrendered her key or otherwise informed management that she was leaving. See, Daniels affidavit, Atts. 12.

These three plaintiffs want to represent an intervening class of relocatees from ABLA, asserting that all of the members of the class were denied individualized assessments, denied decent units, denied the opportunity to move to non-segregated neighborhoods, and denied relocation payments (§119). The named plaintiffs, however, do not allege that they themselves suffered any of these particular injuries, and our investigation indicates they suffered no injury. Moreover, all of them

have the standing problems discussed above. As such, they are not typical of the persons in the putative class, see DeLaFuente v Stokely-Van Camp, Inc. 713 F2d 225, 232 (7th Cir. 1985) (the named plaintiffs must have claims that have the same essential characteristics of the claims of the class at large to satisfy the typicality requirement of Rule 23(a)(3)). Nor would they be adequate class representatives, see J.H.Cohn & Co. v American Appraisal Associates, Inc. 628 F2d 994, 999 (7th Cir. 1980) (even an arguable defense to the named plaintiff's claim not only destroys the typicality of the plaintiff's claim but renders the plaintiff an inadequate representative under Rule 23 (a)(4)).

The class intervenors propose is, in any event, hopelessly bound up with individualized inquiries. Whether a particular relocatee's apartment was in fact defective, or whether another relocatee actually obtained each of the relocation payments sought, e.g. a security deposit, or a telephone connection fee, require a careful examination of the circumstances of that relocatee. Where this is necessary, class certification is inappropriate. See, e.g. Rubenstein v Benedictine Hospital 790 F.Supp. 396, 413 (N.D.N.Y. 1992). CHA proposes instead that the CRA Intervenors include these relocation issues (for the clients they represent) in the discussions the Receiver contemplates.



Attorney for Defendant
Chicago Housing Authority

Thomas E. Johnson
Anne Megan Davis
Jeffrey B. Gilbert
JOHNSON, JONES, SNELLING,
GILBERT & DAVIS
36 S. Wabash Ave., #1310
Chicago, Illinois 60603
(312) 578-8100

G. A. Finch, General Counsel
Larue Little
Angela Wah
CHA Legal Department
200 W. Adams, Suite 2100
Chicago, Illinois 60606
(312) 791-8415

EXHIBIT I COMMUNITY AND PARTNERSHIPS

1. Resident Support/Involvement

a. (1) Description of Participation of and Consultation with Residents

The ABLA Planning process began in June of 1995. The LAC appointed a Planning Committee to explore mechanisms to improve the quality of maintenance and repair programs, enhance the delivery of heat, and develop a long term strategy for significant rehabilitation of the properties.

Several Planning Committee meetings and training sessions were held by the LAC attorney LeRoy Hanson, and LAC consultant Thom Finerty. In November of 1995, Mr. Ted Mazola, also became formally involved in the process. Mr. Mazola is the former Alderman for ABLA, an engineer, and real estate developer. Meetings were held with the Planning Committee and the LAC to explore methods of promoting rehabilitation and redevelopment of ABLA on a mixed-income approach. In February of 1996, the Planning Committee formally responded to a CHA program to have a strategic plan developed for ABLA by requesting funding to hire Mr. Finerty as its planner and to have Mr. Mazola sub-contract for the engineering and market issues under the contract.

From February to June of 1996, several additional training and strategy meetings were held by the consultants and Planning Committee. In June, CHA signed a contract with Mr. Finerty for Planning Services and Mr. Finerty, at the committee request, signed subcontracts for Mr. Mazola's services.

During June both Planning Committee and resident Planning Seminars were held to develop a planning strategy and resident housing choice survey instrument. The Planning Strategy adopted called for the development of a plan for rehabilitation and redevelopment to be driven by what ABLA residents wanted as determined by the Resident Housing Survey. During the first two weeks of June, resident surveyors developed with the planners a Survey Form. Residents then were hired and trained to undertake the survey and explain the housing choices to their neighbors on a door to door basis. The survey was coordinated through the LAC office which maintained evening and weekend hours to support the resident surveyors, counsel the surveyors in regard to questions that arose, and collect, check and sort the results. Following completion of the survey, a debriefing was carried out by the consultants with the residents. Issues regarding vacancy, refusals, and unresponsive tenants were addressed. A follow up procedure has been developed to revisit "no answers" and "refusals" in order to gain maximum resident response. A special survey team has been identified by resident leadership to undertake these tasks.

EXHIBIT

Att. 1

An additional team of residents was created to train residents in the engineering, mechanical, and architectural aspects of the planning process. These residents were trained by the architects, engineers, and environmental specialists on the scope of testing and analysis to be done. These surveyors then accompanied these specialists in their inspections, assisted them in scheduling of the inspections and acted as liaisons with the residents in the buildings during the fact finding surveys. Meetings of the Planning Committee have been held on a weekly or biweekly basis as needed to report on and get feed back on the results of the survey, discuss alternative plans, how to finance the mixed-income approach, compare costs of rehabilitation to new construction, explore potential demolition (Brooks Extension and Addams), potential rehabilitation (Brooks and parts of Abbott) and suggest phasing, scheduling and implementation.

Four subcommittees were appointed to further the work of the full Planning Committee:

1. the Social Services and Self-Sufficiency Subcommittee
2. the Stabilization Subcommittee
3. the Operations and Management Subcommittee
4. the Finance Subcommittee

These subcommittees meet on an as needed basis to review appropriate components in the Plan and report back in detail to the full Planning Committee.

Three "focus groups" were convened through the Behavioral Sciences Department of the University of Illinois. One group was focused on a sampling of residents whose surveys chose to leave the development, one focus group centered on those who wanted to stay and the last group focused on the ABLA Planning Committee. The focus groups confirmed the general results of the survey, that over 60% of the residents strongly wish to leave the concentrated public housing development for housing throughout the city and suburbs and about 40% wish to remain at ABLA in a revitalized community made up of a mixture of rehabilitated and newly constructed housing.

Representatives of CHA attend Planning Committee meetings, as appropriate. Regular meetings between the LAC, Chair of the Planning Committee, and appropriate sub-committee chairs have been held to discuss progress and negotiate issues with CHA management, redevelopment and planning staff.

The chair of the LAC and Planning Committee also sit on the Resident Central Advisory Council and has kept that body and its staff aware of the ABLA planning process. A formal briefing and consultation on the application proposal for the long term Revitalization and the Targeted Development was held the week of September 3, 1996 and the CAC issued a letter of support on September 6, 1996.

(2) Continued Resident Participation

The Planning Committee will remain in place to oversee the implementation of the Plan. The subcommittees will participate in the further planning and implementation of their respective specialties: Self-Sufficiency for the residents, Stabilization of the Development through monitoring short term needs and review of capital expenditures, Operation and Management by oversight of maintenance, management, leasing and rule enforcement and Finance through a review of CHA expenditures, allocation of funds budgeted under HOPE VI, and recommendation of financial revisions as appropriate.

(3) Resident Role in Future Management and Operations

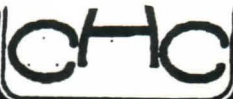
It is proposed that Private Management be implemented at ABLA immediately following stabilization and that private management be used for all post-revitalization rehabilitation or replacement housing. The ABLA Local Advisory Committee, its Planning Committee, and subcommittees on Operation and Management will have a major role in the search for and selection of that manager.

The proposed Tenant Selection Committee that will screen residents for the replacement housing and new tenants entering existing ABLA will have representation from the residents. Residents will be involved in the review of occupancy standards and oversight on how enforcement of standards is implemented.

Residents will receive priority in future hiring by management and training programs will be jointly developed by the LAC, CHA, and the new management entity. ABLA residents can participate in the construction of the new replacement housing through a Step-Up Apprentice Designation and uses of Section 3 requirements. Tenant patrols and public service opportunities will permit residents to offset rents and directly participate in security and improvement at the development.

b. (1) Attached are letters received from residents in regard to demolition, proposed revitalization, tougher expectations, self-sufficiency, etc.

(2) A public hearing was held on the site of the development September 5, 1996. A copy of the Notice announcing the meeting, stating the subject of the meeting, and time and place of the meeting is attached. Also attached is the sign-in sheet from that hearing. Minutes of the Meeting are available upon request. The notices were distributed by hand, door-to-door to each unit by the LAC. The notices were also posted in elevators, lobbies, and each floor of the high-rise and mid-rise buildings.



Artensa Randolph
Chairperson

Helen Finner
Vice-Chairperson

Mamie Bone
Secretary

Deverra Beverly
Treasurer

**Local Advisory
Council Presidents**

Deverra Beverly
ABLA

Esther Wheeler
Altgeld / Murray

Cora Moore
Cabrini

Doris Ricks
Dearborn

Maner J. Wiley
Hilliard

Mamie Bone
Horner

Gloria Williams
Ickes

Juanita Stevenson
Lathrop

Louis Brown
Lawndale

Willie E. Thomas
LeClaire

Beverley Dorsey
Madden Park

Mary Baldwin
Rockwell

Marie Billingsly
Sr. Hsg. South

Shirley Hammond
Sr. Hsg. North

Martha Marshall
Sr. Hsg. Central

Charles Reynolds
Stateway

Mattie McCoy
Taylor A

Mildred Dennis
Taylor B

Myra King
Trumbull / Lowden

Artensa Randolph
Washington Park

Helen Finner
Wells

Beatrice Harris
Wentworth

September 06, 1996

Edwin Eisendrath
Secretary's Representative
U.S. Department of Housing and Urban Development
77 West Jackson Boulevard
Chicago, Illinois 60604

Dear Mr. Eisendrath:

May this serve as a letter of support for the Hope VI applications for both Henry Horner Homes and ABLA developments.

A review of the applications indicate a comprehensive plan for self sufficiency for the residents of these development. Working together, as the plan indicates, with community based organizations, government agencies, and the private sector, the residents of both developments can achieve the self sufficiency needed to achieve the American dream. The Central Advisory Council is committed to working with residents of both Henry Horner and ABLA to provide technical assistance upon request.

Again, we enthusiastically encourage the funding of this grant application.

Sincerely,

Artensa Randolph
Chairperson

IMPORTANT IMPORTANT
IMPORTANT

BROOKS RESIDENTS MEETING

Next week the CHA will submit an application to HUD for the first phase of the Revitalization of ABLA. The Revitalization Plan will bring significant changes for ABLA residents over the next several years.

On **Thursday, September 5**, the CHA will hold meetings at ABLA to discuss the overall **Revitalization Plan** and present specific information on proposed demolition, replacement housing, relocation, management improvements, and a resident self-sufficiency initiative.

The CHA's Executive Director, Mr. Joseph Shuldiner, key CHA staff, and our planner will make presentations on the proposal, discuss schedules and phasing, and listen to resident suggestions.

PLEASE PLAN TO ATTEND

**WHERE: 1254 SOUTH LOOMIS - THE LAC
OFFICE AND COMMUNITY CENTER**

WHEN: 9:30 to 10:30 A.M.

WHO: BROOKS RESIDENTS

IMPORTANT IMPORTANT
IMPORTANT

BROOKS EXTENSION RESIDENTS MEETING

Next week the CHA will submit an application to HUD for the first phase of the Revitalization of ABLA. The Revitalization Plan will bring significant changes for ABLA residents over the next several years.

On Thursday, September 5, the CHA will hold meetings at ABLA to discuss the overall Revitalization Plan and present specific information on proposed demolition, replacement housing, relocation, management improvements, and a resident self-sufficiency initiative.

The CHA's Executive Director, Mr. Joseph Shuldiner, key CHA staff, and our planner will make presentations on the proposal, discuss schedules and phasing, and listen to resident suggestions.

PLEASE PLAN TO ATTEND

**WHERE: 1254 SOUTH LOOMIS - THE LAC
OFFICE AND COMMUNITY CENTER**

WHEN: 10:30 to 11:30 A.M.

WHO: BROOKS EXTENSION RESIDENTS

IMPORTANT_____ IMPORTANT
IMPORTANT

ABBOTT RESIDENTS MEETING

Next week the CHA will submit an application to HUD for the first phase of the Revitalization of ABLA. The Revitalization Plan will bring significant changes for ABLA residents over the next several years.

On **Thursday, September 5**, the CHA will hold meetings at ABLA to discuss the overall **Revitalization Plan** and present specific information on proposed demolition, replacement housing, relocation, management improvements, and a resident self-sufficiency initiative.

The CHA's Executive Director, Mr. Joseph Shuldiner, key CHA staff, and our planner will make presentations on the proposal, discuss schedules and phasing, and listen to resident suggestions.

PLEASE PLAN TO ATTEND

**WHERE: 1254 SOUTH LOOMIS - THE LAC
OFFICE AND COMMUNITY CENTER**

WHEN: 11:30 A.M. to 12:30 P.M.

**WHO: ABBOTT RESIDENTS (High Rise and
Rowhouses)**

IMPORTANT IMPORTANT
IMPORTANT

LOOMIS COURTS RESIDENTS MEETING

Next week the CHA will submit an application to HUD for the first phase of the Revitalization of ABLA. The Revitalization Plan will bring significant changes for ABLA residents over the next several years.

On **Thursday, September 5**, the CHA will hold meetings at ABLA to discuss the overall **Revitalization Plan** and present specific information on proposed demolition, replacement housing, relocation, management improvements, and a resident self-sufficiency initiative.

The CHA's Executive Director, Mr. Joseph Shuldiner, key CHA staff, and our planner will make presentations on the proposal, discuss schedules and phasing, and listen to resident suggestions.

PLEASE PLAN TO ATTEND

**WHERE: 1254 SOUTH LOOMIS - THE LAC
OFFICE AND COMMUNITY CENTER**

WHEN: 1:30 to 2:30 P.M.

WHO: LOOMIS COURTS RESIDENTS

IMPORTANT IMPORTANT
IMPORTANT

ADDAMS RESIDENTS MEETING

Next week the CHA will submit an application to HUD for the first phase of the Revitalization of ABLA. The Revitalization Plan will bring significant changes for ABLA residents over the next several years.

On **Thursday, September 5**, the CHA will hold meetings at ABLA to discuss the overall **Revitalization Plan** and present specific information on proposed demolition, replacement housing, relocation, management improvements, and a resident self-sufficiency initiative.

The CHA's Executive Director, Mr. Joseph Shuldiner, key CHA staff, and our planner will make presentations on the proposal, discuss schedules and phasing, and listen to resident suggestions.

PLEASE PLAN TO ATTEND

**WHERE: 1254 SOUTH LOOMIS - THE LAC
OFFICE AND COMMUNITY CENTER**

WHEN: 2:30 to 3:30 P.M.

WHO: ADDAMS RESIDENTS

DRBOKY...
SEPT Hope II
HEARING

1. Ronald Terry - 1265 So. Throop
2. Doris Cleveland 1212 W Washburn
3. Hugh Atkins 1234 W Washburn Ave
4. Frankie Patterson 1378 W 14th St Apt A#
5. Oler Mae Libwood 1378 W. 14th St Apt B#
6. Serenia Henry 1387 W. Washburn
7. Viola Ann Good 1236 S. Racine
8. Shirley Newton 1290 B# W. Washburn
9. Mary Marzetta 1292 W Washburn
10. Mattie Moore 1362 W 13th St
11. Carolyn Ashford 1384A W. 14th St
12. Lillian Edwards 1388 W. Hastings
13. Berice Edwards 1274 W. Washburn
14. Doris J. Dine 1274 W. 13th Street 942-1488
15. Berice Wilson 1358 W 13th Street
16. Buckner 1276 W. 35th
17. Mary Rauls 1244 S. Throop
18. Mary Morris 1351 S Throop
19. Denise Summers 1224 S. Throop 666-8076
20. Earlean Waston 1222 S. Throop St 850-4818
21. Yolanda Ferguson 1219 W. Hastings
22. Linda Turner 1327 W. Hastings
23. Mitchell Lockett 1265 W. 13th St
24. Cynthia Spencer 1326 S. Throop 2260324
25. Evelyn Pease 1314 S. ARCADE 432-1801
26. Mrs Beaton 1373 13th St
27. Justine Daines 1254 S. Racine 791-8756
28. Judith Catchings 1111 West Roosevelt Road 243-358
3550
29. Linda Vasser 1387 W. 13th Apt B
30. Ylanka Thompson 1260 S. Racine 666-3375
31. Diane Windham 1223 W. Washburn 733-6934
32. Debbie Jefferson 1242 W 13th Street 421-5934
33. Wene Wallace 1255 W. Washburn 455-9014
34. M. Lawman 1395 W WASH. 563-9552
35. W. Liggins 1391 W. HAST. 738-0258

OK 1000 - 10000
Sept 5 - 10000
Public Hearing

- 1) Jenni Beavels
1263 W. Washburn Ave.
- 2) Louise Drenth
1375 W. Washburn
- 3) Arice Lee Darrow 1395 W. Washburn
- 4) Karen Hare 1279 W. Hastings St.
- 5) Holly Ferguson 1376 W. 13th St
- 6) Robert 1333 W. 13th St 201
- 7) Rocio State 1261 W. HASTINGS
- 8) Gladys Daniel 1347 S. Lomis
- 9) Kathy Jones 1326 W. Washburn
- 9) Olivia Bates 1218 W. 13th Street
- Denise Fox 1216 W. Washburn
- 10) Arthur Ward 1212 W. Washburn
- 11) Stephanie Cochran 1220 W. Washburn
- 12) Jessie Dalton 1256 S. Racine
- 13) Mildred Jackson 1242 S. Racine
- 14) Emma Ahlstrom 1307 3rd Washburn Ave.
- 15) Lois Watson 1222 W. 13th St
- 16) Rosendo Dawson 1328 S. Throop
- 17) Katrina Dawson 1387 W. Huston
- 18) Kimberly Tate 1351 W. 13th St
- 19) R. Dawson 1223 W. Huston
- 20) Mae Forrest 1333 W. Washburn
- 21) Angeleno Benear 1373 B West 13th Street
- 22) Hernal Cubake 1286 W. Washburn
- 23) Edna Glen 1338 W. 13th St
- 24) Louise Watson 1384 W. 13th St
- 25) Phyllis Mack 1336 W. 13th St
- 26) A. Carter 1261 S. Throop St
- 27) Ruby Johnson 1234 W. 13th St
- 28) Patricia Horn 1272 W. 13th St
- 29) Delora Horn 1319 W. 13th St

BROOKS #0-82
SEP. - HOPE VI
HEARING

- 36 Bertha Watson 1259 S. Throop 733-6837
37 VANESSA PRATER 1353 SO. Throop. 11/4
38 Barbara Cindell - 1289 W. Hastings.
39 Edna O. Kens - 1277 W. Hastings.
40 Gilpis Barnette 1304 W. Washburn 421-7408
41 Sebrun Mouri 1357 W. 13th St.
42 Dorothy Mouri 1389 W. 13th St apt B 6829-6
43 Latina Walker 1353 W. Hastings 563-9201
44 Essie M. Barker 1302 W. Washburne
45 Mahin King 1300 W. Washburne
46 Annette Hendrix 1306 W. Washburne 829-0487
47 Meshaura Fulton 1321 S. 400th 733-2458
48 Patrice Pittman 1392 W. 13th St 243-3687
49 Elda M. Brantley 1383 W. Washburne 633-910
50 See Jones 1305 W. 13th St.
51 Betty Houston 1221 W. Hastings
Artie L. L. L. 1252 W. 14th St
53. Tonye Jones 1230 W. Washburne 733-8218

HOPE & RENO
PUBLIC & RAIL
RAIL 23 2011

Robert W. Downing 1351 W. Washburne 243-64
Mrs Ann Downing 1351 W. Washburne 243-64
ANNIE Brown 1327 W. Washburne
Theodore Martin 1211 St. 13th St.
Sarah A. Edwards 1213 W. 13th St. 243-9
Betty Bowie 1397 West Washburne
LEANN TRIPPER 1285 S. Throop St 456-1765
Don B. Royster 1300 W. Hastings St.
GREN B. JOIK 1301 W. WASHBURN
Rochelle McCendon 1215 W. 13th St
GRACE SIDAN 1251 W. Washburne
Selma Willie 1212 W. 13th St 243-0738
Flossie Willie 1381 A W. Washburne 11
Ana Brown 1200 W. 13th 421-6379
Minnie Horton 1240 S. RACINE
IRENE MORANT 1251 S. LOO MIS
Michael Appleton 1334 W. Hastings
LARRY HAWKINS 1363 S THROOP
Melvin G. Haddock 1309 North Loomis 791-875

PUBLIC HEARING
 ...JHA HOME REUTRALIZATION PLAN
 BROOKS ~~EXTENSION~~ EXTENSION
 Sept 5, 1996

	Name	Address	Apt
1	Remain, Livingston	1111 West Roosevelt	50
2	Bessie King	1111 W ROOSEVELT	1408
3	Luelle Shortz	1239 S. Racine	1102
4	Rehannah Williams	1209 S Racine	409
5	Adorne Woody	1239 S. Racine	1506
6	Rebecca Rebeca Gordon	1239 S. Racine	
7	Shirley Owens	1239 S. Racine	#104
8	Claudia Summers	1239 S Racine	101
9	Wass Gordon	1239 S RACINE	102
10	Carolyn	1255 S RACINE	306
11	Edward William	1111 W ROOSEVELT	#906
12	Robert Webb	1239 S. RACINE	#509
13	Edith Mayhewson	1239 S. Racine	#305
14	Chantelle Smith	1239 S Racine	#1013
15	Kinda Lamon	1239 S. Racine	503
16	Matthew Rickett	1239 S. Racine	#802
17	Laurel Martin	1239 S. Racine	#705
18	S. Mansar	1239 S. Racine	#902
19	Niaume Jones	1111 W. Roosevelt	904
20	Alie Howard	" "	302
21	Renee Jones	1239 S Racine	1109
22	Cathy Morgan	1209 S. Racine	807
23	Edna D. Jones	1111 W ROOSEVELT	103
24	Harold McNeil	1209 S Racine	#109
25	Chancy Owens	1239 S. Racine	#508
	Jamika Gardner	114 " " "	#908

Page 2

PUBLIC HEARING
SEPT 5 - 1992
BROOK EXTENSION
H6 PE 6

Name	Address	Apt
26 Bruce Mc Lee	1209 S Racine	1102
27 Marie Rite	1239 S Racine	1009
28 Rita Tanya Norwood	1239 S Racine	1502
29 Wandra Stimage	1239 S Racine	102
30 Wendy Flukes	1239 S Racine	805
31 Donna Wafford	1239 S Racine	1503
32 Latrease Cooper	1239 S Racine	905
33 Margaret Bule	1239 S Racine	909
34 Lee Monroe	1239 S Racine	1203
35 LEO WATKINS	234	603
36 Gloria Spears	1239 S. Racine	109
37 Shirley Smith	1209 S. Racine	708
38 Leola Brown	1209 S Racine	301
39 Carlisle Smith	1239 S. Racine	408
40 Daphne Douglas	1239 S. Racine	703
41 Mary Austin	1239 S. Racine	907
42 Pamela Adams	1239 S. Racine	1101
43 Paula Davis	1239 S. Racine	1209
44 Ruthie Doss	1209 S. Racine	110
45 Jennie Hany	1209 S Racine	901
46 Dorothy Whitely	1111 W Roosevelt	402
47 Ruth Doss	1209 - S. Racine	110
48 Denise Norbert	1209 S. Racine II	801
49 Pamela Robinson	1239 S. Racine	# 409
50 Jackie Smith	1239 S. Racine	# 510
51 Tanya Lakee	1239 S. Racine	# 301

Page 3

Sept 21, 1979

BROOK EXTENSION

HOPE VI

PRESENTATION

52 Aletha Cooper 1239 S. Racine #1123

53 Luella Shorter 1239 S. Racine #1102

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George Evan 1239 S. Racine 1407
 Lorne Kimbrell 1239 S. Racine 1405
 Pamela Robinson 1239 S. Racine 409
 Theng Lawson 1239 S. Racine 1005
 Robin Williams 1209 So. Racine 1604
 Jennett Harris 1209 So. Racine 403
 Elmer William 1111 W. Roosevelt #105
 Earsie Williams 1111 W. Roosevelt #1509
 Rosemary Moore 1111 W. Roosevelt #1407
 S. M. M. 1239 S. Racine #102
 Joyce Johnson 1111 W. Roosevelt #1510
 Essie Lee Johnson 1111 W. Roosevelt #507
 Yvonne Wilson 1111 W. Roosevelt #505
 Brenda Jones 1111 W. Roosevelt #907
 Ella Ward 1111 W. Roosevelt #805
 Gwendolyn Giken 1111 W. Roosevelt #807
 Andrea Brown 1209 S. Racine #309
 Willie Houl 1209 S. Racine 502
 Gloria Howard 1239 S. Racine (130)
 Africa Simpson 1239 S. Racine Apt. 1505
 Vanessa Street 1312 W. 14th St
 Danyella Davis 1209 S. Racine (1009)
 Ursula Johnson 1209 S. Racine 1007
 Muriel Kyles 1111 W. Roosevelt 802
 Verdica Smith 1239 S. Racine #408
 Cynthia Gunnin 1111 W. Roosevelt 1605
 Joyce Shaw 1111 W. Roosevelt 1309
 Lucille Shortt 1239 S. Racine #1102

Seegn In Sept 2, 1976

ABBOTT HOMES

- 27 Kate McHenry Apt 409
- 28 Le Jones Apt 1106 1520 W HASTINGS
- 29 Miss Hannah Apt 910 1520 W HASTINGS
- 30 Benjamin Kinsdale 1440 W 13th ST
- 31 Karen Owens 1440 W 14th ST #409
- 32 Aris ^{Shannon} Haywood 1440 W 13th #307
- 33 Jennifer Houston 1210 W 13th 606
- 34 Janice Jones 1440 W 14th #828
- 35 Betty Smith 1440 W 14th #209
- 36 Charlotte Better 1433 W 13th #1301
- 37 M. Smith 1433 W 13th #934
- 38 R. L. L.
- 39 Dorothy Sands 1440 W 14th ST #802
- 40 Louis Linder 1429 - 700
- 41 Mattie Hurdle 1410 W 14th 701
- 42 Betty Cosley 1513 W 14th PL
- 43 Eula V. Reed 1514 W 14th ST
- 44 Della Whiteside 1510 W 14th PL #502
- 45 Brenda Bell 1454 S. Blue Island
- 46 Viola McCaster 1452 S. BLUE ISLAND
- 47 Timothee M. Brown 1410 W 14th ST #1506
- 48 Pamela Willis 1520 W. Washburne R H
- 49 MAGGIE WALTER 1510 W 14th R #208
- 50 Reecie B Williams 1520 W - HASTINGS 1107
- 51 Mattie Rush 1522 W 14th ST apt 2C
- 52 Annie D. Taylor 1512 W. Washburne ALBA Rush
- 53 Lura Owens 1440 W 13th ST #305
- 54 Patricia Owens 1440 W 13th ST 204
- 55 Mary Green 1520 W. Hastings #1806

56 Rita Brooks 1401 So. Theop
57 Jennifer Houston 1400 W 13st 606
58 Jessie May Thompson 1527 W 14st 1 Floor
59 Mary Huff 1510 W. 1st Hastings apt 1
60 Margaret Adams 1510 W. 13th St #303

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PUBLIC HEARING
31A HOME REVITALIZATION PLAN
ABBOTT HOMES & Row Houses
SEPT 5, 1996

	NAME	ADDRESS	APT
1	Patricia Johnson	1433 W 13	1201
2	Rochelle Turner	1433 W. 13 th St	801
3	Wilma Turner	1433 W. 13 th St	208
4	Brother L. Campbell	1434 W. Madison	3400-1
5	Lillian Brown	1410 W. 14 th St	907
6	Mary Gordon	1310 W. 14 th Pl	1001
7	Kenneth Tolick	1440 W 13 th APT 910	
8	Donna Hall	1410 W 14 th	401
9	Gloria Wolfe	1510 W. 14 th Pl	601
10	Robert Gordon	1256 W. Washburne	
11	Demetrius Goodwin	1510 W. 14 th Pl	606
12	Edna Reese	1538 W. 14 th Pl.	
13	Jaye Parker	1529 W 14 th St	6008
14	Howard Young	Apt 206 1510 W 14 th Pl	
15	Hith Ann Sanders	Apt 1004 1433 W 13 th St	6060
16	Mildred Williams	Apt 409 1433 W 13 th St	Chgs 14606
17	Venus Williams	1433 W 13 th St	708
18	Colleen Ellis	1433 W. 13 th St	707
19	Katana Banks	1433 W. 13 th	703
20	Antae Manning	1440 W. 14 th St	806
21	Mary Booth	1433 W. 13 th	502
22	V. McIntee	1433 W 13 th	501
23	Otis Miller	1540 W 13 th St	
24	Andre Murray	1440 W 13 th St	Apt 801
25	Eda Montgomery	1510 W 14 th Pl	801
26	Donna C. Brown	1510 W. 14 th Pl	701

PUBLIC HEALTH
ABLA HOMES ASSESSMENT PLAN

SEPTEMBER 5, 1996 ABBOTT & Rowlett

NAME	ADDRESS	APT
1. Glenn Inell	1440 W. 14th St	302
2. Julian Wilks	1510 W 14th Pl.	207
3. Dorothy Nitchers	1440 W. 14th	702
4. Walter Matthews	1440 2nd 14th	301
5. Betty Waine	1440 W 14th St	701
6. Karen Owens	1440 2nd 14th	409
7. Ruth Crockett	1418 S. Blues	RH
8. P. Lippin	1424 S. Blues	RH
9. D. Crockett	1420 S. Blues	RH
10. E. Hill	1413 S. Throp	RH
11. D. Noble	1528 W 15th	RH
12. Mary Wilson	1415 S. Throp & W	
13. Rachel Williams	1510 W 13th Street	1005
14. Patricia Thomas	1433 W. 13th St	1003
15. Essie Rosa	1521 W 14th Pl. Row House	
16. John Tibb	1433 W 13th St	902
17. Bernice Simpson	1433 W 13th St	304
18. Priscilla McGhee	1440 W. 13th	#308
19. Meghan Hargreave	1440 W 13th	#409
20. Brenda Higgins	1433 W 13th St	#602
21. Johnnie Barker	1410 W. 14th St	#209
22. Bridgette Davis	1510 W. 14th Pl	#702
23. Vivian Sharkey	1433 W 13th	804
24. Eula Wilkins	1403 S Throp	
25. Joan Lunkin	1410 W. 14th St	#307
26. Della Riley	1433 W 13th	#1304
27. Yedidah Rumber	1520 W. Hastings	#705
28. Minnie Dickerson	1433 W. 13th St.	#306
29. Shelly Danner	1520 W. Hastings	#206
30. Gladys Wray	1440 W. 13th St	701
31. Doris Dixon	1440 W. 13th	#902
32. Brenda Williams	1440 W 13th	#207
33. Leta Williams	1528 W. 14th Pl.	
34. Mildred Dandridge	1410 W. 14th Pl.	1105

Sept 1, 1946
Seymour

- 35 Cedrick Henderson 1433 W. 13th St APT. 1110
 36 Evelyn Jones 1532 W. 13th St
 37 Michelle Robinson 1433 W. 13th St Apt. 1006
 38 Ethel Hawkins 1410 W. 14th St Apt. 8006
 39 Verne Loxley 1440 W 13th #505
 40 Kathonda Williams 1433 W. 13th St #303
 41 Michele Wilson 1520 W. Hastings #203
 42 Alissa Wilson 1410 W. 14th St. apt. 703
 43 Pauline Pinner 1524 W 14th St
 44 Sandra Lee 1433 W. 13th St #507
 45 Laverie Williams, 1542 W 15th St
 46 Roszell Williams 1540 W 14th Place
 47 Christine Edgester 1314 S. Morris
 48 Lennie Vantip 1314 S. Hastings
 49 Mashun Harper 1440 W. 13th #409
~~50 Doris Dixon 1440 W. 13th #409~~
 51 Ernestine JACKSON 1440 W. 13th St #200
 52 Jean Mollen 1510 W. 13th St #20,
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ABIA - HOPE 6
 SEPT 5, 1996 - ABIA HOMES
 SIGN-SHEET
 NAME ADDRESS APT No. Loc. no.

80	Lennie Lullen	1314 W. 15	707
81	Jennifer Bowden	1314 W. 15	303 200 mi
82	Phil Phillips	1314 W. 15th St.	#506 100 mi
83	Shirley Robinson	1342 W. 15 St	#403
84	Israel Simey	1342 W. 15	#508
85	Debbie Thompson	134 W. 15th	#309 100 mi
86	Sadia Khindip	1314 W. 15th	307 100 mi
87	Holly Sims	1342 W. 15	209 100 mi
88	TANGEL HINES	1342 W. 15	204 100 mi
89	Dorothy Chiles	Mgmt Office	
90	Greta Robinson	Mgmt Office	
91	Debra Oyeda	1342 W. 15th	306 100 mi
92	Al-Ameery L. Mohammed	1314 W. 15th	Apt. 108
93	Tina W. Rane	1342 W. 15th	Apt. 109
94	Deloris Jackson	1314 W. 15th	#604
95	JANICE Thompson	1314 W. 15th	#309
96	Vanessa Gordon	1342 W. 15th St.	#003

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SIGN-IN-SHEET

1 SEPT 5, 1996

JANE HALLUM

NAME	ADDRESS	APT NO
36 Greg Jandil	921 ADA	801
37 Monica Jordan	835 ADA	
38 Natasha Jarrett	1214 W. Roosevelt	641
39 Diane Baker	1341 W. Grendkins	
40 Mary Sapp	917 S. ADA #248	
41 Earline Humphrey	- 910 S. ADA St #315	
42 Frank Sapp	1204 + AYLEOR	
43 Darnell Davis	1334 W TAYLOR #340	
44 Lorrice Johnson	1341 W. Grenshaw #420	
45 Nadella Johnson	927 S. ADA #62	
46 Darnell Johnson	927 S. ADA #66	
47 Jessie Mae Watkins	1249 W. Cabrini 110	
48 Willie Lake	1341 W. Taylor #358	
49 Jeanetta Kirby	1209 W. Cabrini #864	
50 Vaughn Cecil Nelson	846 S. Racine	
51 Earl M. Sully	1206 W. Taylor	
52 Ella Sore	1249 W. Cabrini 114	
53 Laddie Brown	1900 W. Washington #506	
54 Ann Miller	1341 W. Grendkins	
55 Rose Jones	915 S. ADA	
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- 85 Renee Lopiccolo 921 S Ada Apt 258 Jane Adams
- 86 Denise V. Lopiccolo 1313 W. Greshaw 471 Jane Adams
- 87 Bertha Moore 1204 W. Taylor 802
- 88 Burnell Wilson 1207 W. Taylor P 23
- 89 Digne Lopiccolo 1344 W Taylor St 355 Jane Adams
- 90 Khara Moore 909 S. 4th Apt 940 Jane Adams
- 91 Jennie Denny 854 S Lytle Jane Adams
- 92 Archie Washington 1238 W Roosevelt Rd.
- 93 Terrell Freeman 1328 W Taylor 329 Jane Adams
- 94 Thera Paul 1279 W. Coburn Jane Adams
- 95 Nancy Owens 1231 W Coburn 331
- 96 Lillie Jones 1336 W Roosevelt
- 97 Adam Hill 1336 W Roosevelt
- 98 Estelita Burk 858 S. Lytle
- 99 Minnie Q. Malt 856 S. Lytle
- 100 Dave Cain 1000 S. Lytle
- 101 Rebecca Gordon 1328 W. Taylor
- 102 Nattie J. Cable 829 So. 4th #20 J
- 103 Byron Dickson 847 So Lytle #921 Jane Adams
- 104 Rondel Moore 917 S. Ada #244 "
- 105 Mary Monroe 1335 W Greshaw
- 106 Cornelius Walls 1239 W. Roosevelt
- 107 Geraldine Moore 1324 W. Taylor #275 Jane Adams
- 108 Fannie Bailey 927 S. Ada #265 Jane Adams
- 109 Violet E. Dunn 1334 W. Taylor 338
- 110 Yvette Horton 1334 W Taylor 342
- 111 James L. Davis 1249 W. Coburn
- 112 Olivia Montgomery 1327 W. Taylor
- 113

Page 2

sign in
SEPT 5, 1996 - 1st BOTT HOMES

114 Joanna Bailey 1226 W. Taylor No. 7

115 Melissa Baker 907 S. 1st Ave #928

116 M. Odessa Turner 207 S. Lytle #933

117 Queen Collins 847 S. Lytle #917

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CONCERNED RESIDENTS OF ABLA

June 11, 1997

Ferrell Freeman
President

Jennie Dunn
Vice-President

Theresa Reed
Public Relations

Homer Lyons Jr.
Director

Adourthus McDowell
Director of Research
and Development

Joanna Abdullah
Treasurer

Oris Cleveland
Secretary

Ms. Deverra Beverly, President
ABLA Local Advisory Council
1254 South Loomis Street
Chicago, Illinois 60608

Dear Ms. Beverly:

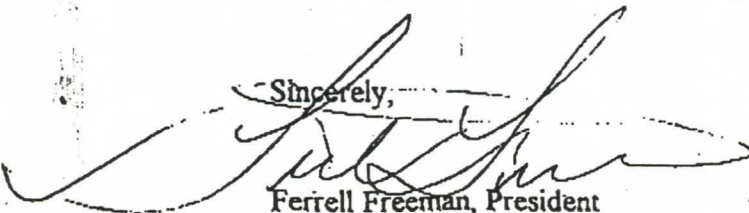
Thank you for your letter dated May 20, 1997, in which you responded to the letter which we had proposed sending to CHA on behalf of the tenant groups representing ABLA residents, namely, the ABLA Local Advisory Council (LAC), the Concerned Residents of ABLA (CRA), and the Mahoghany Community Network (MCN).

On behalf of the CRA, we appreciate both your offer to continue working together, and your offer to have a CRA representative sit at the negotiating table alongside the LAC in order to negotiate a favorable revitalization plan for ABLA. As President of CRA, I will serve as the organization's designated representative and Ms. Dunn will be the alternate. Together with our legal counsel and engineering consultant, we will participate with the LAC, its attorney and its consultant in the negotiating sessions in order to secure the best possible result for all ABLA tenants.

We still believe that it would be beneficial to present a letter to CHA requesting pertinent information and inspections, as well as setting forth our general position. We are agreeable with your suggestion that litigation be a last resort which should only be pursued if a successful negotiation cannot be reached.

Thank you again for your willingness to cooperate. We look forward to working together and to beginning negotiations with CHA as soon as it responds to our request for information and inspections.

Sincerely,


Ferrell Freeman, President
Concerned Residents of ABLA

854 South Lytle Street Chicago, Illinois 60607
312-409-1517

EXHIBIT

Att. 2

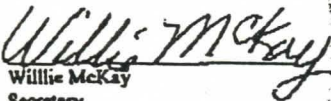
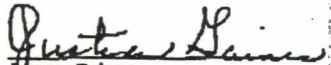
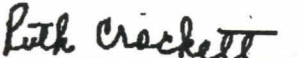
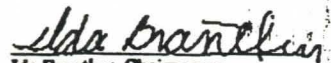
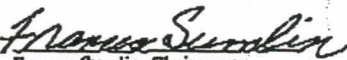
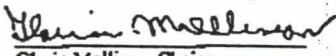
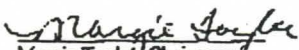
ABLA**ADDAMS/BROOKS/LOONIS/ABBOTT**

1254 South Loomis Street

Chicago, IL 60608

Telephone: (312) 791-8756 or 791-8851

Facsimile (312) 455-1871

Deverra Beverly
President
Beatrice Jones
Vice President
Willie McKay
Secretary
Jeanne Gaines
Treasurer
Ruth Crockett
Chairperson
Contract & Procurement
Ida Brantley
Chairperson
Modernization
Frances Sumlin
Chairperson
Budget
Austin Doss
Chairperson
Tenant Relations
Gloria Mollison
Chairperson
Health & Education
Margie Taylor
Chairperson
Welfare

June 25, 1997

Ms. Ferrell Freeman, President
Concerned Residents of ABLA
854 So. Lytle
Chicago, Illinois 60607

Dear Ms. Freeman:

The LAC is in receipt of your letter dated June 11, 1997, which we received on June 18, 1997 indicating that you will participate as the CRA resident representative at the MOA negotiation sessions with CHA. We also think it prudent for Ms. Dunn as your alternate and welcome her to the process.

We note that you also wish your legal counsel and engineer to participate in the negotiating sessions. The LAC does not feel their participation at the table is appropriate. We believe the negotiating process can afford CRA counsel adequate time to review negotiating documents, drafts, and other data with between negotiating sessions. The LAC is not seeking any additional legal representation at the negotiations at this time.

In regard to your suggestion that CHA required to provide additional information prior to negotiating, we believe such requests should be negotiated with CHA at the table. The LAC does not think it appropriate to impose pre conditions on CHA prior to negotiation.

The LAC believes time is essential in obtaining an MOA, especially in light of CHA's recently stated intent to submit an additional Hope 6 grant application for additional parts of ABLA by July 18, 1997. Preliminary negotiations between CHA and the LAC have begun in regard Hope IV application and we hope you or your alternate will immediately join us in those negotiations.

Please call the LAC office as to your availability for the scheduling of future negotiating session.

Sincerely,

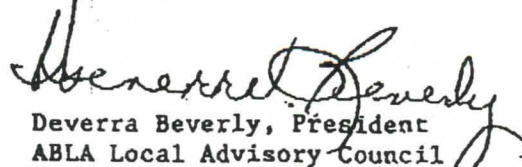
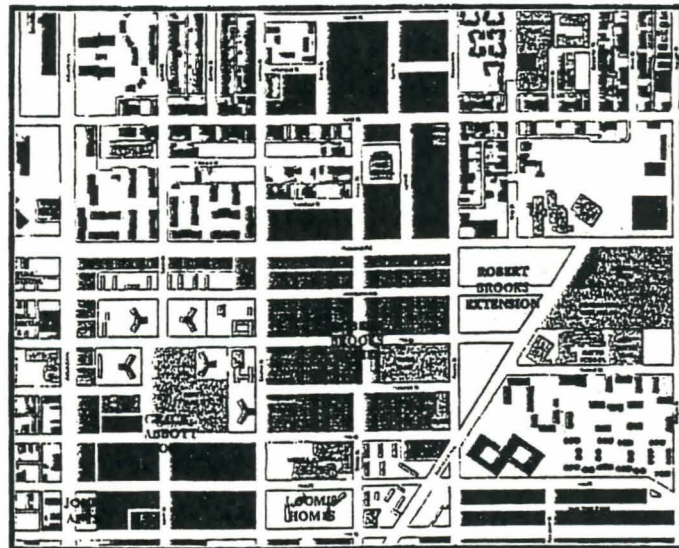

Deverra Beverly, President
ABLA Local Advisory Council

EXHIBIT G

Community Consultation and Coordination



1998 Hope VI Revitalization Application - ABLA

Chicago Housing Authority

June 26, 1998

EXHIBIT

Att. 3

G. COMMUNITY CONSULTATION AND COORDINATION

1. Consultation and Participation

The ABLA Redevelopment Plan is the combined effort of several key stakeholders in the community, including the ABLA Local Advisory Council (LAC), the ABLA residents, the CHA*, the strong leadership of the City of Chicago, and the surrounding community. The comprehensiveness and accountability built into the redevelopment process can be directly attributed to the diverse stakeholders and interested parties that have contributed to the Plan. These stakeholders and strategic partners will continue to play a critical role during implementation of the Redevelopment Plan.

a. Meaningful Involvement by Residents and the Surrounding Community

Over the course of the past two years, ABLA residents and members of the surrounding community have had important opportunities to participate in planning efforts. The ABLA LAC and the CHA have developed a model for resident communication and participation while the City of Chicago has played a key role in bridging communication between the CHA and the surrounding community through existing community based organizations and civic groups.

1. Input and Participation in Development of the HOPE VI Application

ABLA Local Advisory Council (LAC):

CHA's ABLA Redevelopment Plan is the result of a unique partnership between the ABLA LAC and the CHA to develop a Memorandum of Agreement (MOA) that delineates all aspects of the Redevelopment Plan. The MOA Redevelopment Committee is comprised of the ABLA LAC Board, the ABLA LAC Attorney, the CHA General Counsel, and the CHA's Director of the Office of Community Relations and Initiatives. The Committee meets once a week and meetings cannot take place unless the ABLA LAC President and the Director of the Office for Community and Resident Involvement (OCRI) (or the appointed representative, the Director of Development Initiatives) are present. Parties invited to each meeting include the ABLA LAC Planning Consultant, the Central Advisory Council representative, CHA's Directors of Modernization, Redevelopment, the Regional Property Manager, and their individual project coordinators for the site.

* Pursuant to a 1987 order of the Federal District Court in *Gautreaux v. CHA et al.*, a Receiver, Daniel E. Levin and The Habitat Company, has and exercises all powers of CHA respecting the development of CHA non-elderly housing.

All major redevelopment initiatives in ABLA are included in the MOA negotiations including redevelopment goals, policies, priorities, program schedule and strategies. For example, through this comprehensive MOA process, the CHA has committed to development of mixed income communities without displacing existing families --- all existing ABLA families who wish to remain in the area will have an opportunity to do so.

Strategic Planning Committees:

The ABLA LAC is adamant about improving the quality of life for all ABLA residents. These quality of life improvements begin with organizing active resident participation in the resolution of all matters related to redevelopment including physical redevelopment, human capital development programs, and quality of life activities for the ABLA community.

The extent of resident participation organized by the ABLA LAC is one of the Plan's greatest assets. Over the past eighteen months, the ABLA LAC has engaged residents to become full participants in the planning process through organized meetings and training. There are four distinct and separate strategic planning committees for each sub-development of ABLA in addition to the MOA Redevelopment Committee: Jane Addams Homes has a four member Planning Committee with a sixteen member sub-committee for organizing, Robert Brooks Homes has a four member Planning Committee, Brooks Extension has a seven member Planning Committee, and Grace Abbott Homes has a nine member Planning Committee. The planning committees consist of elected representatives from each of the buildings or areas that comprise each development. Each committee has the authority and the responsibility for strategic planning in its development. All decisions are reported to the MOA Redevelopment Committee wherein they are incorporated into the MOA.

Before beginning substantive discussions on redevelopment, the CHA provides four training sessions:

(1) What is Strategic Planning?

- Strategic Planning process
- Role of Committee as a whole and as individual members
- Section 202 Viability Analysis

(2) What is HOPE VI?

This session provided committee members with a general overview of HUD's HOPE VI Program including samples of successful models.

(3) What is Physical Redevelopment?

This session provided committee members with general aspects of physical redevelopment primarily to familiarize the members with the language and key issues with physical redevelopment.

- How to read a site plan?
- How to read a floor plan?
- What are amenities and how does the budget impact them?

(4) Family Profiles

This session trained committee members to conduct Family Profile Surveys.

- What are the important pieces of information that the survey collects?
- What is that information used for – e.g., how does the family size impact the physical site plan?

From this base of common knowledge, the planning committees explored community issues and priority areas of need.

On the physical redevelopment, the planning committees determined preferred amenities and site plan items. The planning committees also conducted the Family Profile Surveys in their own buildings, not only collecting critical information but also using the Profile as a tool to begin discussing redevelopment plans and housing preferences with individual residents.

The relationship between the CHA and the ABLA LAC is based on a complementary goal of redeveloping the ABLA area and improving housing conditions for its current residents. With a strong commitment from both parties to cooperatively work through the difficult issues and create a long term sustainable community, the CHA fully appreciates the assets the ABLA LAC, the planning committees, and the residents bring to successfully redeveloping this area. The CHA recognizes that the strength and commitment demonstrated by these resident committees is one of the greatest assets to successful redevelopment of the entire ABLA area.

2. Community Support

The ABLA LAC and members of the surrounding community are in full support of the ABLA Redevelopment/1998 HOPE VI application as demonstrated in the attached support letter.

3. Continuing Involvement

The ABLA LAC and the planning committees will continue to be actively involved in every element of the ABLA Redevelopment Plan. Specifically, the planning committees will assist in monitoring the physical redevelopment implementation as well as provision of community services. The planning committees will meet with the developer and

separately with CHA on a monthly basis. The planning committees will be primarily responsible for serving as a liaison with residents with regards to development of the replacement units, relocation, transition, training, and self-sufficiency programs. The planning committees will also assist in organizing community activities and sub-committees for the purposes of resident selection and assignment, security, childcare, community gardens, and management issues.

b. Information Dissemination about Application

1. *Clear Information About Application:* The CHA has provided detailed information to the resident representatives about the 1998 HOPE VI application including providing a copy of all relevant materials and reviewing each aspect of the proposal together with the appropriate committees. The CHA provided summaries of each section of the application and an executive summary of the proposal for review by the committees. The MOA committee provided input in every facet of the CHA's proposal.

In addition to the required public meeting, the CHA hosted a Resident Information Meeting specifically for the residents that will be affected by the HOPE VI Proposal.

2. *Meeting Notices:* Notice of the public meeting was advertised in the Chicago Sun-Times. Fliers were also distributed throughout the ABLA development and the surrounding neighborhood and posted in high-traffic locations such as the ABLA Community Center, the Boys & Girls Club, the Duncan YMCA, neighboring schools, child care facilities, and community development organizations. The CHA also hosted a Resident Information Meeting for residents of the Jane Addams and Grace Abbott residents prior to the public meeting.

3. *Timing of Meeting Notices:* Notice of the public meeting was posted in sufficient time for interested persons to make arrangement to attend.

2. Coordination

a. City of Chicago ABLA/IMD/UIC Planning Task Force

ABLA Homes is a part of the Chicago's Near West Side community. The Near West Side is currently the City's highest revitalization priority with redevelopment initiatives not only by the CHA but also by the Illinois Medical District (IMD) and the University of Illinois at Chicago (UIC).

The City has initiated a series of coordination efforts entailing monthly meetings with representatives from the CHA, UIC, IMD, and relevant City departments, including the Mayor's Office, the Department of Planning & Development, the Department of Buildings, Infrastructure, Intergovernmental Affairs, and Budget. Through the City's efforts, critical discussions have been initiated to coordinate this tremendous revitalization effort on issues such as housing, park services, retail development, school services, and employment initiatives. Sub-Committees have been established in infrastructure, transportation, public school and education services, employment services, zoning, recreational and park services, and retail/commercial services. The overall planning committee with representatives from all three major redevelopment efforts meets on a monthly basis with representatives of the Mayor's Office.

The ABLA Redevelopment Plan has benefited significantly from the City of Chicago's Planning Task Force. Through the City's Task Force, the redevelopment of the ABLA area has been coordinated with the expansions of the Illinois Medical District (IMD) and the University of Illinois at Chicago (UIC). The cooperative energy in the redevelopment of the Near West Side – as well as the enthusiasm and commitment to a shared goal by all stakeholders – is at a level unprecedented in a CHA redevelopment effort. The CHA, the ABLA LAC, and the ABLA residents look forward to galvanizing all interested parties in the successful redevelopment of the ABLA community.

The IMD is the largest urban medical district in the country with more than 560-acres of medical, educational, and research facilities valued at more than \$4 billion. IMD currently employs more than 40,000 employees and reports revenues of more than \$1.5 billion. Its Master Plan projects 14 million square feet of new construction and the creation of 10,000 new jobs in the next 10-15 years. The IMD is an active participant of the City's Employment and Economic Development Sub-Committee committed to creating jobs for ABLA residents.

The UIC is the largest university in the Chicago area with more than 25,000 students and 11,000 employees. UIC recently hired a development manager to coordinate its south campus expansion plans over the next several years. UIC plans include the construction of 500 -700 residential units directly east of the Brooks Extension Revitalization site including affordable homeownership units. The UIC is also a committed participant to the City's Employment and Economic Development Sub-Committee.

The City has demonstrated its commitment to the Near West Side revitalization with a Mayoral appointment of a full-time Program Manager to coordinate planning of all three major redevelopment initiatives and to centralize access to City resources. The City has committed to building the public infrastructure and has played a critical role in coordinating increased employment and social services for ABLA residents. In addition, the Commissioner for the Department of Housing, an appointee of the Mayoral Cabinet, has taken a strong leadership role in bringing all parties to a consensus and providing necessary resources to make the proposed plan feasible.

b. Information Channels if proposal is funded:

There will be very few additional coordination and consultation relationships to be made if the grant is awarded. The ABLA LAC, the ABLA residents, and the CHA have worked closely with stakeholders to ensure that community consultation and coordination is already in place. These communication channels have been in place for over a year and will continue throughout the ABLA Redevelopment. In particular, the CHA will continue to participate in the following consultation and coordination meetings:

- ABLA Redevelopment - Memorandum of Agreement (MOA) meetings with the ABLA LAC - forum whereby the ABLA LAC and the CHA negotiate terms of redevelopment and monitor the entire redevelopment process. The MOA Committee meets biweekly.
- Resident Strategic Planning Committee - The Resident Strategic Planning Committees will be responsible for disseminating accurate information to the residents and providing input into the redevelopment implementation. For example, the selected developer's architect will work with the resident committees in creating the site plans and floor plans for the new units. The resident committees will also work with the CHA to implement the relocation plan and the Family Self-Sufficiency Programs in order to ensure a comprehensive revitalization. The four resident planning committees meet biweekly with the CHA.
- City of Chicago Inter-Governmental Task Force - The CHA will continue to actively participate in the City's Inter-Governmental Task Force as described above. The Task Force meets monthly.

-
- West Side Consortium - Ms. Deverra Beverly, President of the LAC, is a Board Member of the West Side Consortium, a consortium of over 50 community organizations in the area. The CHA is also a member. The City of Chicago has served as the lead in coordinating efforts with the West Side Consortium with CHA's participation, and in keeping the group updated on all the redevelopment initiatives planned for the area.
 - UIC Redevelopment Advisory Board - Deverra Beverly also on the Advisory Board for the UIC campus expansion.

In addition, the CHA and the ABLA LAC will develop a *Neighborhood Residents Advisory Council* that consists of resident representation from existing ABLA families, families expected to enter the new mixed income community, and families in the surrounding area. As described earlier in this Exhibit, each sector of the ABLA development has already established cluster-planning committees responsible for resident outreach, planning and priority setting. The Neighborhood Residents Advisory Council offers the opportunity to broaden participation to include neighborhood residents adjacent to the ABLA development as well as families that will come into the new community. The Council will foster relations between neighbors and aid in the reintegration of public housing into the broader community area.

c. Coordination with the Consolidated Plan

The CHA's redevelopment efforts are an integral part of the City's Consolidated Plan. Each of the CHA's major redevelopment projects, including ABLA Homes, is a part of the City's document and closely monitored by the Department of Housing, which coordinates the Consolidated Plan.

1. *Lead Agency:* The Department of Housing of the City of Chicago coordinates the Consolidated Plan.
2. *CHA Participation:* The CHA actively participates in affordable housing and accessibility issues of the Plan.
3. *CHA Participation - Level of Involvement:* CHA staff are active participants in the Consolidated Plan process. Mr. Andrew Rodriguez, CHA's Director of the Redevelopment Division, is a member of the Chicago Affordable Housing Task Force. Mr. Rodriguez's term is from August 11, 1997 to June 30, 1999. Mr. Ed Moses, CHA's Deputy Executive Director of the Office of Community Relations & Initiatives, is a member of the Committee designated to update the Chicago Housing Affordability Strategy ("CHAS"). The CHAS Committee is developing the framework, priorities, strategies, and program allocation plans for the City's entire affordable housing strategy. The

CHAS Committee will develop a document that will detail a five year plan to increase affordable housing in the City. The plan will include strategies for sustainable home ownership and rental housing and for assuring supportive services including employment. The updated CHAS will emphasize strategies for long-term sustainability of affordable housing and services throughout the City.

d. Develop Linkages

1. *Other HUD-funded organizations:* The CHA is actively participating in discussions with the Dept. of Health & Human Services and HOPE VI sites throughout Illinois to ensure efficient services to HOPE VI communities.
2. *Civil Rights Organizations:* In an unprecedented partnership, the CHA and the Gautreaux plaintiffs entered a joint motion requesting that the Federal District Court designate ABLA as "revitalizing." The Gautreaux plaintiffs were an active participant in the development of the 1998 HOPE VI application and will continue to be a key member during implementation of the redevelopment plan.
3. *Local Agency on Elderly and on Disabilities:* The City of Chicago's Inter-Governmental Task Force facilitated a working relationship between the CHA and the City's Departments of Aging and of Disabilities. The Task Force will continue to coordinate all necessary parties to ensure that the ABLA Redevelopment not only complies with all existing ordinances but incorporates innovative strategies for addressing the specific needs of elderly and disabled persons.
4. *Other government funded activities throughout community:* The City of Chicago will continue to facilitate coordination between the CHA and the numerous well-established community based organizations in the Near West Side that currently receive government funding assistance.
5. *Local police:* As noted in Exhibit D - Physical Revitalization, the City of Chicago is currently assessing the feasibility of establishing a District Police office in the ABLA redevelopment area. The District Office and the continued coordination with the City will ensure that the ABLA redevelopment area is provided with all necessary safety and security measures.

e. Agreements or Memoranda of Understanding to be Developed After Award: Department of Health & Human Services, Urban League, and Department of Aging

f. Empowerment Zone/Enterprise Community: ABLA is not in Federally designated EZ or EC.

EXHIBIT G ATTACHMENTS

- *Meeting Notices*
- *Sign-In Sheets*
- *Handout Materials*
- *Notarized Meeting Minutes*
- *Memorandum of Agreement between the CHA and the ABLA Local Advisory Council*
- *Support Letters*

ADDAMS/ABBOTT RESIDENTS

**YOU'RE INVITED
TO ATTEND A**

HOPE VI APPLICATION MEETING

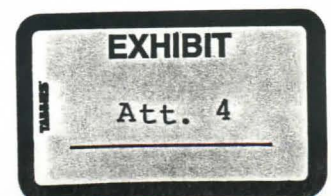
WITH

**JOSEPH SHILDINER, EXECUTIVE DIRECTOR
CHICAGO HOUSING AUTHORITY**

**MONDAY, JUNE 15, 1998
4:30PM**

**ABLA LAC OFFICE
1254 S. LOOMIS**

**HOSTED BY
ABLA LAC**



Community Redevel of mo

HBL Hope II 6/15/98

LATONYA Williams 1628 W. 14th Pl. (312) 829-3
 Mildred Williams 1433 W 13th Chgo 312 243-7
 Osa Glendon 1440 W. 13th St

moore 1204 W Taylor 312-733 3163
 Jannie Chatman 1236 W ROOSEVELT 312-82845
 Lennie Friel 1440 West 13th Street 733-5383

W James Turner 1433 W. 13th St #208 829-4534

Maya W. Ford 1440 West 13th Street

Ariette Fox 1538 W. 15th St. #D

Nelson Turner 1273 - Calverni St #162

Marie Washington 1238 W Roosevelt 243-9

Rose McClendon 1498 W. 13th St. #303 3

Yvonne Simpson 1433 W 13th St #304

Margary Taggart 101 So Lytle 741-

Reecie Williams 1520 W Hastings 407

Patricia King 1520 So Hart 905

Croix Nance 914 So. Ada apt 4

Nelen Willis 927 S. Ada apt 261

Jessie Mae Watkins 1249 W. Calverni #110

Burnell Wilson 1204 W. Taylor

Edna C. Kays 1440 W. 13th Street

Luane Crockett 1420 So. Blue Island

Elizabeth King 1440 W. 13th St

Alice Haynes 1520 W. Hastings #506

Mary J. Anderson 1810 W Roosevelt #65

Mary Ellen - 1032 So. Raine St. #772

Jennie Dunn 854 S. Lytle

Catherine Farley - 1310 W Taylor St - 829-6342

Elizabeth Wales 1316 W Taylor St. 829-8962

Maria Falcon 909 S. Lytle St 432-1970

Cary Jordan 919 S. Lytle St.

Lillian Lohrke 1350 W Hastings

Florence May 1223 W. Calverni 738-9793

Deborah Cobbins 830 S. Lytle St 226-8826

Frieda J. Carthorn 1340 W 13th St. apt 405 (312) 829-12

ROBERT H. DOWNING JR. 1440 W. 13th St Apt. 208 243-6449

Annie D. Taylor 1512 W. WASHBURN AVE 9th

Helen Hostun 1510 W 13th Street Apt 208

Robert LADD 918 S. Lytle #44 226-0423

1440 W. 13th St. Apt. 503 - 733-579

Lucile M. Daugherty 1244 S. Throop

Sureanna Lamb - 1442 S. Blue Island - 312-563

George Franklin 1440 W. 13th St Apt. 410 421-745

Leasac Williams 1440 W 13th St

K. Cecily Williams 1302 S. Throop St

Mary Ray 1342 W. 15th St 206

Donna Brown 1206 W. Taylor St 312-563-9234

1524 W. 14th St

Janetta Hampton 1532 W. Hastings

RAOUL H. SMITH - CHA - SS/DA Dept

1235 S. Loomis

Vanessa Franklin Hall 1410 S. 14th St #203

Cynthia Evans 1410 S. 14th St. Apt #50

1440 W. 13th St Apt 703.

Eveline Cypres 1440 W. 13th St #601

Gladya J. Ray 1510 W. 13th St 803

Antette Coburn 1410 W. 14th St #801 (312) 733-25

Bessie Pass 1521 W. 14th St. Raw House

Blanca Moreno 1500 W. 13th St 666-55

1512 W. 14th St

Jaymes J. Ray 1034 R. Aig 829-524

Josephine Ray 1111 S. Throop St 243-423

1401 S. Lytle St

Beverly J. Ray 822 S. Lytle St Apt 125 432-1635

Nancy J. Ray 840 S. Lytle #72 829-7471

Robert Gibson 1433 W. 13th 455-2878

James E. Woods 830 S. Lytle - 243-4109

Robert J. Woods 87110

A. J. TUCKER 1520 W. HASTING 455-16

Bunk Shred

6400 N. Cook

Bara Heble 1528 W 15th St 312) 7330

in Blue Island

Rosie Lee Walters 1440 W 13th St Apt 607

Montgomery 1322 W. Taylor 3rd fl

Cristine Bradley 1322 W. Taylor 3rd fl

Jessie Bridges 1218 W. Roosevelt Rd 63.

Karen Owens 1433 W. 13th St. #504

Paul Harris 1440 W 13th Apt 1503

Ruth Harris 1324 W Taylor Apt 213

Barbara Lane 1209 S Racine Apt 1504

Jernette Lane 1536 W. WASHBURNE

Aileen Freeman 1032 S. Racine 77

Letores Burress 1033 S. Lytle 768

Grace Stenston 1034 S. Racine 781

Daniel Burress 1033 S. Lytle - 769

Geary Parker 1440 W. 13th Street

Evelyn Mae Sloan 1440 W 13th St

Lula Winters 1525 W 14th St

Eda Stanton 1440 W. 13th St.

William H. Haining 1440 W. 13th St #903

James Hill 1413 S. Thrope St.

Clifford Shale 1410 W. 14th #809

Richard Haring 1336 W. Roosevelt Apt 2

Frank Harris 1324 W. Taylor Apt 213

Bonding Hubert 1410 W 14th St Apt 1509

Maet. Conley - 1322 W. TAYLOR ST #279

Evelyn Stewart 1520 W. Hastings #709

Owen Dickers 8475 Lytle #921

Dorothy Sands 1265 W 14th St 226-7793

William J. Dume 1440 W. 13th Street #40

Elvia Spears 1261 W. 14th St 421-61

McKIN A. McNERSE 1440 W. 13th 791-8756

Mrs. Ruth Crockett 1418 S. Blue Is 791875

Quane Crockett 1420 S. Blue Is. 942012

SADIYAH HALL	CHA	674-430
LEON ARCHIBED-HENDON	RADIANT CONSULTING INC.	773-722-0
DEVERA BEVERLY	CHA / LAC	791-87
Manda White	CHA	791-8500
	CHA	791-8500
Shawna	CHA	791-8401
Flossie	CHA	562-18
CHAD	CHADC	422 168
1526 W 15th	1526 W 15th	852-98
1246 W TAYLOR	1246 W TAYLOR	827 20

ABLA REDEVELOPMENT
1998 HOPE VI APPLICATION - PUBLIC MEETING
JUNE 19, 1998

NAME	ORGANIZATION/ADDRESS	PHONE
Joseph Brown	1239 W. Taylor St. 4 Fl. Apt #22	312-829-4939
Richard Brown	1076 W. Roosevelt Rd	312-421-5900 ext 418
Victor Augusta	CMHDC	422-1680
Sharon Daniels	City of Chicago	744-5588
Tom Furey	East West Associates for City Chicago	(773) 486-0026
David Saltzman	DOH	747-6730
David Saltzman	City Design Center	312 413 2651
Rev. Robert C. Johnson	West Side Convention / E. Chicago 30 W. Monroe	312-530-1162
Margaret Gann	CHA	312 791 8500 x4606
Bud MYERS	CHA	" 1449
Ben. K. L.	1073 W. Maxwell MARKS-Nowday ASSOC. Chicago 60608	312-829-7555
Gabriel P. Godwin	925 S. Loomis University Village Assoc	312-243-3773

ABLA REDEVELOPMENT
1998 HOPE VI APPLICATION - PUBLIC MEETING
JUNE 19, 1998

NAME	ORGANIZATION/ADDRESS	PHONE
TRAUNZA HOBES	6007 S. CARPENTER	773-476-1164
THE L. WATSON	CDC	(312) 996-6097
ALAN P. MAMMOSER	CDC 601 S. MORGAN	312/996-4717
SADIYAH HILL	CHA	674-4304 x18.
Sharon Tim	CHA - Redevel't	312-791-8500 x4504
Alfredo Rodriguez	CHA - Redevelopment	791-8500 x4501
Joseph Shilderman	CHA	791-8401
Cybil Ellis	West Side Future	312-432-4080
Pedro J. ...	West Side Future	312-432-6768
Marilyn A. ...	Robert + Consulting (ABLA CAC Cons)	773-722-6107
DEVERA BERRY	ABLA CAC	312-791-8756
JUSTIN GAINES	ABLA CAC	312-791-8756

ABLA REDEVELOPMENT
1998 HOPE VI APPLICATION - PUBLIC MEETING
JUNE 19, 1998

NAME	ORGANIZATION/ADDRESS	PHONE
Denise Arnold	DPD	742-1081
Gloria L. Smith	13095 SO EVANS Ave #178	
Betty Houston	12541 S. Loomis	791-8756
Gloria Spears	12541 S. Loomis	791-8756
Jaqueline Foss	1405 N. Forest Rd	482-7538
Debra Lee	150 N. Michigan	201 8700
Jim Houston	CHA	312-791-8500 48508

AFFIDAVIT OF JANE BLUMENFELD HORNSTEIN

JANE BLUMENFELD HORNSTEIN, being first duly sworn on oath and having personal knowledge of the facts set forth herein, states as follows:

1. I am the Deputy Chief of CHA's Office of Development Management. In this capacity, I have substantial responsibility for CHA's redevelopment projects, including the ABLA project.

2. In June of 1998, prior to filing the 1998 HOPE VI application, Bill Wilen, the attorney for the Concerned Residents of ABLA, asked to examine the application and make comments on it. I invited him to our offices and gave him a draft of the application. He then reviewed it and provided us his comments. We then changed the application to incorporate some but not all of his comments.

3. In accordance with 24 C.F.R. Part 964, CHA must periodically conduct elections at each of our developments in order to determine which residents will sit on the Local Advisory Councils for the various developments. The chairperson of each Local Advisory Council then has a seat on the Citywide Advisory Council. These Local Advisory Council elections allow each CHA resident the opportunity to cast a secret ballot vote for those who will represent them on the Local Advisory Council. In order to make sure that the elections are not influenced by the CHA, the CHA contracts with independent, not-for-profit agencies to conduct these elections. In February of 1999, the Community Workshop for Economic Development conducted the election for the seats on the ABLA Local Advisory Council. An incumbent slate was challenged by a slate Ferrell Freeman led. Ferrell Freeman is the head of the Concerned Residents of ABLA. The incumbent slate defeated Ms. Freeman's slate. One of the issues in the election was the development plan at ABLA.

EXHIBIT

Att. 6

4. A Working Group, consisting of representatives from the City of Chicago, CHA, Habitat, the Gautreaux plaintiffs, and the ABLA LAC, was convened to issue an RFP and select a development manager for the ABLA development. This occurred in May of 1999. Once the responses to the RFP were narrowed down to three finalists, the Working Group held a public meeting on November 18, 1999 at which all ABLA residents were invited to meet the finalists, hear presentations from them and ask them questions or provide input. The meeting was well-publicized, and attended by 150-200 people, including the president and attorney for the Concerned Residents of ABLA.

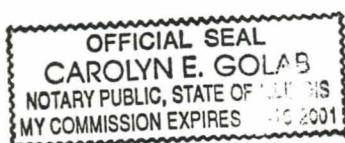
5. I am aware of an early HOPE VI planning meeting that took place at ABLA on February 20, 1998. I know about this meeting because I have discussed it with Andy Rodriguez, who was then head of Redevelopment at CHA, and who attended the meeting. The meeting was for residents only. When the Concerned Residents of ABLA came, they brought their lawyer. There were no other lawyers present. CHA and the ABLA LAC told the Concerned Residents of ABLA that they were free to participate, but their lawyer could not. At least one other non-CHA resident was there (a nun) who was also asked to leave.

Jane Blumenfeld Hornstein
Jane Blumenfeld Hornstein

Subscribed and Sworn to before me

this 10th day of January, 2000.

Carolyn E. Golab
Notary Public



HOPE VI GRANT IMPLEMENTATION GUIDEBOOK

INTRODUCTION

HOPE VI is an ever-changing program, guided not by regulation but by language in its appropriations laws from Congress. This feature makes it particularly flexible and affords housing authorities the ability to structure their projects in ways that best meet their needs. Within that flexibility, however, there are certain procedures that all HUD Grantees must follow. This HOPE VI Grant Implementation Guidebook is intended to provide nuts-and-bolts information to HOPE VI Grantees to help them negotiate the Federal rules and procedures associated with carrying out a HOPE VI project.

What this Guidebook does NOT do is provide information regarding important issues such as physical design, financial structuring, occupancy policies, etc. For that type of information, please refer to the Mixed-Finance Guidebook, which is available from the HUD Clearinghouse by calling 800-955-2232. The Mixed-Finance Guidebook is a valuable tool for Grantees and non-Grantee PHAs alike.

Although the chapters of this Guidebook will answer many questions about the administration of your grant, your most important source of information is your HUD Grant Manager in the Office of Public Housing Investments. Please be sure to contact your Grant Manager if you have any questions or need further clarification of any information included here.

You should also be sure to pay special attention to the Glossary of this Guidebook. Not only does it define terms and common acronyms, but it also provides valuable information and cross references, including websites, that will guide you to the best and most current HOPE VI-related information possible.

EXHIBIT

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HOPE VI GRANT IMPLEMENTATION GUIDEBOOK

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HOPE VI ELIGIBLE ACTIVITIES AND PROGRAM REQUIREMENTS

In the absence of program Regulations, each HOPE VI grant is governed by the NOFA under which the grant was awarded, and the Grant Agreement executed between the Grantee and HUD. For FY 1998 grants, eligible activities are those eligible under the Appropriations Acts for the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies, for the Fiscal Years 1993, 1994, 1995, 1997, 1998 and 1999; and the Omnibus Consolidated Rescissions and Appropriations Act of 1996. In addition, eligible HOPE VI activities are those included in the 1937 Act, including Section 24 of the 1937 Act, as amended by Section 535 of the Quality Housing and Work Responsibility Act of 1998 (Pub.L. 105-276, 112 Stat. 2461, approved October 21, 1998) (QHWRA).

In addition, the administration of grant and sub-grant funds is subject to all applicable rules, regulations, and policies issued by the Office of Management and Budget (OMB), the General Accounting Office (GAO) and HUD, and to other applicable state and Federal laws and regulations.

The following is a list of eligible HOPE VI activities and the corresponding HUD regulations that apply. Other activities may also be eligible with HUD approval. If a Grantee uses HOPE VI Revitalization funds for any of the following activities, it must conduct them in accordance with the following program requirements unless HUD has provided written approval to follow other requirements.

1. **Total or partial demolition of buildings.** Section 24 of the 1937 Act provides that severely distressed public housing demolished in conjunction with a revitalization plan with HOPE VI funds is not subject to Section 18 of the 1937 Act or regulations at 24 CFR Part 970. Instead, HUD will use information in selected FY 1998 applications to determine whether the proposed demolition can be approved. This provision is retroactive, and Grantees with prior year Revitalization grants that include demolition of public housing not yet approved for demolition under part 970 may be required to provide additional evidence of severe distress.
2. **Disposition of property,** in accordance with Section 18 of the 1937 Act and regulations at 24 CFR part 970.
3. **Public housing development through the acquisition of land,** or acquisition of off-site units with or without rehabilitation to be used as public housing, in accordance with 24 CFR part 941.
4. **Major rehabilitation and other physical improvements of housing and community facilities** primarily intended to facilitate the delivery of self-sufficiency, economic development, or other community and supportive service opportunities for residents of the targeted development, in accordance with 24 CFR 968.112(b), (d), (e), and (g)-(o), 24 CFR 968.130, and 24 CFR 968.135(b) and (d);

HOPE VI Guidebook

5. Construction of replacement rental housing, both on-site and off-site, and community facilities primarily intended to facilitate the delivery of self-sufficiency, economic development, or other supportive services for residents of the targeted development and off-site replacement housing, in accordance with 24 CFR part 941, including mixed-finance development in accordance with subpart F.
6. Homeownership activities, including:
 - a. Development of replacement homeownership units that meet the regulatory requirements of the Section 5(h) Program at 24 CFR part 906;
 - b. Development of replacement homeownership units that meet the statutory requirements of the HOPE II program (42 U.S.C. 12871-80; Pub. L. 101-625, secs. 421-31; 104 Stat. 4079, 4162-72);
 - c. Development of replacement homeownership units that meet the statutory requirements of the HOPE III program (42 U.S.C. 12891-98; Pub.L. 101-625, secs. 441-48; 104 Stat. 4079, 4172-80);
 - d. Replacement homeownership units that are made available through housing opportunity programs for construction or substantial rehabilitation of homes meeting essentially the same eligibility requirements as the Nehemiah Program; and
 - e. Other appropriate replacement homeownership activities, including downpayment assistance for displaced residents and the provision of closing costs.
7. Management improvements for the reconstructed development.
8. The administration and operation of units must be in accordance with all existing public housing rules and regulations. Fees and costs must be specifically approved by HUD.
9. Planning costs, as approved by HUD.
10. Technical assistance costs, as approved by HUD.
11. Well-integrated Community and Supportive Services programs designed to assist residents to attain educational excellence, gain employment, and become self-sufficient, and related support programs such as day care, after school activities, etc.
12. Supportive Services to meet the needs of the elderly, as appropriate.
13. Economic development activities, including the costs of infrastructure and site improvements associated with developing retail/commercial facilities, but excluding hard development costs.

HOPE VI Guidebook

14. Leveraging other resources, including additional housing resources, retail supportive services, jobs, and other economic development uses on or near the project that will benefit future residents of the site.
15. Relocation, conducted in accordance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and government-wide implementing regulations at 49 CFR part 24. Temporary relocation assistance in accordance with 24 CFR 968.108.24 CFR 970.5 (demolition) or 24 CFR 968.108 (rehabilitation), as appropriate.
16. FY 1993 - 1995 grantees must also implement a community service program.

CIRCUIT COURT OF COOK COUNTY, ILLINOIS
MUNICIPAL DEPARTMENT -- FIRST DISTRICTCITY OF CHICAGO, A
Municipal Corporation,
Plaintiff,

vs.

Case No.

Chicago Housing Authority

Address: 1239 S. Racine

Defendant(s).

Room 1107, Daley Center
Chicago IllinoisORDER TO VACATE

This cause coming on to be heard on the court's set call, the court having jurisdiction of the parties and the subject matter, due notice having been given, and the court having heard testimony and being fully advised in the premises:

The court finds: 1. That the premises which are the subject matter of this action fail to conform to the minimum standards of health and safety as set forth in applicable provisions of the Municipal Code of the City of Chicago. 2. That the plaintiff has demonstrated by competent evidence that an imminent threat to health, safety, and welfare of the tenants and occupants exists.

It is therefore ordered: A. That the defendant(s)

Chicago Housing Authority immediately cause the following sections of the premises to be vacated, to wit: entire Premises. B. That the aforesaid sections of the premises be maintained in a vacant and secure condition until further order of this court. C. That the Court Ordered Relocation Unit of the Department of Human Services is directed to assist in the relocation of persons effected by this order. D. That defendants, their agents, employees, and attorneys are enjoined from interfering with the representatives of the Court Ordered Relocation Unit in effectuating the terms of this order. E. That the defendants maintain all utilities, including but not limited to electricity, water, gas, and heat to the premises until such time as the building is vacant pursuant to this order.

This cause is continued to 2-18 1997 at
9:30 in courtroom 1107 of the Richard J. Daley Center.

Hearing date: 2-10-97
Susan S. Sher
CORPORATION COUNSEL
ATTORNEY FOR PLAINTIFF Atty No. 90909
30 N. LaSalle Street, Ste. 700
Chicago, Illinois 60602
(312) 744-8791 or 744-6707
by: Patti S. Gregory/Harriet Parker

Judge Robert ~~Bell~~ 1295

JUDGE JOHN A. 1295

FEB 10 1997

Circuit Court-136

EXHIBIT

Att. 8

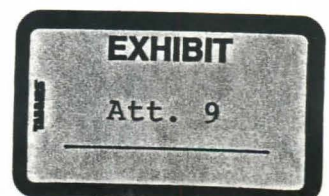
AFFIDAVIT OF JENNIFER LEE O'NEIL

JENNIFER LEE O'NEIL, being first duly sworn on oath and having personal knowledge of the facts set forth herein, states as follows:

1. I am the Deputy Director of CHAC, the private, for-profit corporation which administers the Chicago Housing Authority's ("CHA's") Section 8 certificate and voucher program. In this capacity, I am thoroughly familiar with the policies and procedures CHAC employs in processing Section 8 applicants, housing them and administering Section 8 certificate and voucher payments. I also am familiar with the databases and records CHAC keeps on individual families who apply for Section 8 assistance and on all families who participate in our program.

2. CHAC took over CHA's Section 8 program on December 1, 1995. At that time, approximately 15,000 families participated in the Section 8 program. These families are all low-income families who receive a certificate that entitles them to rent an apartment anywhere in the United States, provided the landlord is willing to accept the certificate and enters into a housing assistance payment contract with CHAC. Under the terms of the certificate program, the tenant pays no more than 30% of his or her income for rent and utilities and CHAC (using federal Section 8 funds) pays the balance of the rent. The landlord may not charge more to a Section 8 tenant than landlords charge for comparable non-subsidized units. In addition, the landlord must submit to an initial and subsequent periodic inspections of his or her apartment to ensure that the unit is decent, safe and sanitary.

3. Since taking over operation of CHA's Section 8 program, CHAC has increased the number of families participating in the program from approximately 15,000 families to



approximately 25,000 families, including approximately 2,000 families that CHA has relocated from one or another of the developments where HOPE VI or other large-scale revitalization is going on.

4. Two of the families from ABLA who applied for Section 8 assistance at CHAC are Kizzie Johnson and Africa Simpson. I am familiar with the files in both of their cases.

KIZZIE JOHNSON

5. Kizzie Johnson lived at 1111 W. Roosevelt Road in the ABLA development. She applied for a Section 8 Certificate on September 30, 1997. At the time, she was twenty years old and lived with her five year-old child. A copy of her application is Exhibit A hereto. After verifying her eligibility, she was issued a Section 8 Certificate on November 5, 1997. As with other Section 8 participants, she went through a briefing at CHAC where she was provided with counseling about the availability of apartments in low poverty neighborhoods, i.e. neighborhoods where less than 24% of the families have income below the federal poverty limit. These neighborhoods include ones that are not predominantly African-American. She was also provided with resources that identified available apartments throughout the City and suburban area, including apartments in non-African-American neighborhoods..

6. Ms. Johnson promptly located an apartment at 1407 E. 66th Place in Chicago. On November 13, 1997, she requested an inspection of the unit. The inspection occurred on November 18, 1997. On November 19, 1997, Ms. Johnson and the landlord were notified that CHAC had inspected the proposed unit and found that it was decent, safe and sanitary, according to HUD's Housing Quality Standards. A copy of the inspector's report is Exhibit B hereto. Ms. Johnson was then cleared to move into the unit, which she did on December 17, 1997. The

apartment rented for \$665 per month. Ms. Johnson paid \$18 per month and CHAC paid \$647 per month.

7. On August 2, 1998, we performed an annual reinspection of Ms. Johnson's apartment and found problems with one wall and a CO detector. We gave the landlord thirty days to correct the problem, which he did. On September 2, 1998, we reinspected and since the landlord had corrected the deficiencies, we notified Ms. Johnson and the landlord that the unit had passed inspection. A copy of that notice is Exhibit C hereto. Ms. Johnson continued then to live at the 1407 E. 66th Place apartment.

8. In February of 1999, prior to her annual recertification, Ms. Johnson advised CHAC that she wished to move to 5036 W. Washington in Chicago. She was then issued a new Section 8 voucher. CHAC then had the 5036 W. Washington apartment inspected on March 26, 1999, April 20, 1999 and again on April 29, 1999. After the landlord repaired defects in the apartment, using a contractor, the unit passed inspection. A copy of the inspection report is Exhibit D hereto.

9. In May of 1999, during Ms. Johnson's recertification, CHAC learned that Ms. Johnson had obtained employment as a parking attendant at UIC back on October 19, 1998 and had been making an annual rate of \$18,949. She had not previously reported this income. A copy of the initial employment verification is Exhibit E hereto. As a result, her share of the rent was recalculated and she was informed that when she moved into the 5036 W. Washington apartment, which rented for \$583 per month, she would pay \$401 per month. Ms. Johnson informed CHAC that she was no longer working at UIC. A copy of her note is Exhibit F hereto. CHAC therefore re-contacted UIC, who supplied an employment verification form indicating that Ms. Johnson had been continuously employed since October 19, 1998. A copy of this verification is Exhibit G

hereto. This was confirmed by phone as well with the employer on September 8, 1999. Ms. Johnson then acknowledged in a phone call with CHAC that she was still employed and withdrew her request for a rent reduction. A copy of the CHAC notes are Exhibit H hereto.

10. According to CHAC's records, neither of the units Ms. Johnson rented, using her Section 8 assistance, failed an inspection and thereby caused her to move. Her only move was a voluntary move.

AFRICA SIMPSON

11. Africa Simpson lived at 1239 S. Racine, in the ABLA development, when she applied for a Section 8 Certificate at CHAC on April 10, 1997. At the time, Ms. Simpson was twenty-four years old and she sought an apartment for herself and her three children, ages six, five and two. A copy of her application is attached as Exhibit I hereto. She was promptly issued a certificate on May 15, 1997. She then went through a two-hour briefing at CHAC, which included a presentation on housing available in non-low income neighborhoods (which included many neighborhoods that are not predominantly African-American). She was also provided with resources that identified available apartments throughout the City and suburban areas, including apartments in non-African-American neighborhoods.

12. Ms. Simpson told CHAC that she wished to use her Section 8 Certificate at an apartment located at 358 E. 60th Street in Chicago. An inspection was requested on September 18, 1997, and performed by CHAC staff on September 24, 1997. The unit was found to be decent, safe and sanitary. A copy of CHAC's inspection report is attached as Exhibit J hereto. Ms. Simpson then moved into the unit on October 17, 1997.

13. On July 2, 1998, CHAC conducted its next inspection of the unit at 358 E. 60th Street. The inspector found various defects and notified the landlord that they had to be repaired. The landlord failed to make these repairs in a timely fashion and on August 10, 1998, CHAC notified both Ms. Simpson and the landlord that its Section 8 housing assistance contract with the landlord would be terminated. The rent was \$650 per month and Ms. Simpson's share was \$46 per month. Copies of the inspection report and the August 10th notice are Exhibits K hereto.

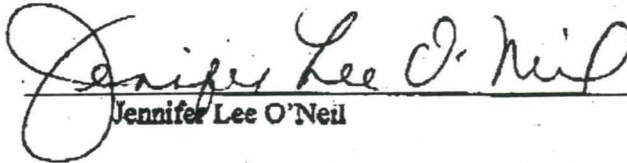
14. Ms. Simpson was promptly notified that she needed to locate a new Section 8 unit. She came to the CHAC office on August 24, 1999 and signed for a new Section 8 Certificate on that date.

15. In November of 1998, Ms. Simpson indicated she wished to use her Section 8 Certificate at 1227 S. Christiana. CHAC promptly sought to inspect the unit but could not obtain entry. Eventually, the unit was inspected and approved, but the landlord wanted \$900 per month, which exceeded the maximum amount that CHAC could offer. The landlord would not renegotiate the rent, so the Section 8 Certificate could not be used there.

16. Ms. Simpson then located employment apparently in February of 1999, working as a parking attendant at UIC for approximately \$18,000 annually.

17. Ms. Simpson then contacted us on February 18, 1999 to obtain an inspection of a unit at 3544 W. Jackson Blvd. in Chicago. An inspection was performed on March 3, 1999 and the unit passed. A copy of the inspection is Exhibit L hereto. Ms. Simpson moved into the unit on March 17, 1999. The rent was \$735. Her share was \$285 monthly.

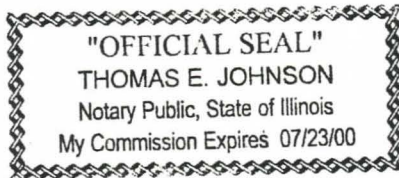
18. At no time did Ms. Simpson ever inform CHAC that she was homeless or about to become homeless.. Had she done so, CHAC would have offered her additional assistance in locating a suitable unit. In the absence of an emergency such as homelessness, CHAC relies upon Section 8 Certificate and Voucher holders to locate the units they wish to live in.


Jennifer Lee O'Neil

Subscribed and Sworn to before me
this 7th day of January, 2000.



Notary Public



APPLICATION FOR SECTION 8 HOUSING ASSISTANCE PAYMENT PROGRAM

Section 8# _____

Check the program(s) for which you are applying: ☐ Certificate/Voucher ☐ Mod-Rehab ☐ Moving To Opportunity
☒ PHA Relocation ☐ Rental Rehab ☐ VASH

PLEASE PRINT
 Fill in ALL Blanks or Write "None"

Name: Kizzie Johnson Telephone No: 312-733-8535Address: 1111 W. Roosevelt Rd. 1009 Chicago, IL 60608
 Street Apt# City, State & Zip CodeMailing Address: 1111 W. Roosevelt Rd. 1009 Chicago, IL 60608
 Street Apt# City, State & Zip Code**Race of Head of Household**

☐ Caucasian ☒ African American ☐ Asian or Pacific Island Native
☐ American Indian/Alaskan Native

Ethnicity of Head of Household

☐ Hispanic
☐ Non-Hispanic

Do you or a member of your household have a disability impairment that requires reasonable modifications or adaptive housing?
☒ No ☐ Yes, if yes, please explain _____

Family Household Composition

List ALL household member who WILL LIVE in the apartment.

List yourself first, spouse (significant other) second, children third (oldest first), then additional adults

Name	Relationship	Birth Date	Place of Birth City/State/County	Social Security #	Occupation or School
1. <u>Kizzie Johnson</u>	<u>myself</u>	<u>7-22-77</u>	<u>Chicago, IL Cook</u>	<u>322-66-7521</u>	
2. <u>Jace Phillips</u>	<u>child</u>	<u>7-10-92</u>	<u>Chicago, IL Cook</u>	<u>325-88-0087</u>	<u>John M Smyth School</u>
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Do you anticipate any change in your Household Composition within the next 12 months? ☐ Yes ☒ No

If yes, please explain _____

APPLICATION FOR SECTION 8 HOUSING ASSISTANCE PAYMENT PROGRAM CONTINUED

LIST ALL YOUR INCOME SOURCES: Some examples are full and/or part-time employment, M.S.R., Social Security (note if you are receiving Medicare), S.S.I., pensions, disability, Armed Forces Reserves, unemployment compensation, babysitting, caretaking, alimony or child support, educational loans, scholarships and grants, etc.

Family Member Name	Source of Income	Monthly Amount
	Social Security	\$
	Social Security	\$
	Pension: Name and address of fund:	\$
	Pension: Name and address of fund:	\$
	Veteran's Benefits Claims #	\$
	S.S.I. Benefits	\$
	Unemployment Compensation	\$
	Child Support Provided by: Name: _____ Address: _____	\$
	A.F.D.C.	\$ 276.00
	A.F.D.C.	\$
	Wages - Monthly Amount Position: _____ Employer: _____ How Long: _____	\$
	Wages - Monthly Amount Position: _____ Employer: _____ How Long: _____	\$
	Other Income: Please explain _____ _____ _____	\$
ASSETS		
Checking Account: # _____	Bank: _____	Amount: \$ _____
# _____	_____	\$ _____
Passbook Savings: # _____	Bank: _____	Amount: \$ _____
# _____	_____	\$ _____
Savings Certificates:	Bank: _____	Amount \$ _____
	_____	\$ _____

ASSETS		
Credit Union:	Name:	Amount:
		\$ _____
		\$ _____
Stocks:	Name:	Amount:
		\$ _____
		\$ _____
Bonds:	Name:	Value:
		\$ _____
Life Insurance:	Name/Address of Company	Face Value: \$ _____
		Effective Date: _____

Do you own any real estate? ☒ No ☐ Yes If yes, answer a, b and c below:

- a. Address of property owned: _____
 b. Appraised value within past 3 months: \$ _____
 c. Amount of most recent tax bill: \$ _____

Have you sold or transferred any real estate within the past 2 years? ☒ No ☐ Yes If yes, answer a, b and c below:

- a. Address of property sold: _____
 b. Date sold: _____ Sale price \$ _____
 c. Name/address of buyer: _____

Child Care Expense

Do you pay for babysitting/child or adult care while the family head or spouse is employed or a full-time student?

☒ No ☐ Yes If yes, complete a, b and c:

- a. Cost: _____ per _____
 b. Name/address of babysitter/day care provider: _____

Expenses for the Care of Elderly or Disabled Family Members

Is anyone in the household disabled? ☐ Yes ☒ No

Are their medical expenses covered by insurance? ☐ Yes ☒ No

Do you pay for day care or any special equipment for this person? ☐ Yes ☒ No

Do these expenses allow someone in your household to work? ☐ Yes ☒ No

Medical Expenses Only complete the following section if Head of Household or Spouse is over 61 or disabled.

Are you receiving Medicaid? ☐ No ☒ Yes If yes, list name(s) of family member(s) covered:

Name:	Identification #
Name:	Identification #

Are you receiving Medicare? ☐ No ☒ Yes \$ _____ per _____

Do you have Blue Cross/Blue Shield ☐ No ☒ Yes, Group # _____ Certificate # _____

Do you have any other Insurance coverage? ☐ No ☒ Yes

Insurance Company: _____ Policy # _____
 Address: _____

Anticipated medical/drug expenses not covered by insurance: \$ _____ per _____

Name/Address of Pharmacy: _____

Anticipated physician expenses covered by insurance \$ _____ per _____

Name/Address of Physician: _____

APPLICATION FOR SECTION 8 HOUSING ASSISTANCE PAYMENT PROGRAM CONTINUED

Comments: _____

Are you currently or have you ever participated in a rental assistance or public housing program? ☐ No ☒ Yes, if yes please identify the name and address of the development or Housing: ABLE 1111 W. ROOSEVELT RD #1009

If you are no longer participating in this program, were you evicted or asked to leave? ☒ No ☐ Yes, if so please explain why? _____

Emergency Information

In case of emergency notify:

<u>ASSIE Lee Johnson</u>	<u>1111 W. ROOSEVELT RD #307</u>	<u>733-8535</u>	<u>Grand mother</u>
Name	Address	Phone	Relationship
<u>Tannica Johnson</u>	<u>1111 W. ROOSEVELT RD #401</u>	<u>942-1606</u>	<u>Cousine</u>
Name	Address	Phone	Relationship

CERTIFICATION

I/we certify that the information provided herein to CHAC regarding household composition, income, family assets, allowances and deductions is true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information and/or omissions are punishable under federal law and ground for eligibility for participation in housing programs administered by CHAC.

<u>Rozzie Johnson</u>	<u>9-30-97</u>	_____	_____
Signature	Date	Signature	Date

IMPORTANT INFORMATION

1. Your application must be complete to be accepted. Please be sure to answer all questions or write the word "None".
2. Each family member must complete the form entitled Declaration of Citizenship Form. Enclose a copy of the social security card and documentation verifying citizenship or non-citizenship status for all members of your household.
3. Your application will be stamped with the date it has been received and given a computer number (in order of receipt).
4. If you move, you must notify CHAC in writing of your new address and telephone number. If CHAC cannot locate your application may be canceled.
5. If your family gets larger or smaller (for example, if you have a child or if someone moves out) or if your income increases or decreases, you must notify CHAC in writing as this information may affect your eligibility or the size of subsidy you may receive.
6. You must respond to all requests sent by the CHAC within the stipulated time.
7. If you disagree with a decision made by CHAC (for example, you think you are eligible, (but CHAC says that you are not), you must request an informal hearing in writing within ten (10) working days from the time CHAC notifies you of the decision. Otherwise CHAC decision will stand. You may bring a friend, social worker, or lawyer to the hearing with you. You also have the right to examine all CHAC records which pertain to your application.
8. The CHAC prohibits discrimination in housing because of race, color, religion, sex, national origin, age, familial status or disability.

1ARCUS Cnm ABLA F. Johnson

HA: CHAC, INC.		Tenant ID No. 0950861	Date of Request: 11/13/97
Inspector: <i>Madsen</i>		Date of Last Inspection:	Date of Inspection: 11-18-97
Neighborhood/Census Tract:		Type of Inspection: ☒ Initial ☐ Special ☐ Reinspection	Project No:
A. General Information			
Street Address of Inspected Unit: 1407 E. 66TH PLACE		2W	
City: Chicago	County:	State: IL	Zip: 60637
Name of Family: KIZZIE JOHNSON		Current Telephone of Family: (312) 733-8535	
Current Street Address of Family: 1111 W. ROOSEVELT RD.		1009	
City: Chicago	County:	State: IL	Zip: 60608
Number of Children in Family Under Six: ☐		Number of Children in Family with Elevated Blood Lead Level: ☐	
Name of Agent/Owner Authorized to Lease Unit Inspected: KIEVIN A. WILLIAMS		Telephone of Agent/Owner: (773) 667-3430	
Address of Owner or Agent: 6138 S. CHAMPLAIN CHICAGO IL 60637			

11-18-97
gm

4211-49.42 - \$ 536-518



Inspection Form
Section 8 Tenant-Based Assistant
Rental Certificate Program & Rental Voucher Program

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

OMB Approval No. 2517-0169 (exp. 8/31/98)

Public reporting burden for this collection of information is estimated to average 0.5 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (20169), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. 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.

Do not send this form to the above address.

HA:	Tenant ID No: 0950861	Date of Request:
Inspector: Madison	Date Last Inspection:	Date of Inspection: 11-18-97
Neighborhood/Census Tract:	Type of Inspection: ☒ Initial ☐ Special ☐ Reinspection	Project No:

A. General Information

Street Address of Inspected Unit:

City: County: State: Zip:

Name of Family: Current Telephone of Family:

Current Street Address of Family:

City: County: State: Zip:

Number of Children in Family Under 6: Number of Children in Family With Elevated Blood Lead Level:

Name of Owner or Agent Authorized to Lease Unit Inspected: Telephone of Owner or Agent:

Address of Owner or Agent:

Housing Type: (check as appropriate)

- ☐ Single Family Detached
- ☐ Duplex or Two Family
- ☐ Row House or Town House
- ☒ Low Rise: 3, 4 Stories, Including Garden Apartment
- ☐ High Rise: 5 or More Stories
- ☐ Manufactured Home
- ☐ Congregate
- ☐ Cooperative
- ☐ Independent Group Residence
- ☐ Single Room Occupancy
- ☐ Shared Housing
- ☐ Other: (Specify)

B. Summary Decision on the Unit

(to be completed after the form has been filled in)

Section 8 Housing Quality Standard Pass or Fail

☐ 1. **Fail** If there are any checks under the column headed "Fail" the unit fails the Section 8 minimum housing standard. Discuss with the owner the repairs noted that would be necessary to bring the unit up to the standard.

☐ 2. **Inconclusive** If there are no checks under the column headed "Fail" and there are checks under the column headed "Inconclusive," obtain additional information necessary for a decision (question owner or tenant as indicated in the item instructions given in this checklist). Once additional information is obtained, change the rating for the item and record the date of verification at the far right of the form.

☒ 3. **Pass** If neither (1) nor (2) above is checked, the unit passes the Section 8 minimum standards. Any additional conditions described in the right hand column of the form should serve to (a) establish the precondition of the unit, (b) indicate possible additional areas to negotiate with the owner, (c) aid in assessing the reasonableness of the rent of the unit, and (d) aid the tenant in deciding among possible units to be rented. The tenant is responsible for deciding whether he or she finds these conditions acceptable.

☒ **Unit Size:** Count the number of bedrooms for purposes of the FMR or Payment Standard. Record in the box provided.

☐ **Year Constructed:** Enter from Line 5 of the Request for Lease Approval form. Record in the box provided.

☒ **Number of Sleeping Rooms:** Count the number of rooms which could be used for sleeping, as identified on the checklist. Record in the box provided.

C. How to Fill Out This Checklist

Complete the checklist on the unit to be occupied (or currently occupied) by the tenant. Proceed through the inspection as follows:

Area

room by room

basement or utility room

outside

overall

Checklist Category

1. Living Room
2. Kitchen
3. Bathroom
4. All Other Rooms Used for Living
5. All Secondary Rooms Not Used for Living
6. Heating & Plumbing
7. Building Exterior
8. General Health & Safety

Each part of the checklist will be accompanied by an explanation of the item to be inspected.

Important: For each item numbered on the checklist, check one box only (e.g., check one box only for item 1.4 "Security," in the Living Room.)

In the space to the right of the description of the item, if the decision on the item is "Fail" write what repairs are necessary; if "Inconclusive" write in details.

Also, if "Pass" but there are some conditions present that need to be brought to the attention of the owner or the tenant, write these in the space to the right.

If it is an annual inspection, record to the right of the form any repairs made since the last inspection. If possible, record reason for repair (e.g., ordinary maintenance, tenant damage).

If it is a complaint inspection, fill out only those checklist items for which complaint is lodged. Determine, if possible, tenant or owner cause.

Once the checklist has been completed, return to Part B (Summary Decision on the Unit).



1. Living Room

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
1.1	Living Room Present Is there a living room?	☒	☐	☐		
1.2	Electricity Are there at least two working outlets or one working outlet and one working light fixture?	☒	☐	☐		
1.3	Electrical Hazards Is the room free from electrical hazards?	☒	☐	☐		
1.4	Security Are all windows and doors that are accessible from the outside lockable?	☒	☐	☐		
1.5	Window Condition Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken out panes?	☒	☐	☐	four	
1.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☒	☐	☐	good	
1.7	Wall Condition Are the walls sound and free from hazardous defects?	☒	☐	☐	good	
1.8	Floor Condition Is the floor sound and free from hazardous defects?	☒	☐	☐	Carpet	
1.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐	☐		

☐ Not Applicable

Additional Comments: (Give Item Number)

2. Kitchen

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
2.1	Kitchen Area Present Is there a kitchen?	☒	☐	☐		
2.2	Electricity Are there at least one working outlet and one working, permanently installed light fixture?	☒	☐	☐		
2.3	Electrical Hazards Is the kitchen free from electrical hazards?	☒	☐	☐		
2.4	Security Are all windows and doors that are accessible from the outside lockable?	☒	☐	☐		
2.5	Window Condition Are all windows free of signs of deterioration or missing or broken out panes?	☒	☐	☐	<i>One</i>	
2.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☒	☐	☐	<i>light</i>	
2.7	Wall Condition Are the walls sound and free from hazardous defects?	☒	☐	☐	<i>good</i>	
2.8	Floor Condition Is the floor sound and free from hazardous defects?	☒	☐	☐	<i>tile</i>	
2.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐	☐		
2.10	Stove or Range with Oven Is there a working oven, and a stove (or range) with top burners that work? If no oven and stove (or range) are present, is there a microwave oven and, if microwave is owner-supplied, do other tenants have microwaves instead of an oven and stove (or range)?	☒	☐	☐	<i>has owner</i>	
2.11	Refrigerator Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time?	☒	☐	☐	<i>owner</i>	
2.12	Sink Is there a kitchen sink that works with hot and cold running water?	☒	☐	☐		
2.13	Space for Storage, Preparation, and Serving Is there space to store, prepare, and serve food?	☒	☐	☐		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

3. Bathroom

For each numbered item, check one box or:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final app
		Yes, Pass	No, Fail	Inconclusive		
3.1	Bathroom Present (See description) Is there a bathroom?	☒	☐	☐		
3.2	Electricity Is there at least one permanently installed light fixture?	☒	☐	☐		
3.3	Electrical Hazards Is the bathroom free from electrical hazards?	☒	☐	☐		
3.4	Security Are all windows and doors that are accessible from the outside lockable?	☒	☐	☐		
3.5	Window Condition Are all windows free of signs of deterioration or missing or broken out panes?	☒	☐	☐		
3.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☒	☐	☐		
3.7	Wall Condition Are the walls sound and free from hazardous defects?	☒	☐	☐		
3.8	Floor Condition Is the floor sound and free from hazardous defects?	☒	☐	☐		
3.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐	☐		
3.10	Flush Toilet in Enclosed Room in Unit Is there a working toilet in the unit for the exclusive private use of the tenant?	☒	☐	☐		
3.11	Fixed Wash Basin or Lavatory in Unit Is there a working, permanently installed wash basin with hot and cold running water in the unit?	☒	☐	☐		
3.12	Tub or Shower Is there a working tub or shower with hot and cold running water in the unit?	☒	☐	☐		
3.13	Ventilation Are there openable windows or a working vent system?	☒	☐	☐		

one light good tile

☐ Not Applicable

Additional Comments: (Give Item Number)(Use an additional page if necessary)

4. Other Rooms Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

Room Code P

right/left/center: the room is situated to the right, left, or center of the unit.

front/rear/center: the room is situated to the back, front or center of the unit.

floor level: the floor level on which the room is located.

RF 2

- 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 (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
	<i>Bedroom</i>					
4.2	Electricity/Illumination If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	☒	☒	☒		
4.3	Electrical Hazards Is the room free from electrical hazards?	☒	☒	☒		
4.4	Security Are all windows and doors that are accessible from the outside lockable?	☒	☒	☒		
4.5	Window Condition If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken panes?	☒	☒	☒	<i>one</i>	
4.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☒	☒	☒	<i>light</i>	
4.7	Wall Condition Are the walls sound and free from hazardous defects?	☒	☒	☒	<i>good</i>	
4.8	Floor Condition Is the floor sound and free from hazardous defects?	☒	☒	☒	<i>carpet</i>	
4.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☒	☒		
4.10	Smoke Detectors Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☒	☒	☒	<i>in hall</i>	

Additional Comments: (Give Item Number)(Use an additional page if necessary)

4. Supplemental for Other Forms Used for Living and Halls

each numbered item, check one box only.

4.1 Room Location

- 1 right/left/center: the room is situated to the right, left, or center of the unit.
1 front/rear/center: the room is situated to the back, front or center of the unit.
2 floor level: the floor level on which the room is located.

Room Code

- 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, Room
4 = Entrance Halls, Corridors, Halls, Staircases
5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive date of final approval
		Yes, Pass	No, Fail	Inconclusive		
	<i>Bedroom</i>					
4.2	Electricity/Illumination If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	☒	☒	☒		
4.3	Electrical Hazards Is the room free from electrical hazards?	☒	☒	☒		
4.4	Security Are all windows and doors that are accessible from the outside lockable?	☒	☒	☒		
4.5	Window Condition If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	☒	☒	☒	<i>One</i>	
4.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☒	☒	☒	<i>lights</i>	
4.7	Wall Condition Are the walls sound and free from hazardous defects?	☒	☒	☒	<i>good</i>	
4.8	Floor Condition Is the floor sound and free from hazardous defects?	☒	☒	☒	<i>carpet</i>	
4.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☒	☒	☐ Not Applicable	
4.10	Smoke Detectors Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☒	☒	☒	<i>in hall</i>	

Additional Comments: (Give Item Number)(Use an additional page if necessary)

4. Supplemental for Other Rooms Used for Living and Halls

For numbered item, check one box only.

4.1 Room Location

Room Code

- ☐ right/left/center: the room is situated to the right, left, or center of the unit.
- ☐ front/rear/center: the room is situated to the back, front or center of the unit.
- ☐ floor level: the floor level on which the room is located.

- 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 (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		

4.2 Electricity/Illumination

If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture?

☐ ☐ ☐

If Room Code is not a 1, is there a means of illumination?

☐ ☐ ☐

4.3 Electrical Hazards

Is the room free from electrical hazards?

☐ ☐ ☐

4.4 Security

Are all windows and doors that are accessible from the outside lockable?

☐ ☐

4.5 Window Condition

If Room Code is a 1, is there at least one window?

☐ ☐

And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken panes?

☐ ☐

4.6 Ceiling Condition

Is the ceiling sound and free from hazardous defects?

☐ ☐

4.7 Wall Condition

Are the walls sound and free from hazardous defects?

☐ ☐

4.8 Floor Condition

Is the floor sound and free from hazardous defects?

☐ ☐

4.9 Lead Paint

Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated?

☐ ☐

If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?

☐ ☐

☐ Not Applicable

4.10 Smoke Detectors

Is there a working smoke detector on each level?

☐ ☐

Do the smoke detectors meet the requirements of NFPA 74?

☐ ☐

In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?

☐ ☐

Additional Comments: (Give Item Number)(Use an additional page if necessary)

4. Supplemental for Other Rooms Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

Room Code

- _____ right/left/center: the room is situated to the right, left, or center of the unit.
- _____ front/rear/center: the room is situated to the back, front or center of the unit.
- _____ floor level: the floor level on which the room is located.

- 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 (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? ... If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2 Electricity/Illumination						
	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture?	☐	☐	☐		
	If Room Code is not a 1, is there a means of illumination?	☐	☐	☐		
4.3 Electrical Hazards						
	Is the room free from electrical hazards?	☐	☐	☐		
4.4 Security						
	Are all windows and doors that are accessible from the outside lockable?	☐	☐			
4.5 Window Condition						
	If Room Code is a 1, is there at least one window?	☐	☐			
	And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	☐	☐			
4.6 Ceiling Condition						
	Is the ceiling sound and free from hazardous defects?	☐	☐			
4.7 Wall Condition						
	Are the walls sound and free from hazardous defects?	☐	☐			
4.8 Floor Condition						
	Is the floor sound and free from hazardous defects?	☐	☐			
4.9 Lead Paint						
	Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated?	☐	☐			
	If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☐	☐	☐	Not Applicable	
4.10 Smoke Detectors						
	Is there a working smoke detector on each level?	☐	☐			
	Do the smoke detectors meet the requirements of NFPA 74?	☐	☐			
	In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☐	☐			
Additional Comments: (Give Item Number)(Use an additional page if necessary)						

4. Supplemental for Other Rooms Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

right/left/center: the room is situated to the right, left, or center of the unit.
front/rear/center: the room is situated to the back, front or center of the unit.
floor level: the floor level on which the room is located.

Room Code ☐

- 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 (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		

4.2 Electricity/Illumination

If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture?

☐ ☐ ☐

If Room Code is not a 1, is there a means of illumination?

☐ ☐ ☐

4.3 Electrical Hazards

Is the room free from electrical hazards?

☐ ☐ ☐

4.4 Security

Are all windows and doors that are accessible from the outside lockable?

☐ ☐

4.5 Window Condition

If Room Code is a 1, is there at least one window?

☐ ☐

And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?

☐ ☐

4.6 Ceiling Condition

Is the ceiling sound and free from hazardous defects?

☐ ☐

4.7 Wall Condition

Are the walls sound and free from hazardous defects?

☐ ☐

4.8 Floor Condition

Is the floor sound and free from hazardous defects?

☐ ☐

4.9 Lead Paint

Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated?

☐ ☐

If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?

☐ ☐

☐ Not Applicable

4.10 Smoke Detectors

Is there a working smoke detector on each level?

☐ ☐

Do the smoke detectors meet the requirements of NFPA 74?

☐ ☐

In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?

☐ ☐

Additional Comments: (Give Item Number)(Use an additional page if necessary)

4. Supplemental for Other Rooms Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

_____ right/left/center: the room is situated to the right, left, or center of the unit.
 _____ front/rear/center: the room is situated to the back, front or center of the unit.
 _____ floor level: the floor level on which the room is located.

Room Code ☐

- 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 (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2	Electricity/Illumination If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	☐	☐	☐		
4.3	Electrical Hazards Is the room free from electrical hazards?	☐	☐	☐		
4.4	Security Are all windows and doors that are accessible from the outside lockable?	☐	☐			
4.5	Window Condition If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	☐	☐	☐		
4.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☐	☐			
4.7	Wall Condition Are the walls sound and free from hazardous defects?	☐	☐			
4.8	Floor Condition Is the floor sound and free from hazardous defects?	☐	☐			
4.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☐	☐	☐	Not Applicable	
4.10	Smoke Detectors Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☐	☐	☐		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

5. All Secondary Rooms (Room not used for living) For each numbered item, check box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
5.1	None ☒ Go to Part 6					
5.2	Security Are all windows and doors that are accessible from the outside lockable?	☐	☐			
5.3	Electrical Hazards Are all these rooms free from electrical hazards?	☐	☐	☐		
5.4	Other Potentially Hazardous Features Are all of these rooms free of any other potentially hazardous features? For each room with an "other potentially hazardous feature," explain the hazard and the means of control of interior access to the room.	☐	☐	☐		
6.0 Building Exterior						
6.1	Condition of Foundation Is the foundation sound and free from hazards?	☒	☐			
6.2	Condition of Stairs, Rails, and Porches Are all the exterior stairs, rails, and porches sound and free from hazards?	☒	☐			
6.3	Condition of Roof and Gutters Are the roof, gutters, and downspouts sound and free from hazards?	☒	☐			
6.4	Condition of Exterior Surfaces Are exterior surfaces sound and free from hazards?	☒	☐			
6.5	Condition of Chimney Is the chimney sound and free from hazards?	☒	☐			
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces exceeding the surface area thresholds which are up to 5 feet from the ground or floor and readily accessible to children free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground or floor and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐			
6.7	Manufactured Homes: Tie Downs If the unit is a manufactured home, is it properly placed and tied down? If not a manufactured home, check "Not Applicable."	☐	☐	☒ Not Applicable		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

7. Heating and Plumbing

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
7.1	Adequacy of Heating Equipment Is the heating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living?	☒	☐	☐		
7.2	Safety of Heating Equipment Is the unit free from unvented fuel burning space heaters or any other types of unsafe heating conditions?	☒	☐	☐		
7.3	Ventilation and Adequacy of Cooling Does the unit have adequate ventilation and cooling by means of openable windows or a working cooling system?	☒	☐	☐		
7.4	Hot Water Heater Is the hot water heater located, equipped, and installed in a safe manner?	☒	☐	☐		
7.5	Water Supply Is the unit served by an approvable public or private sanitary water supply?	☒	☐	☐		
7.6	Plumbing Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?	☒	☐	☐		
7.7	Sewer Connection Is plumbing connected to an approvable public or private disposal system, and is it free from sewer back-up?	☒	☐	☐		

Additional Comments: (Give Item Number)

8. General Health and Safety

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
8.	Access to Unit Can the unit be entered without having to go through another unit?	☒	☐	☐		
8.2	Exits Is there an acceptable fire exit from this building that is not blocked?	☒	☐	☐		
8.3	Evidence of Infestation Is the unit free from rats or severe infestation by mice or vermin?	☒	☐	☐		
8.4	Garbage and Debris Is the unit free from heavy accumulation of garbage or debris inside and outside?	☒	☐	☐		
8.5	Refuse Disposal Are there adequate covered facilities for temporary storage and disposal of food wastes, and are they approvable by a local agency?	☒	☐	☐		
8.6	Interior Stairs and Common Halls Are interior stairs and common halls free from hazards to the occupant because of loose, broken, or missing steps on stairways; absent or insecure railings; inadequate lighting; or other hazards?	☒	☐	☐		
8.7	Other Interior Hazards Is the interior of the unit free from any other hazard not specifically identified previously?	☒	☐	☐		
8.8	Elevators Where local practice requires, do all elevators have a current inspection certificate? If local practice does not require this, are they working and safe?	☐	☐	☒	Not Applicable	
8.9	Interior Air Quality Is the unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?	☒	☐	☐		
8.10	Site and Neighborhood Conditions Are the site and immediate neighborhood free from conditions which would seriously and continuously endanger the health or safety of the residents?	☒	☐	☐		
8.11	Lead Paint: Owner Certification If the owner of the unit is required to treat any interior or exterior surfaces, has the certification of compliance been obtained? If the owner was not required to treat surfaces, check "Not Applicable."	☒	☐	☐	Not Applicable	

Additional Comments: (Give Item Number)

Special Amenities (Optional)

This Section is for optional use of the HA. It is designed to collect additional information about 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.

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 _____

D. Questions to ask the Tenant (Optional)

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) _____

CHAC THE CHICAGO SECTION 8 HOUSING PROGRAM
1000 SOUTH WABASH Avenue, 2nd Floor
CHICAGO, IL 60605

Date 11-19-97
Account # 0950 861
Family Name Kyge Johnson
Owner Name Kevin A Williams
City/State/Zip Chgo IL 60637

Dear Landlord:

Please be advised that an inspection was made at the property located
at 1407 E 64th St 2W. The unit has been proposed for participation
in the Section 8 Existing Housing Program in order to provide assistance to the participant.

The results of this inspection was: Pass

Unit meets Housing Quality Standards and has been approved for inclusion in the Section
8 Existing Housing Program. CHAC's leasing staff will notify you shortly about the
procedures which must be followed in order to sign a Housing Assistance Payments
Contract.

Inspector John M. Adams

CHAC Inc.

Utility and Bedroom Size Checklist

This form must be completed for all units upon the completion of the initial (1st) HQS inspection.

ZIPCODE:		60637		
TENANT NAME:		Kizzie Johnson		
TENANT ACCT#		0950861		
OWNER NAME:		KEVIN A. WILLIAMS		
OTHER DISCREPANCIES:		NONE		
INSPECTOR:	MADISON	DATE	11-18-97	PASS <i>Yes</i> FAIL
PROVIDER OF THE UTILITIES AND APPLIANCES Indicate O for the Owner and T for Tenant				
	GAS	ELECT	OIL	
HEATING	T			
HOT WATER	O			
COOKING	T			
ELECTRICITY		T		
RANGE	O			
REFRIGERATOR		O		
ACTUAL NUMBER OF BEDROOMS				
		2		
HOUSING TYPE				
SINGLE FAMILY	GARDEN/WALKUP <i>Yes</i>	ELEVATOR	DUPLEX/TWNHSE	

HOUSING QUALITY ADDENDUM

BUILDING EXTERIOR I

(siding, roofing, gutters, windows)

- ☐ A ☒ Newly constructed, completely renovated, or exceptionally well maintained.
- ☐ B Most elements well maintained or recently repaired.
- ☐ C Adequate, but some repairs may be needed soon. Some minor maintenance may be needed (touch up painting, gutter clean-out, reglaze windows; etc).
- ☐ D Showing age (shingles curling; paint peeling; needs total window reglazing; some gutters need replacing; etc).
- ☐ E Many violations, some serious (missing siding; broken windows; missing fascia boards; gutter hanging off house; etc).
- ☐ F In very poor condition (missing roofing shingles; sagging roof line; most, if not all, siding has deteriorated beyond repair; gutters rotted; most, if not all, windows need replacing; etc).

BATHROOM

- ☐ A Fixtures and surfaces new, completely renovated, or exceptionally well maintained. New shower diverter valve. Ceramic tile in tub and floor. Exceptional quality and workmanship.
- ☐ B Most elements well maintained or recently repaired or upgraded. Components may not be high quality material (3 piece tub surround; linoleum on floor; etc).
- ☐ C Adequate, but some repairs may be needed soon. Grout cracking; faucets worn; etc).
- ☐ D Showing age. Minor repairs needed now (faucets dripping; floor tile missing; etc). No shower in use. Immature hardware used, not ceramic.
- ☐ E Many violations some serious (derivative plumbing; deteriorating walls; etc). Adequate fixtures, walls, floor, and ceiling.
- ☐ F In very poor condition (seriously defective fixtures, walls, floor, and ceiling).

BUILDING EXTERIOR II

(porches, railings, steps, foundations, chimney, etc)

- ☐ A Newly constructed, completely renovated, or exceptionally well maintained.
- ☐ B Most elements well maintained or recently repaired.
- ☐ C Adequate, but some repairs may be needed soon. Some maintenance may be needed (point chimney, patch walkway; secure railing; etc).
- ☐ D Showing age (some components of porch need replacing; steps need repair; etc).
- ☐ E Many violations, some serious (porches need major repairs; replace steps; rebuild chimney; foundation has holes; etc).
- ☐ F In very poor condition (buckling foundations; entire porch needs replacing due to structural problems; stairs unsafe; etc).

WALLS, FLOORS, CEILINGS

- ☐ A Newly constructed, completely renovated, or exceptionally well maintained. Original plaster walls and ceilings or plaster wall or new sheet rock installed over studs; not stucco over existing wall. Recently refinished wood floors or other high quality materials (carpeting; conglomerate; etc). Exceptional workmanship and materials.
- ☐ B Most elements well maintained or recently repaired. Not necessarily highest quality materials.
- ☐ C Adequate, but some repairs may be needed soon (minor baseline cracks or flaws; etc). May need painting. Not highest quality materials (carpeted ceiling; linoleum floors; stains or water on existing walls; etc).
- ☐ D Showing age (wall flaking; etc). Minor repairs needed now (patching plaster; etc).
- ☐ E Many violations, some serious (large holes in plaster; water leaks; seriously defective floors or floor coverings; etc).
- ☐ F In very poor condition (buckling or sagging floors; structural defects; etc).

COMMON AREAS

(walls, ceilings, floors, stairs, railings, balusters, etc)

- ☐ A Newly constructed, completely renovated, or exceptionally well maintained. Exceptional quality and workmanship.
- ☒ B Most elements well maintained or recently repaired. Not necessarily highest quality materials.
- ☐ C Adequate, but some repairs may be needed soon.
- ☐ D Showing age (walls and ceilings cracked, etc). Minor repairs needed now (rails loose; graffiti; etc).
- ☐ E In very poor condition.

KITCHEN

(base and upper cabinets, walls, ceiling, floors, stove, sink, refrigerator)

- ☐ A Components new or like new in appearance and function. Exceptional workmanship and materials, not inexpensive starts set. Large pantry or over 5 feet of quality cabinets.
- ☐ B Well maintained or recently repaired. Not necessary higher quality materials. Sound walls, floors, and ceilings.
- ☒ C Adequate. Some repairs may be needed soon (wearing floor; etc).
- ☐ D Showing age (cabinet doors loose; etc). Minor repairs needed now (walls and ceilings need patching and painting; dripping faucet; stove needs adjustment; etc).
- ☐ E Many violations, some serious (holes in ceiling, walls, or floor; stove needs replacing; etc).
- ☐ F In very poor condition (most components need replacement; inadequate facilities for food storage and preparation).

Rating B
Ref C75

NEIGHBORHOOD

Average ☐ Excellent ☐ Marginal ☐ Good ☐ Poor ☐

AMENITIES (check if exist) ☐ New Furnace ☐ Use of large & well maintained yard ☐ 90 AMP Service ☐ Off-street parking

Other: _____

#044

CHAC INC.
THE RENTAL ASSISTANCE CORPORATION
SECTION 8 DEPARTMENT
1000 SOUTH WABASH
CHICAGO, IL 60605

September 4, 1998

RE: JOHNSON, KIZZIE
1407 E 66 PLACE 2W ACCT #0950861

Dear Agent/Owner:

On 08/02/98, in conformance with federal regulations, CHAC inspector, Angela Wright completed the required annual inspection of your property. On that day violations of the Housing Quality Standards were found to exist.

On 09/02/98, we conducted a reinspection of your property located at 1407 E 66 PLACE 2W, CHICAGO, IL 60637.

We are pleased to inform you that your property passed the Annual Housing Quality Standards Inspection. As a condition set forth in the terms of our contractual agreement with the Department of Housing and Urban Development, your present eligibility for Section 8 Housing Assistance Payment may continue provided all other requirements are met by the tenant.

If the Housing Assistance Payments were abated, payment will resume the day after your property passed our Housing Quality Standards inspection.

NOTE: CHAC performs Quality Control Inspections on approximately 5% of all units that pass inspection. CHAC selects units for Quality Control Inspections randomly. If CHAC selects your unit, you will be notified within 30 days of the date your unit passed inspection.

If you have any questions, please contact Ms.W. Smith at (312) 986-9400 ext.4703, during our office hours of 8:30 a.m. to 4:30 p.m. Monday through Friday, except holidays.

Sincerely,
Marcello Rodriguez, Team Leader

Este es in documento importante.
Por favoe traduzcalo inmediatamente.

Exhibit C

=====

Housing Authority	:	CHAC INC.
	:	CHICAGO SECTION 8 PROGRAMS
Tenant Name	:	KIZZIE JOHNSON
Inspector Name	:	Angela Wright
Contract Number	:	0950861
Date of Inspection	:	09/02/98

=====

----- INSPECTION RESULTS -----

DINING ROOM

Wall Condition - P/WC

CO DETECTOR OK

P/WC = Pass With Comment
Incon. = Inconclusive
Not App = Not Applicable

Emer. Fail = Emergency Fail
Rein. Fail = Reinspect Fail
R.EM. Fail = Reinspect Emergency Fail

CHAC INC.
CHICAGO SECTION 8 PROGRAMSINSPECTION SUMMARY REPORT
September 4, 1998

Contract # : 0950861 Program: R
Tenant Name : KIZZIE JOHNSON
Tenant Address : 1407 E 66 PLACE 2W
CHICAGO, IL 60637
Unit Address : 1407 E 66 PLACE 2W
CHICAGO, IL 60637
Phone : () - (H) () - (W)
Counselor : Ms.W. Smith
Census Tract : 170314211.00

Landlord ID # : 339567057
Landlord :
Landlord Address : ,
Landlord Phone : () - (H) () - (W)
Request Date : 01/23/98
HAP Date : 12/01/98

Date of Inspection : 09/02/98
Inspection Start Time: 04:03
Inspection End Time : 04:11
Inspection Type : Annual Reinsp 3
Inspection Status : Reinsp 3
Inspection Result : Pass
Inspector Name : Angela Wright
Rent : \$0
Abate Flag :
Construction Year : 1900
Unit Rating : C
Total Fail Items : 0 Total New Fail Items: 0
Housing Type : LOW RISE: 3 OR 4 STORIES, INCLUDING GARDEN APARTMENT

of Children under 6: 1
Children w/elev.blood: 0

#016

CHAC INC.
THE RENTAL ASSISTANCE CORPORATION
SECTION 8 DEPARTMENT
1000 SOUTH WABASH
CHICAGO, IL 60605

September 4, 1998

RE: 1407 E 66 PLACE 2W

KIZZIE JOHNSON
1407 E 66 PLACE 2W
CHICAGO, IL 60637

Dear Tenant:

On 08/02/98, in conformance with federal regulations, CHAC inspector, Angela Wright accomplished the required annual inspection of above-referenced dwelling unit. On that day CHAC found violations of the Housing Quality Standards in the unit.

On 09/02/98, we conducted a reinspection of your dwelling unit.

We are pleased to inform you that your dwelling unit passed this inspection. As a condition set forth in the terms of our contractual agreement with the Department of Housing and Urban Development, your present eligibility for Section 8 Housing Assistance may continue provided all other requirements met.

If the Housing Assistance Payment was abated, payment will resume the day after your dwelling unit passed our Housing Quality Standards Inspection.

NOTE: CHAC performs Quality Control Inspections of approximately 5% of all units that pass inspection. CHAC selects units for Quality Control Inspections randomly. If CHAC selects your unit, you will be notified within 30 days of the date your unit passed inspection.

If you have any further questions, please contact Ms.W. Smith at (312) 986-9400, ext.4703 during our office hours of 8:30 a.m. to 4:30 p.m., Monday through Friday, except holidays.

Sincerely,
Marcello Rodriguez, Team Leader

Este es un documento importante.
Por favor traduzcalo inmediatamente.

=====

Housing Authority	:	CHAC INC.
		CHICAGO SECTION 8 PROGRAMS
Tenant Name	:	KIZZIE JOHNSON
Inspector Name	:	Angela Wright
Contract Number	:	0950861
Date of Inspection	:	09/02/98

=====

----- INSPECTION RESULTS -----

DINING ROOM

Wall Condition - P/WC

CO DETECTOR OK

P/WC = Pass With Comment
Incon. = Inconclusive
Not App = Not Applicable

Emer. Fail = Emergency Fail
Rein. Fail = Reinspect Fail
R.EM. Fail = Reinspect Emergency Fail

Inspection Form

Section 8 Tenant-Based Assistance Rental Certificate Program & Rental Voucher Program

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

OMB Approval No. 2577-0169 (exp. 8/31/98)

Public reporting burden for this collection of information is estimated to average 0.5 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. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0169), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. 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.

Do not send this form to the above address.

Inspector: <i>Rosendy</i>		Tenant ID No:	Date of Request:
Neighborhood/Census Tract:		Date Last Inspection:	Date of Inspection: <i>3/26/99</i>
Type of Inspection:		Project No:	
☒ Initial ☐ Special ☐ Reinspection			

General Information

Street Address of Inspected Unit:

City:	County:	State:	Zip:
Name of Family:		Current Telephone of Family:	
Current Street Address of Family:			
City:	County:	State:	Zip:
Number of Children in Family Under 6		Number of Children in Family With Elevated Blood Lead Level	
Name of Owner or Agent Authorized to Lease Unit Inspected:		Telephone of Owner or Agent:	
Address of Owner or Agent:			

Housing Type: (check as appropriate)

- ☐ Single Family Detached
- ☐ Duplex or Two Family
- ☐ Row House or Town House
- ☒ Low Rise: 3, 4 Stories, Including Garden Apartment
- ☐ High Rise: 5 or More Stories
- ☐ Manufactured Home
- ☐ Congregate
- ☐ Cooperative
- ☐ Independent Group Residence
- ☐ Single Room Occupancy
- ☐ Shared Housing
- ☐ Other: (Specify)

B. Summary Decision on the Unit

to be completed after the form has been filled in)

Section 8 Housing Quality Standard Pass or Fail

- ☒ 1. **Fail** If there are any checks under the column headed "Fail" the unit fails the Section 8 minimum housing standard. Discuss with the owner the repairs noted that would be necessary to bring the unit up to the standard.
- ☐ 2. **Inconclusive** If there are no checks under the column headed "Fail" and there are checks under the column headed "Inconclusive," obtain additional information necessary for a decision (question owner or tenant as indicated in the item instructions given in this checklist). Once additional information is obtained, change the rating for the item and record the date of verification at the far right of the form.
- ☒ 3. **Pass** If neither (1) nor (2) above is checked, the unit passes the Section 8 minimum standards. Any additional conditions described in the right hand column of the form should serve to (a) establish the precondition of the unit, (b) indicate possible additional areas to negotiate with the owner, (c) aid in assessing the reasonableness of the rent of the unit, and (d) aid the tenant in deciding among possible units to be rented. The tenant is responsible for deciding whether he or she finds these conditions acceptable.

4-29-99 Pass
Unit Size: Count the number of bedrooms for purposes of the FMR or Payment Standard. Record in the box provided.

1929
Year Constructed: Enter from Line 5 of the Request for Approval form. Record in the box provided.

2
Number of Sleeping Rooms: Count the number of rooms which could be used for sleeping, as identified on the checklist. Record in the box provided.

C. How to Fill Out This Checklist

Complete the checklist on the unit to be occupied (or currently occupied) by the tenant. Proceed through the inspection as follows:

Area	Checklist Category
room by room	1. Living Room
	2. Kitchen
	3. Bathroom
	4. All Other Rooms Used for Living
	5. All Secondary Rooms Not Used for Living
basement or utility room	6. Heating & Plumbing
outside	7. Building Exterior
overall	8. General Health & Safety

Each part of the checklist will be accompanied by an explanation of the item to be inspected.

Important: For each item numbered on the checklist, **check one box only** (e.g., check one box only for item 1.4 "Security," in the Living Room.)

In the space to the right of the description of the item, if the decision on the item is: "Fail" write what repairs are necessary; if "Inconclusive" write in details.

Also, if "Pass" but there are some conditions present that need to be brought to the attention of the owner or the tenant, write these in the space to the right.

If it is an annual inspection, record to the right of the form any repairs made since the last inspection. If possible, record reason for repair (e.g., ordinary maintenance, tenant damage).

If it is a complaint inspection, fill out only those checklist items for which complaint is lodged. Determine, if possible, tenant or owner cause.

Once the checklist has been completed, return to Part B (Summary Decision on the Unit).

1. Living Room

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
1.1	Living Room Present Is there a living room?	☒	☐			
1.2	Electricity Are there at least two working outlets or one working outlet and one working light fixture?	☒	☐	☐		
1.3	Electrical Hazards Is the room free from electrical hazards?	☒	☐	☐		
1.4	Security Are all windows and doors that are accessible from the outside lockable?	☒	☐			
1.5	Window Condition Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken out panes?	☒	☐		HP + m/B	
1.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☒	☐			
1.7	Wall Condition Are the walls sound and free from hazardous defects?	☒	☐			
1.8	Floor Condition Is the floor sound and free from hazardous defects?	☒	☐		W/W/E	
1.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐			
		☐	☐		☒ Not Applicable	

Additional Comments: (Give Item Number)

Kitchen

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
1	Kitchen Area Present Is there a kitchen?	☒	☐	☐		
2	Electricity Are there at least one working outlet and one working, permanently installed light fixture?	☒	☐	☐		
3	Electrical Hazards Is the kitchen free from electrical hazards?	☒	☐	☐		
4	Security Are all windows and doors that are accessible from the outside lockable?	☒	☐	☐		
5	Window Condition Are all windows free of signs of deterioration or missing or broken out panes?	☒	☐	☐		
6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☒	☐	☐		
7	Wall Condition Are the walls sound and free from hazardous defects?	☒	☐	☐		
8	Floor Condition Is the floor sound and free from hazardous defects?	☒	☐	☐	Vitile	
9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐	☐	CRBS Strutter	
10	Stove or Range with Oven Is there a working oven, and a stove (or range) with top burners that work? If no oven and stove (or range) are present, is there a microwave oven and, if microwave is owner-supplied, do other tenants have microwaves instead of an oven and stove (or range)?	☒	☐	☐	ALO	
11	Refrigerator Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time?	☒	☐	☐	ALO	
12	Sink Is there a kitchen sink that works with hot and cold running water?	☒	☐	☐		
13	Space for Storage, Preparation, and Serving of Food Is there space to store, prepare, and serve food?	☒	☐	☐		

Additional Comments: (Give Item Number)(Use an additional page if necessary).

3. Bathroom

For each numbered item, check one box or

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
3.1	Bathroom Present (See description) Is there a bathroom?	☒	☐	☐		
3.2	Electricity Is there at least one permanently installed light fixture?	☒	☐	☐		
3.3	Electrical Hazards Is the bathroom free from electrical hazards?	☒	☐	☐		
3.4	Security Are all windows and doors that are accessible from the outside lockable?	☒	☐	☐		
3.5	Window Condition Are all windows free of signs of deterioration or missing or broken out panes?	☒	☐	☐	TP C. Tyler V. Hill	
3.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☒	☐	☐		
3.7	Wall Condition Are the walls sound and free from hazardous defects?	☒	☐	☐		
3.8	Floor Condition Is the floor sound and free from hazardous defects?	☒	☐	☐		
3.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐	☐	☒ Not Applicable	
3.10	Flush Toilet in Enclosed Room in Unit Is there a working toilet in the unit for the exclusive private use of the tenant?	☒	☐	☐		
3.11	Fixed Wash Basin or Lavatory in Unit Is there a working, permanently installed wash basin with hot and cold running water in the unit?	☒	☐	☐		
3.12	Tub or Shower Is there a working tub or shower with hot and cold running water in the unit?	☒	☐	☐		
3.13	Ventilation Are there openable windows or a working vent system?	☒	☐	☐		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

4. Other Rooms Used for Living and Halls

For each numbered item, check one.

4.1 Room Location

Room Code

right/left/center: the room is situated to the right, left, or center of the unit.
front/rear/center: the room is situated to the back, front or center of the unit.
floor level: the floor level on which the room is located.

- 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 (also check presence of sink trap and clogged toilet)
6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
	4.2 Electricity/Illumination If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	☒	☐	☐	Notes	
	4.3 Electrical Hazards Is the room free from electrical hazards?	☒	☐	☐		
	4.4 Security Are all windows and doors that are accessible from the outside lockable?	☒	☐	☐	Shade	
	4.5 Window Condition If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	☒	☐	☐	TIP	
	4.6 Ceiling Condition Is the ceiling sound and free from hazardous defects?	☒	☐	☐	No for hole	
	4.7 Wall Condition Are the walls sound and free from hazardous defects?	☒	☐	☐	W/W/C	
	4.8 Floor Condition Is the floor sound and free from hazardous defects?	☒	☐	☐		
	4.9 Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐	☐	Not Applicable	
	4.10 Smoke Detectors Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☒	☐	☐		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

4. Supplemental for Other Functions Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

Room Code

1

- 3 right/left/center: the room is situated to the right, left, or center of the unit.
- 3 front/rear/center: the room is situated to the back, front or center of the unit.
- 3 floor level: the floor level on which the room is located.

- 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 (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2	Electricity/Illumination If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	☒	☐	☐	<i>Zetta</i>	
4.3	Electrical Hazards Is the room free from electrical hazards?	☒	☐	☐	<i>1 covered cover plate OK</i>	<i>4/2/99</i> <i>(ver)</i>
4.4	Security Are all windows and doors that are accessible from the outside lockable?	☒	☐	☐		
4.5	Window Condition If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	☒	☐	☐	<i>(3) 7/10</i> <i>SHADES</i>	
4.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☒	☐	☐		
4.7	Wall Condition Are the walls sound and free from hazardous defects?	☒	☐	☐	<i>white</i>	
4.8	Floor Condition Is the floor sound and free from hazardous defects?	☒	☐	☐		
4.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐	☐		
4.10	Smoke Detectors Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☒	☐	☐		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Closet

4. Supplemental for Other Rooms Used for Living and Halls For numbered item, check one box only.

4.1 Room Location

Room Code 4

right/left/center: the room is situated to the right, left, or center of the unit.

front/rear/center: the room is situated to the back, front or center of the unit.

3 floor level: the floor level on which the room is located.

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 (also check presence of sink trap and clogged toilet)

6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2	Electricity/Illumination If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	☒	☐	☐		
4.3	Electrical Hazards Is the room free from electrical hazards?	☒	☐	☐		
4.4	Security Are all windows and doors that are accessible from the outside lockable?	☒	☐			
4.5	Window Condition If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken panes?	☒	☐			
4.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☒	☐		S.D.?	
4.7	Wall Condition Are the walls sound and free from hazardous defects?	☒	☐			
4.8	Floor Condition Is the floor sound and free from hazardous defects?	☒	☐		wlwlz	
4.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐			
4.10	Smoke Detectors Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☒	☐			

Additional Comments: (Give Item Number)(Use an additional page if necessary)

4. Supplemental for Other Rooms Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

Room Code

right/left/center: the room is situated to the right, left, or center of the unit.
front/rear/center: the room is situated to the back, front or center of the unit.
floor level: the floor level on which the room is located.

- 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
4 = Entrance Halls, Corridors, Halls, Staircases
5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2	Electricity/Illumination If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	☐	☐	☐		
4.3	Electrical Hazards Is the room free from electrical hazards?	☐	☐	☐		
4.4	Security Are all windows and doors that are accessible from the outside lockable?	☐	☐			
4.5	Window Condition If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	☐	☐	☐		
4.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☐	☐			
4.7	Wall Condition Are the walls sound and free from hazardous defects?	☐	☐			
4.8	Floor Condition Is the floor sound and free from hazardous defects?	☐	☐			
4.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☐	☐	☐	☐ Not Applicable	
4.10	Smoke Detectors Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☐	☐	☐		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

4.1 Room Location

Room Code

right/left/center: the room is situated to the right, left, or center of the unit.
 front/rear/center: the room is situated to the back, front or center of the unit.
 floor level: the floor level on which the room is located.

- 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 (also check presence of sink trap and clogged toilet)
 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2	Electricity/Illumination If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	☐	☐	☐		
4.3	Electrical Hazards Is the room free from electrical hazards?	☐	☐	☐		
4.4	Security Are all windows and doors that are accessible from the outside lockable?	☐	☐			
4.5	Window Condition If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	☐	☐	☐		
4.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☐	☐			
4.7	Wall Condition Are the walls sound and free from hazardous defects?	☐	☐			
4.8	Floor Condition Is the floor sound and free from hazardous defects?	☐	☐			
4.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☐	☐	☐	☐ Not Applicable	
4.10	Smoke Detectors Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☐	☐	☐		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

4. Supplemental for Other Rooms Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

Room Code

- _____ right/left/center: the room is situated to the right, left, or center of the unit.
- _____ front/rear/center: the room is situated to the back, front or center of the unit.
- _____ floor level: the floor level on which the room is located.

- 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~~
- 4 = Entrance Halls, Corridors, Halls, Staircases
- 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2	Electricity/Illumination If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	☐	☐	☐		
4.3	Electrical Hazards Is the room free from electrical hazards?	☐	☐	☐		
4.4	Security Are all windows and doors that are accessible from the outside lockable?	☐	☐			
4.5	Window Condition If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	☐	☐			
4.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☐	☐			
4.7	Wall Condition Are the walls sound and free from hazardous defects?	☐	☐			
4.8	Floor Condition Is the floor sound and free from hazardous defects?	☐	☐			
4.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☐	☐		☐ Not Applicable	
4.10	Smoke Detectors Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☐	☐			

Additional Comments: (Give Item Number) (Use an additional page if necessary)

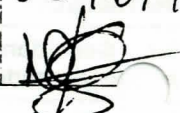
5. All Secondary Rooms (Rooms not used for living) For each numbered item, check one only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
5.1	None ☒ Go to Part 6					
5.2	Security Are all windows and doors that are accessible from the outside lockable?	☐	☐			
5.3	Electrical Hazards Are all these rooms free from electrical hazards?	☐	☐	☐		
5.4	Other Potentially Hazardous Features Are all of these rooms free of any other potentially hazardous features? For each room with an "other potentially hazardous feature," explain the hazard and the means of control of interior access to the room.	☐	☐	☐		
6.0 Building Exterior						
6.1	Condition of Foundation Is the foundation sound and free from hazards?	☒	☐			
6.2	Condition of Stairs, Rails, and Porches Are all the exterior stairs, rails, and porches sound and free from hazards?	☒	☐			
6.3	Condition of Roof and Gutters Are the roof, gutters, and downspouts sound and free from hazards?	☒	☐			
6.4	Condition of Exterior Surfaces Are exterior surfaces sound and free from hazards?	☒	☐			
6.5	Condition of Chimney Is the chimney sound and free from hazards?	☒	☐			
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces exceeding the surface area thresholds which are up to 5 feet from the ground or floor and readily accessible to children free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground or floor and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐		☒ Not Applicable	
6.7	Manufactured Homes: Tie Downs If the unit is a manufactured home, is it properly placed and tied down? If not a manufactured home, check "Not Applicable."	☐	☐		☒ Not Applicable	

Additional Comments: (Give Item Number)(Use an additional page if necessary)

7. Heating and Plumbing

For each numbered item, check one box only

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approve
		Yes, Pass	No, Fail	Inconclusive		
7.1	Adequacy of Heating Equipment Is the heating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living?	☒	☐	☐		
7.2	Safety of Heating Equipment Is the unit free from unvented fuel burning space heaters or any other types of unsafe heating conditions?	☒	☐	☐		
7.3	Ventilation and Adequacy of Cooling Does the unit have adequate ventilation and cooling by means of openable windows or a working cooling system?	☒	☐	☐		
7.4	Hot Water Heater Is the hot water heater located, equipped, and installed in a safe manner?	☒	☐	☐		
7.5	Water Supply Is the unit served by an approvable public or private sanitary water supply?	☒	☐	☐		
7.6	Plumbing Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?	☒	☐	☐		
7.7	Sewer Connection Is plumbing connected to an approvable public or private disposal system, and is it free from sewer back-up?	☐	☒	☐	Broken STACK water backs up standing water	04-29-99 

Additional Comments: (Give Item Number)

Common OR

No C.O.D. - 04-29-99


General Health and Safety

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
1	Access to Unit Can the unit be entered without having to go through another unit?	☒	☐			
2	Exits Is there an acceptable fire exit from this building that is not blocked?	☒	☐			
3	Evidence of Infestation Is the unit free from rats or severe infestation by mice or vermin?	☒	☐			
4	Garbage and Debris Is the unit free from heavy accumulation of garbage or debris inside and outside?	☒	☐			
5	Refuse Disposal Are there adequate covered facilities for temporary storage and disposal of food wastes, and are they approvable by a local agency?	☒	☐	☐		
6	Interior Stairs and Common Halls Are interior stairs and common halls free from hazards to the occupant because of loose, broken, or missing steps on stairways; absent or insecure railings; inadequate lighting; or other hazards?	☒	☐	☐		
7	Other Interior Hazards Is the interior of the unit free from any other hazard not specifically identified previously?	☒	☐			
8	Elevators Where local practice requires, do all elevators have a current inspection certificate? If local practice does not require this, are they working and safe?	☐	☐	☐	☒ Not Applicable	
9	Interior Air Quality Is the unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?	☒	☐			
10	Site and Neighborhood Conditions Are the site and immediate neighborhood free from conditions which would seriously and continuously endanger the health or safety of the residents?	☒	☐			
11	Lead Paint: Owner Certification If the owner of the unit is required to treat any interior or exterior surfaces, has the certification of compliance been obtained? If the owner was not required to treat surfaces, check "Not Applicable."	☐	☐	☒ Not Applicable		

Additional Comments: (Give Item Number)

Special Amenities (Optional)

This Section is for optional use of the HA. I signed to collect additional information about positive features of the unit that may be included in the Housing Quality Standards, the tenant and HA may wish to take them into account in decisions about renting the unit and the reasonableness of the rent. Check/list any positive features found in relation to the unit.

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 _____

D. Questions to ask the Tenant (Optional)

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) _____

Inspection Summary (Optional)

Provide a summary description of each item with results in a rating of Fail or Pass with Com.

Inspection ID No. Inspector Date of Inspection Address of Inspected Unit

Type of Inspection ☒ Critical ☐ Special ☐ Reinspection

Item Number Reason for "Fail" or "Pass with Comments" Rating

Trail (VCR)

4/20/99 Still Fails
No other Contractors working
on main Sewer Tiles.

Clay tiles will be Replaced or
Replaced under Building.

4-29-99 Pass W. Jackson

Reender

RECEIVED

MAY 26 1999

EMPLOYMENT VERIFICATION ACADEMIC HUMAN RESOURCES

Date: May 24, 1999Household Member: Kizzue JohnsonTo: The University of Illinois
715 S. Woods
Champaign, Illinois 61808Applicant/Participant #: 950861Social Security #: 322-66-7521

The household member named above has applied for, or is recertifying eligibility for, housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires us to verify all information that is used in determining the person's eligibility or level of benefits.

Your prompt return of this form to Team F at the address shown below will help to ensure timely processing of the assistance application/recertification. If you have any questions, please feel free to contact me at our office. Thank you for your cooperation.

Signature of CHAC representative

[Signature]Telephone: (312) 986-9400 Ext. 4016I, Team F authorize the release of the requested information to CHAC. OfficerORAL THIRD-PARTY VERIFICATION
ATTEMPTS WERE MADE TO VERIFY
THE INFORMATION ON THIS SHEET.
☐ THE INFORMATION IS TRUE.
☐ THE INFORMATION IS NOT TRUE.
VERIFIED BY [Signature] DATE VERIFIED 5/23/99

INFORMATION REQUESTED

1) Title/Classification: Parking Services Agent
 2) Current or Last Base Pay Rate: 9.110 per hour
 Per Hour: 9.110 Per Week: 77.00 Date of Termination: Still employed

UNSUCCESSFUL ATTEMPTS

☐ 1ST ATTEMPT (DATE) 5/19/98
☐ 2ND ATTEMPT (DATE) 5/19/98

ATTEMPTS BY (NAME OF EMPLOYEE)

(NOTES) Overtime varies and differently

according to minutes kept.

Date of Termination: Still employedDo you anticipate any change in the employee's rate of pay in the near future? Yes NoIf yes: Revised Pay Rate: Rate not determine Effective Date of change: 025-0003) Average Number of Hours Worked Per Week: 40 hours Full Time: X Part Time: NoneDo you anticipate any changes in the number of hours the employee works: Yes No X If yes, explain4) Anticipated Average Amount of Overtime Per Week: Unable to determine What is the Overtime Pay Rate: 133.7%5) How Often is Employee Paid: Weekly Bi-Weekly X Semi-Monthly Monthly

Over Can Only be approved
by department supervisor.

Page 1 of 2

JUN 02 1999

1000 South Wabash Avenue Chicago, IL 60605 Telephone: 312.986.9400 TDD: 312.461.0079

Exhibit E

Working Anticipated Annual Amount \$18,949

133.7%
\$9.11 x 40 = 364.40
\$9.11 x 80 = 728.80 x 24 = 17491.2
\$17,624.95

To whom it may concern I Lizz
Johnson do not work any more I
I will ^{like} for you all to go down
on my rent I cannot pay \$10.00
a month I do not have a job



Lizz Johnson

8-23-99

322-66-7521

EMPLOYMENT VERIFICATION

RECEIVED

RECEIVED
HUMAN RESOURCES

SEP 03 1999

ACADEMIC HUMAN RESOURCES

Date: 8/23/99Household Member KIZZIE JOHNSONTo: UIC
715 S WOODS
CHICAGO IL 60608Applicant/Participant #: 950841 / WIC 9-99
Social Security #: 322-66-7521

The household member named above has applied for, or is recertifying eligibility for, housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires us to verify all information that is used in determining the person's eligibility or level of benefits.

Your prompt return of this form to

GLORIA HERNANDEZ

at the address shown below will help to ensure timely processing of the assistance application/recertification. If you have any questions, please feel free to contact me at our office. Thank you for your cooperation.

Signature of CHAC representative

Gloria HernandezTelephone: (312) 986-9400 Ext. 4208I, X Kizzie Johnson authorize the release of the requested information to CHAC.

INFORMATION REQUESTED

- 1) Title/Classification: Parliamentary Services Agent I Date of Hire: 10-19-98
- 2) Current or Last Base Pay Rate: 8.655
Per Hour: X Per Week: _____ Date of Termination: Still employed
Do you anticipate any change in the employee's rate of pay in the near future? X Yes No
If yes: Revised Pay Rate: 9.11 per hr Effective Date of change: 8-22-99
- 3) Average Number of Hours Worked Per Week: 40.0 Full Time: X Part Time:
Do you anticipate any changes in the number of hours the employee works: Yes No X If yes, explain _____
- 4) Anticipated Average Amount of Overtime Per Week: unknown What is the Overtime Pay Rate: _____
- 5) How Often is Employee Paid: Weekly X Bi-Weekly Semi-Monthly Monthly



IDPA
CS-CC
AGE: 2
CASE ID#: N-000-C00385782
SSN#: 322-66-7521
PAYEE:

ILLINOIS DEPARTMENT OF PUBLIC AID
RECIPIENT LEDGER INQUIRY

08/12/99
14:09:41
***MORE

NAME: JOHNSON, KIZZIE
1407 EAST 66TH STREET #2W
CHICAGO, IL 60637

WARRANT POSTINGS														
MAIL DATE	EFF DATE	IM AMT	SS AMT	RCPMT AMT	P/F	WARR VCH#	VM	TA	TR	DF	DI	CH	TP	
REASON CODE					TRACE #			CAT/CTY/GRP/NA						
07/17/99	07/01/99	278.00	0.00	0.00	EB5804603	0131		12	98	1		01	02	
04-212-06-														
07/03/99	07/01/99	20.00	0.00	0.00	EB5811372	5097		31	00	2		00	00	
04-212-06-														
NEEDS CD 785		20.00	EB5811372			DESIG. CD.		3200						
*TA 12-98	07/01/99	APP DATE=	06/04/99	#CH= 1	#TP= 2	BGN ELIG= 06/01/99								
06/16/99	06/01/99	278.00	0.00	0.00	EB5694240	9797		31	00	2		00	00	
04-212-06-														
NEEDS CD 255		278.00	EB5694240			DESIG. CD.		0000						
*TA 22-89	06/01/99	#CH= 1	#TP= 2	END ELIG= 06/30/99										
05/17/99	05/01/99	0.00	0.00	0.00	00	0506		31		1		01	02	
04-212-06-														

FOR: FDST=0 WRNT=1 VEND=4 MED=9

Witnessed Original Copy
Date 8/12/99 Signature *[Signature]*

No
Interims

0. *

not

19.42 -

Eligible

0. *

no record of
being off work.

9.11 X

42

364.4 *

364.4 X

52. =

18948.8 *

APPLICATION NO./ACCOUNT NO.

950861

NAME

Kizzie Johnson

10/19/98 Yellow form has no date and there is no other initial application in file.

Ann Almazan

5/13/99 Update Application for Continued Occupancy and AFDC benefits for Kizzie

Messy left with Duplex for tenant

Messy left with Annette for Apt/Spring

Ann Almazan

5/18/99 Ms. Johnson called office to confirm info. received. Moved in April ICD 5/15/99 Negotiated

Ann Almazan

5/21/99 Ms. Richmond got picked up documents for tenant and also took paperwork to tenant along with forms. Left behind Contracts. Tenant came in date only did recent section

Ann Almazan

8/23/99 per TC from #1 states stopped working in May. States left several messages for A. Almazan with no return call. Also states she never received anything stating what her portion of rent was. Letters returned undeliverable. Kelly

Exhibit H

HISTORICAL REPORT

APPLICATION NO./ACCOUNT NO. 950861

NAME Kizzie JOHANSON

9/8/99 per f/c with #1 has spoken with landlord to enter into repayment agreement and #1 has also agreed to release her from lease, told #1 to get letter from #1 to set mortgage. Also, interim request - Employer did not state no longer working says still working. #1 stated was on off because had operation - call will be made to Employer to verify. ~~Ad~~ #1 said was off month & 1/2. Ad.
#1PH(312) 733-8535

9/8/99 Called Employer stated no record of #1 ever being on leave has been working. Ad.

9/8/99 called back #1, informed Employer stated no record of being on leave. #1 stated was not on leave only off those days. #1 stated adjustment no longer necessary. Ad.

12/09/99 Wanted to request moving papers
filled out transfer request checklist

APPLICATION FOR SECTION 8 HOUSING ASSISTANCE PAYMENT PROGRAM

Section 8# 949 796

Check the program(s) for which you are applying: ☒ Certificate/Voucher ☐ Mod-Rehab ☐ Moving To Opportunity
☐ PHA Relocation ☐ Rental Rehab ☐ VASH ☐ Portability

PLEASE PRINT

Fill in ALL Blanks or Write "None"

Name: Africa Simpson Telephone No: (708) 652-5709 WK#
(312) 829-3270 HM#
 Address: ~~4132 W 13th St. 1108~~ Chicago, IL 60608
1239 S Racine Street Apt. 1500B City, State & Zip Code
 Mailing Address: 1351 S. Throop St. Chicago, IL 60608
 Street Apt# City, State & Zip Code

Race of Head of Household

☐ Caucasian ☒ African American ☐ Asian or Pacific Island Native
☐ American Indian/Alaskan Native

Ethnicity of Head of Household

☐ Hispanic
☐ Non-Hispanic

Do you or a member of your household have a disability impairment that requires reasonable modifications or adaptive housing.

☒ No ☐ Yes, if yes, please explain _____

Family Household Composition

List ALL household member who WILL LIVE in the apartment.

List yourself first, spouse (significant other) second, children third (oldest first), then additional adults

Name	Relationship	Birth Date	Place of Birth City/State/County	Social Security #	Occupation or School
¹ Africa Simpson	Mother	2-15-73	Chicago, IL	346-70-0535	KFC/cashier
² Cordel Brown	Son	1-17-91	Chi	330-86-0156	School
³ Shamara Brown	daughter	2-12-92	IL	319-88-0608	School
⁴ LaTae Morris	daughter	11-22-94	IL	346-90-7980	
5.					
6.					
7.					
8.					
9.					
10.					

Do you anticipate any change in your Household Composition within the next 12 months? ☐ Yes ☒ No

If yes, please explain _____

Exhibit I

APPLICATION FOR SECTION 8 HOUSING ASSISTANCE PAYMENT PROGRAM CONTINUED

LIST ALL YOUR INCOME SOURCES: Some examples are full and/or part-time employment, AFDC, Social Security (note if you are receiving Medicare), S.S.I., pensions, disability, Armed Forces Reserves, unemployment compensation, babysitting, caretaking, alimony or child support, educational loans, scholarships and grants, etc.

Family Member Name	Source of Income	Monthly Amount
	Social Security	\$
	Social Security	\$
	Pension: Name and address of fund:	\$
	Pension: Name and address of fund:	\$
	Veteran's Benefits Claims #	\$
	S.S.I. Benefits	\$
	Unemployment Compensation	\$
	Child Support Provided by: Name: _____ Address: _____ City, State & Zipcode: _____	\$
	A.F.D.C.	\$
	A.F.D.C.	\$
2801 So Cicerro Cicerro, IL ATTN: Greg Sanders	Wages - Monthly Amount Position: <u>Cashier</u> /How Long <u>5 months</u> Employer: <u>KFC</u> How Long: <u>5 months</u>	\$ <u>5.00 per hour</u> <u>35 hr per week</u> <u>Pd. every 2 wks</u>
	Wages - Monthly Amount Position: _____ /How Long _____ Employer: _____ City, State & Zip Code _____	\$
	Other Income: Please explain _____ _____ _____	\$
ASSETS		
Checking Account: # _____ # _____	Bank: _____ _____	Amount: \$ _____ \$ _____
Passbook Savings: # _____ # _____	Bank: _____ _____	Amount: \$ _____ \$ _____
Savings Certificates: #IRA's _____	Bank: _____ _____	Amount \$ _____ \$ _____

APPLICATION FOR SECTION 8 HOUSING ASSISTANCE PAYMENT PROGRAM CONTINUED

Comments: _____

Are you currently or have you ever participated in a rental assistance or public housing program? ☐ No ☐ Yes, if yes please identify the name and address of the Development or Housing: _____ If you are no longer participating in this program, were you evicted or asked to leave? ☐ No ☐ Yes, if so please explain why? _____
--

Emergency Information

In case of emergency notify:

862-2753			
Jennifer Simpson	1043 N. Avers	(773) 862-2753	Sister
Name	Address	Phone	Relationship
Mary Morris	1351 S. Thompson St.	(312) 829-3270	Grandmother
Name	Address	Phone	Relationship

CERTIFICATION

I/we certify that the information provided herein to CHAC regarding household composition, income, family assets, allowances and deductions is true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information and/or omissions are punishable under federal law and ground for eligibility for participation in housing programs administered by CHAC.

<i>Africa Simpson</i>	4.10.97		
Signature	Date	Signature	Date

IMPORTANT INFORMATION

1. Your application must be complete to be accepted. Please be sure to answer all questions or write the word "None".
2. Each family member must complete the form entitled Declaration of Citizenship Form. Enclose a copy of the social security card and documentation verifying citizenship or non-citizenship status for all members of your household.
3. Your application will be stamped with the date it has been received and given a computer number (in order of receipt).
4. If you move, you must notify CHAC in writing of your new address and telephone number. If CHAC cannot locate you, your application may be canceled.
5. If your family gets larger or smaller (for example, if you have a child or if someone moves out) or if your income increases or decreases, you must notify CHAC in writing as this information may affect your eligibility or the size of subsidy you may receive.
6. You must respond to all requests sent by the CHAC within the stipulated time.
7. If you disagree with a decision made by CHAC (for example, you think you are eligible, but CHAC says that you are not), you must request an informal hearing in writing within ten (10) working days from the time CHAC notifies you of the decision. Otherwise CHAC decision will stand. You may bring a friend, social worker, or lawyer to the hearing with you. You also have the right to examine all CHAC records which pertain to your application.
8. The CHAC prohibits discrimination in housing because of race, color, religion, sex, national origin, age, familial status or disability.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 1-800-424-8590. (Within the Washington, D.C. Metropolitan Area, call 426-3500.)

After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

ASSETS		
Credit Union:	Name:	Amount: \$ \$
Stocks:	Name:	Amount: \$ \$
Bonds:	Name:	Value: \$
Life Insurance:	Name/Address of Company	Face Value:\$ Effective Date:

Do you own any real estate? ☒ No ☐ Yes If yes, answer a, b and c below:

- a. Address of property owned: _____
 b. Appraised value within past 3 months: \$ _____
 c. Amount of most recent tax bill: \$ _____

Have you sold or transferred any real estate within the past 2 years? ☒ No ☐ Yes If yes, answer a, b and c below:

- a. Address of property sold: _____
 b. Date sold: _____ Sale price: \$ _____
 c. Name/address of buyer: _____

Child Care Expense

Do you pay for babysitting/child or adult care while the family head or spouse is employed or a full-time student?

☐ No ☒ Yes If yes, complete a and b:

a. Cost \$ 200.00 per Month
 b. Name/address of babysitter/day care provider Michael Miller

Expenses for the Care of Elderly or Disabled Family Members

Is anyone in the household disabled? ☐ Yes ☒ No

Are their medical expenses covered by insurance? ☒ Yes ☐ No

Do you pay for day care or any special equipment for this person? ☐ Yes ☒ No

Do these expenses allow someone in your household to work? ☒ Yes ☐ No

Medical Expenses Only complete the following section if Head of Household or Spouse is over 61 or disabled.

Are you receiving Medicaid? ☐ No ☐ Yes If yes, list name(s) of family member(s) covered:

Name:	Identification #
Name:	Identification #

Are you receiving Medicare? ☒ No ☐ Yes \$ _____ per _____

Do you have Blue Cross/Blue Shield? ☒ No ☐ Yes, Group # _____ Certificate # _____

Do you have any other Insurance coverage? ☒ No ☐ Yes

Insurance Company: _____ Policy # _____
 Address: _____

Anticipated medical/drug expenses not covered by insurance: \$ _____ per _____

Name/Address of Pharmacy: _____

Anticipated physician expenses covered by insurance \$ _____ per _____

Name/Address of Physician: _____

APPLICATION FOR SECTION 8 HOUSING ASSISTANCE PAYMENT PROGRAM CONTINUED

Comments: _____

Are you currently or have you ever participated in a rental assistance or public housing program? ☐ No ☐ Yes, if yes please identify the name and address of the Development or Housing: _____

If you are no longer participating in this program, were you evicted or asked to leave? ☐ No ☐ Yes, if so please explain why? _____

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In case of emergency notify:

<u>Jannifer Simpson</u>	<u>1043 N. Avers</u>	<u>862-2753</u> <u>(773) 866</u>	<u>Sister</u>
Name	Address	Phone	Relationship
<u>Mary Morris</u>	<u>1351 S. Thirteenth St.</u>	<u>(312) 829-3270</u>	<u>Grandmother</u>
Name	Address	Phone	Relationship

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<u>Africa Simpson</u>	<u>4.10.97</u>		
Signature	Date	Signature	Date

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6. You must respond to all requests sent by the CHAC within the stipulated time.
7. If you disagree with a decision made by CHAC (for example, you think you are eligible, but CHAC says that you are not), you must request an informal hearing in writing within ten (10) working days from the time CHAC notifies you of the decision. Otherwise CHAC decision will stand. You may bring a friend, social worker, or lawyer to the hearing with you. You also have the right to examine all CHAC records which pertain to your application.
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If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 1-800-424-8590. (Within the Washington, D.C. Metropolitan Area, call 426-3500.)

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ASSETS		
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Stocks:	Name:	Amount: \$ _____ \$ _____
Bonds:	Name:	Value: \$ _____
Life Insurance:	Name/Address of Company	Face Value: \$ _____ Effective Date: _____

Do you own any real estate? ☒ No ☐ Yes If yes, answer a, b and c below:

- a. Address of property owned: _____
 b. Appraised value within past 3 months: \$ _____
 c. Amount of most recent tax bill: \$ _____

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 b. Date sold: _____ Sale price: \$ _____
 c. Name/address of buyer: _____

Child Care Expense

Do you pay for babysitting/child or adult care while the family head or spouse is employed or a full-time student?

☐ No ☒ Yes If yes, complete a and b:

a. Cost \$ 200.00 per Month
 b. Name/address of babysitter/day care provider Michael Miller

Expenses for the Care of Elderly or Disabled Family Members

Is anyone in the household disabled? ☐ Yes ☒ No

Are their medical expenses covered by insurance? ☒ Yes ☐ No

Do you pay for day care or any special equipment for this person? ☐ Yes ☒ No

Do these expenses allow someone in your household to work? ☒ Yes ☐ No

Medical Expenses Only complete the following section if Head of Household or Spouse is over 61 or disabled.

Are you receiving Medicaid? ☐ No ☐ Yes If yes, list name(s) of family member(s) covered:

Name:	Identification #
Name:	Identification #

Are you receiving Medicare? ☒ No ☐ Yes \$ _____ per _____

Do you have Blue Cross/Blue Shield? ☒ No ☐ Yes, Group # _____ Certificate # _____

Do you have any other Insurance coverage? ☒ No ☐ Yes

Insurance Company: _____ Policy # _____

Address: _____

Anticipated medical/drug expenses not covered by insurance: \$ _____ per _____

Name/Address of Pharmacy: _____

Anticipated physician expenses covered by insurance \$ _____ per _____

Name/Address of Physician: _____

cnm
ABLA

HA: CHAC, INC.		Tenant ID No. 0949796	Date of Request: 9/18/97
Inspector: <i>Maden</i>		Date of Last Inspection:	Date of Inspection: <i>9-24-97</i>
Neighborhood/Census Tract:		Type of Inspection: ☒ Initial ☐ Special ☐ Reinspection	Project No:
A. General Information			
Street Address of Inspected Unit:		358 E. 60TH ST. 301	
City: Chicago	County:	State: IL	Zip: 60637
Name of Family: AFRICA SIMPSON		Current Telephone of Family:	
Current Street Address of Family: 1433 W. 13TH ST			
City: Chicago	County:	State: IL	Zip: 60605
Number of Children in Family Under Six:		Number of Children in Family with Elevated Blood Lead Level: ☐	
Name of Agent/Owner Authorized to Lease Unit Inspected: SOUTH PARK APARTMENTS L.T.D.		Telephone of Agent/Owner: (773) 268-1960	
Address of Owner or Agent: 220 E. GARFIELD CHICAGO IL 60637			

J. Johnson

9-24-97
Passed
from

4007 39.28
610-652

Chicago Housing Authority
THE RENTAL ASSISTANCE CORPORATION

LOCATION RENTS SUMMARY REPORT

Report Date: September 30, 1997

Page 1

		Average Contract Rent	Average Gross Rent
LOCATION: 37 - Jackson Park			
Average Rents for Zero Bedroom Units	=	\$396.25	\$424.75
# of Zero Bedroom Units	= 4		
Average Rents for One Bedroom Units	=	\$443.54	\$509.25
# of One Bedroom Units	= 24		
Average Rents for Two Bedroom Units	=	\$524.27	\$594.78
# of Two Bedroom Units	= 45		
Average Rents for Three Bedroom Units	=	\$579.75	\$652.80
# of Three Bedroom Units	= 20		
Average Rents for Four Bedroom Units	=	\$675.00	\$766.50
# of Four Bedroom Units	= 4		
Total Average rents =		\$516.67	\$585.65
Total Number of Units =		97	

Total Average Rents for location: 37 Jackson	\$516.67	\$585.65
Total Number of Units for location: 37 Jackson	97	

Inspection Form

Section 8 Tenant-Based Assistance

Rental Certificate Program & Rental Voucher Program

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

OMB Approval No. 2577-0169 (exp. 8/31/98)

Public reporting burden for this collection of information is estimated to average 0.5 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. Send comments regarding this burden estimate or other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0169), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. 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.

Do not send this form to the above address.

HA:	Tenant ID No: <i>949796</i>	Date of Request:
Inspector: <i>M. M. M.</i>	Date Last Inspection:	Date of Inspection: <i>9-24-97</i>
Neighborhood/Census Tract:	Type of Inspection: ☒ Initial ☐ Special ☐ Reinspection	Project No:

A. General Information

Street Address of Inspected Unit:

City:	County:	State:	Zip:
Name of Family:		Current Telephone of Family:	
Current Street Address of Family:			
City:	County:	State:	Zip:
Number of Children in Family Under 6		Number of Children in Family With Elevated Blood Lead Level	
Name of Owner or Agent Authorized to Lease Unit Inspected:		Telephone of Owner or Agent:	
Address of Owner or Agent:			

Housing Type: (check as appropriate)

- ☐ Single Family Detached
- ☐ Duplex or Two Family
- ☐ Row House or Town House
- ☒ Low Rise: 3,4 Stories, Including Garden Apartment
- ☐ High Rise: 5 or More Stories
- ☐ Manufactured Home
- ☐ Congregate
- ☐ Cooperative
- ☐ Independent Group Residence
- ☐ Single Room Occupancy
- ☐ Shared Housing
- ☐ Other:(Specify)

B. Summary Decision on the Unit

(to be completed after the form has been filled in)

Section 8 Housing Quality Standard Pass or Fail

☐ 1. **Fail** If there are any checks under the column headed "Fail" the unit fails the Section 8 minimum housing standard. Discuss with the owner the repairs noted that would be necessary to bring the unit up to the standard.

☐ 2. **Inconclusive** If there are no checks under the column headed "Fail" and there are checks under the column headed "Inconclusive," obtain additional information necessary for a decision (question owner or tenant as indicated in the item instructions given in this checklist). Once additional information is obtained, change the rating for the item and record the date of verification at the far right of the form. *9-24-97 JSM*

☒ 3. **Pass** If neither (1) nor (2) above is checked, the unit passes the Section 8 minimum standards. Any additional conditions described in the right hand column of the form should serve to (a) establish the precondition of the unit, (b) indicate possible additional areas to negotiate with the owner, (c) aid in assessing the reasonableness of the rent of the unit, and (d) aid the tenant in deciding among possible units to be rented. The tenant is responsible for deciding whether he or she finds these conditions acceptable.

☒ **Unit Size:** Count the number of bedrooms for purposes of the FMR or Payment Standard. Record in the box provided.

☐ **Year Constructed:** Enter from Line 5 of the Request for Approval form. Record in the box provided.

☒ **Number of Sleeping Rooms:** Count the number of rooms which could be used for sleeping, as identified on the checklist. Record in the box provided.

C. How to Fill Out This Checklist

Complete the checklist on the unit to be occupied (or currently occupied) by the tenant. Proceed through the inspection as follows:

Area
room by room

Checklist Category

1. Living Room
2. Kitchen
3. Bathroom
4. All Other Rooms Used for Living
5. All Secondary Rooms Not Used for Living
6. Heating & Plumbing
7. Building Exterior
8. General Health & Safety

basement or utility room
outside
overall

Each part of the checklist will be accompanied by an explanation of the item to be inspected.

Important: For each item numbered on the checklist, **check one box only** (e.g., check one box only for item 1.4 "Security," in the Living Room.)

In the space to the right of the description of the item, if the decision on the item is: "Fail" write what repairs are necessary; If "Inconclusive" write in details.

Also, if "Pass" but there are some conditions present that need to be brought to the attention of the owner or the tenant, write these in the space to the right.

If it is an annual inspection, record to the right of the form any repairs made since the last inspection. If possible, record reason for repair (e.g., ordinary maintenance, tenant damage).

If it is a complaint inspection, fill out only those checklist items for which complaint is lodged. Determine, if possible, tenant or owner cause.

Once the checklist has been completed, return to Part B (Summary Decision on the Unit).



Living Room

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
1	Living Room Present Is there a living room?	☒	☐	☐		
2	Electricity Are there at least two working outlets or one working outlet and one working light fixture?	☒	☐	☐		
3	Electrical Hazards Is the room free from electrical hazards?	☒	☐	☐		
4	Security Are all windows and doors that are accessible from the outside lockable?	☒	☐	☐		
5	Window Condition Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken window panes?	☒	☐	☐	4	
6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☒	☐	☐	good	
7	Wall Condition Are the walls sound and free from hazardous defects?	☒	☐	☐	good	
8	Floor Condition Is the floor sound and free from hazardous defects?	☒	☐	☐	Carpet	
9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding nonchewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐	☐		
		☒	☐	☐	☐ Not Applicable	

Additional Comments: (Give Item Number)

2. Kitchen

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
2.1	Kitchen Area Present Is there a kitchen?	☒	☐	☐		
2.2	Electricity Are there at least one working outlet and one working, permanently installed light fixture?	☒	☐	☐		
2.3	Electrical Hazards Is the kitchen free from electrical hazards?	☒	☐	☐		
2.4	Security Are all windows and doors that are accessible from the outside lockable?	☒	☐	☐		
2.5	Window Condition Are all windows free of signs of deterioration or missing or broken out panes?	☒	☐	☐	<i>one</i>	
2.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☒	☐	☐	<i>lights</i>	
2.7	Wall Condition Are the walls sound and free from hazardous defects?	☒	☐	☐	<i>good</i>	
2.8	Floor Condition Is the floor sound and free from hazardous defects?	☒	☐	☐	<i>tile</i>	
2.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐	☐	☐ Not Applicable	
2.10	Stove or Range with Oven Is there a working oven, and a stove (or range) with top burners that work? If no oven and stove (or range) are present, is there a microwave oven and, if microwave is owner-supplied, do other tenants have microwaves instead of an oven and stove (or range)?	☒	☐	☐	<i>Just owner</i>	
2.11	Refrigerator Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time?	☒	☐	☐	<i>owner</i>	
2.12	Sink Is there a kitchen sink that works with hot and cold running water?	☒	☐	☐		
2.13	Space for Storage, Preparation, and Serving Food Is there space to store, prepare, and serve food?	☒	☐	☐		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

3. Bathroom

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
3.1	Bathroom Present (See description) Is there a bathroom?	☒	☐	☐		
3.2	Electricity Is there at least one permanently installed light fixture?	☒	☐	☐		
3.3	Electrical Hazards Is the bathroom free from electrical hazards?	☒	☐	☐		
3.4	Security Are all windows and doors that are accessible from the outside lockable?	☒	☐	☐		
3.5	Window Condition Are all windows free of signs of deterioration or missing or broken out panes?	☒	☐	☐	one	
3.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☒	☐	☐	light	
3.7	Wall Condition Are the walls sound and free from hazardous defects?	☒	☐	☐	good	
3.8	Floor Condition Is the floor sound and free from hazardous defects?	☒	☐	☐	tile	
3.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐	☐	☐ Not Applicable	
3.10	Flush Toilet in Enclosed Room in Unit Is there a working toilet in the unit for the exclusive private use of the tenant?	☒	☐	☐		
3.11	Fixed Wash Basin or Lavatory in Unit Is there a working, permanently installed wash basin with hot and cold running water in the unit?	☒	☐	☐		
3.12	Tub or Shower Is there a working tub or shower with hot and cold running water in the unit?	☒	☐	☐		
3.13	Ventilation Are there openable windows or a working vent system?	☒	☐	☐		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

4. Other Rooms Used for Living and Halls For each numbered item, check ☒ only.

4.1 Room Location

Room Code ☒

right/left/center: the room is situated to the right, left, or center of the unit.
front/rear/center: the room is situated to the back, front or center of the unit.
floor level: the floor level on which the room is located.

- 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 (also check presence of sink trap and clogged toilet)
6 = Other:

RF 3

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
	<i>Bedroom</i>					
4.2 Electricity/Illumination	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	☒	☒	☒		
4.3 Electrical Hazards	Is the room free from electrical hazards?	☒	☐	☐		
4.4 Security	Are all windows and doors that are accessible from the outside lockable?	☒	☐	☐		
4.5 Window Condition	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	☒	☐	☐	<i>one</i>	
4.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	☒	☐	☐	<i>light</i>	
4.7 Wall Condition	Are the walls sound and free from hazardous defects?	☒	☐	☐	<i>good</i>	
4.8 Floor Condition	Is the floor sound and free from hazardous defects?	☒	☐	☐	<i>carpet</i>	
4.9 Lead Paint	Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐	☐	☐ Not Applicable	
4.10 Smoke Detectors	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☒	☐	☐	<i>in hall</i>	

Additional Comments: (Give Item Number)(Use an additional page if necessary)

4. Supplemental for Other Rooms Used for Living and Halls For each numbered item, check one box only.

4.1 Room Location

R right/left/center: the room is situated to the right, left, or center of the unit.
M front/rear/center: the room is situated to the back, front or center of the unit.
3 floor level: the floor level on which the room is located.

Room Code 1

- 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 (also check presence of sink trap and clogged toilet)
 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2 Electricity/Illumination	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	☒	☒	☐		
4.3 Electrical Hazards	Is the room free from electrical hazards?	☒	☐	☐		
4.4 Security	Are all windows and doors that are accessible from the outside lockable?	☒	☐	☐		
4.5 Window Condition	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	☒	☐	☐	<i>one</i>	
4.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	☒	☐	☐	<i>good light</i>	
4.7 Wall Condition	Are the walls sound and free from hazardous defects?	☒	☐	☐	<i>good</i>	
4.8 Floor Condition	Is the floor sound and free from hazardous defects?	☒	☐	☐	<i>carpet</i>	
4.9 Lead Paint	Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐	☐	☐ Not Applicable	
4.10 Smoke Detectors	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☒	☐	☐	<i>in hall</i>	

Additional Comments: (Give Item Number)(Use an additional page if necessary)

4. Supplemental for Other Rooms Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

Room Code

- right/left/center: the room is situated to the right, left, or center of the unit.
- front/rear/center: the room is situated to the back, front or center of the unit.
- floor level: the floor level on which the room is located.

- 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 (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2	Electricity/Illumination If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	☐	☐	☐		
4.3	Electrical Hazards Is the room free from electrical hazards?	☐	☐	☐		
4.4	Security Are all windows and doors that are accessible from the outside lockable?	☐	☐			
4.5	Window Condition If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	☐	☐	☐		
	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☐	☐			
4.7	Wall Condition Are the walls sound and free from hazardous defects?	☐	☐			
4.8	Floor Condition Is the floor sound and free from hazardous defects?	☐	☐			
4.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☐	☐	☐	☐ Not Applicable	
4.10	Smoke Detectors Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☐	☐	☐		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

4.1 Room Location

right/left/center: the room is situated to the right, left, or center of the unit.

front/rear/center: the room is situated to the back, front or center of the unit.

floor level: the floor level on which the room is located.

Room Code

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 (also check presence of sink trap and clogged toilet)

6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2	Electricity/Illumination If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	☐	☐	☐		
4.3	Electrical Hazards Is the room free from electrical hazards?	☐	☐	☐		
4.4	Security Are all windows and doors that are accessible from the outside lockable?	☐	☐			
4.5	Window Condition If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	☐	☐	☐		
4.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☐	☐			
4.7	Wall Condition Are the walls sound and free from hazardous defects?	☐	☐			
4.8	Floor Condition Is the floor sound and free from hazardous defects?	☐	☐			
4.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☐	☐	☐	☐ Not Applicable	
4.10	Smoke Detectors Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☐	☐	☐		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

4. Supplemental for Other Forms Used for Living and Halls

In numbered item, check one box only.

4.1 Room Location

- right/left/center: the room is situated to the right, left, or center of the unit.
 front/rear/center: the room is situated to the back, front or center of the unit.
 floor level: the floor level on which the room is located.

RP 3

Room Code



- 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 (also check presence of sink trap and clogged toilet)
 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
	<i>Bedroom</i>					
4.2	Electricity/Illumination If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	☒	☒	☒		
4.3	Electrical Hazards Is the room free from electrical hazards?	☒	☒	☒		
4.4	Security Are all windows and doors that are accessible from the outside lockable?	☒	☒	☒		
4.5	Window Condition If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-glass panes?	☒	☒	☒	<i>one</i>	
4.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☒	☒	☒	<i>good</i>	
4.7	Wall Condition Are the walls sound and free from hazardous defects?	☒	☒	☒	<i>good</i>	
4.8	Floor Condition Is the floor sound and free from hazardous defects?	☒	☒	☒	<i>carpet</i>	
4.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☒	☒	☐ Not Applicable	
4.10	Smoke Detectors Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☒	☒	☒	<i>in hall</i>	

Additional Comments: (Give Item Number)(Use an additional page if necessary)

4.1 Room Location

Room Code

right/left/center: the room is situated to the right, left, or center of the unit.
 front/rear/center: the room is situated to the back, front or center of the unit.
 floor level: the floor level on which the room is located.

- 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 R.
 4 = Entrance Halls, Corridors, Halls, Staircases
 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2	Electricity/Illumination If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	☐ ☐	☐ ☐	☐ ☐		
4.3	Electrical Hazards Is the room free from electrical hazards?	☐	☐	☐		
4.4	Security Are all windows and doors that are accessible from the outside lockable?	☐	☐			
4.5	Window Condition If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	☐ ☐	☐ ☐			
4.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☐	☐			
4.7	Wall Condition Are the walls sound and free from hazardous defects?	☐	☐			
4.8	Floor Condition Is the floor sound and free from hazardous defects?	☐	☐			
4.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☐ ☐	☐ ☐	☐ Not Applicable		
4.10	Smoke Detectors Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☐ ☐ ☐	☐ ☐ ☐			

Additional Comments: (Give Item Number)(Use an additional page if necessary)

5. All Secondary Rooms (Room not used for living) For each numbered item, check box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
5.1	None ☒ Go to Part 6					
5.2	Security Are all windows and doors that are accessible from the outside lockable?	☐	☐			
5.3	Electrical Hazards Are all these rooms free from electrical hazards?	☐	☐	☐		
5.4	Other Potentially Hazardous Features Are all of these rooms free of any other potentially hazardous features? For each room with an "other potentially hazardous feature," explain the hazard and the means of control of interior access to the room.	☐	☐	☐		
6.0 Building Exterior						
6.1	Condition of Foundation Is the foundation sound and free from hazards?	☒	☐			
6.2	Condition of Stairs, Rails, and Porches Are all the exterior stairs, rails, and porches sound and free from hazards?	☒	☐			
6.3	Condition of Roof and Gutters Are the roof, gutters, and downspouts sound and free from hazards?	☒	☐			
6.4	Condition of Exterior Surfaces Are exterior surfaces sound and free from hazards?	☒	☐			
6.5	Condition of Chimney Is the chimney sound and free from hazards?	☒	☐			
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces exceeding the surface area thresholds which are up to 5 feet from the ground or floor and readily accessible to children free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground or floor and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐			
6.7	Manufactured Homes: Tie Downs If the unit is a manufactured home, is it properly placed and tied down? If not a manufactured home, check "Not Applicable."	☐	☐	☒ Not Applicable		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

7. Heating and Plumbing

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
7.1	Adequacy of Heating Equipment Is the heating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living?	☒	☐	☐		
7.2	Safety of Heating Equipment Is the unit free from unvented fuel burning space heaters or any other types of unsafe heating conditions?	☒	☐	☐		
7.3	Ventilation and Adequacy of Cooling Does the unit have adequate ventilation and cooling by means of openable windows or a working cooling system?	☒	☐	☐		
7.4	Hot Water Heater Is the hot water heater located, equipped, and installed in a safe manner?	☒	☐	☐		
7.5	Water Supply Is the unit served by an approvable public or private sanitary water supply?	☒	☐	☐		
7.6	Plumbing Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?	☒	☐	☐		
7.7	Sewer Connection Is plumbing connected to an approvable public or private disposal system, and is it free from sewer back-up?	☒	☐	☐		

Additional Comments: (Give Item Number)

8. General Health and Safety

For each numbered item, check or only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail Incor date appre
		Yes, Pass	No, Fail	Inconclusive		
8.1	Access to Unit Can the unit be entered without having to go through another unit?	☒	☐			
8.2	Exits Is there an acceptable fire exit from this building that is not blocked?	☒	☐			
8.3	Evidence of Infestation Is the unit free from rats or severe infestation by mice or vermin?	☒	☐			
8.4	Garbage and Debris Is the unit free from heavy accumulation of garbage or debris inside and outside?	☒	☐			
8.5	Refuse Disposal Are there adequate covered facilities for temporary storage and disposal of food wastes, and are they approvable by a local agency?	☐	☐	☐		
8.6	Interior Stairs and Common Halls Are interior stairs and common halls free from hazards to the occupant because of loose, broken, or missing steps on stairways; absent or insecure railings; inadequate lighting; or other hazards?	☐	☐	☐		
8.7	Other Interior Hazards Is the interior of the unit free from any other hazard not specifically identified previously?	☒	☐			
8.8	Elevators Where local practice requires, do all elevators have a current inspection certificate? If local practice does not require this, are they working and safe?	☐	☐	☐	☒ Not Applicable	
8.9	Interior Air Quality Is the unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?	☒	☐			
8.10	Site and Neighborhood Conditions Are the site and immediate neighborhood free from conditions which would seriously and continuously endanger the health or safety of the residents?	☒	☐			
8.11	Lead Paint: Owner Certification If the owner of the unit is required to treat any interior or exterior surfaces, has the certification of compliance been obtained? If the owner was not required to treat surfaces, check "Not Applicable."	☐	☐		☐ Not Applicable	

Additional Comments: (Give Item Number)

Special Amenities (Optional)

This Section is for optional use of the HA. It is designed to collect additional information about c 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.

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 _____

D. Questions to ask the Tenant (Optional)

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) _____

Provide a summary description of

item which resulted in a rating of **Fall** or **F**

With Comments.

Tenant ID No.

Inspector

Date of inspection: 11/11/2011

Address of Inspected Unit

Type of Inspection

☒ Initial

☐ Special

☐ Reinspection

Item Number

Reason for "Fail" or "Pass with Comments" Rating

P-24-97 Unit passed inspection

J. S. Medina

PKB
June 650

Chicago Housing Authority
THE RENTAL ASSISTANCE CORPORATION

LOCATION RENTS SUMMARY REPORT

Report Date: September 30, 1997

Page 1

		Average Contract Rent	Average Gross Rent
LOCATION: 37 - Jackson Park			
Average Rents for Zero Bedroom Units	=	\$396.25	\$424.75
# of Zero Bedroom Units	= 4		
Average Rents for One Bedroom Units	=	\$443.54	\$509.25
# of One Bedroom Units	= 24		
Average Rents for Two Bedroom Units	=	\$524.27	\$594.78
# of Two Bedroom Units	= 45		
Average Rents for Three Bedroom Units	=	\$579.75	\$652.80
# of Three Bedroom Units	= 20		
Average Rents for Four Bedroom Units	=	\$675.00	\$766.50
# of Four Bedroom Units	= 4		
Total Average rents	=	\$516.67	\$585.65
Total Number of Units	=	97	

Total Average Rents for location: 37 Jackson	\$516.67	\$585.65
Total Number of Units for location: 37 Jackson	97	



THE CHICAGO SECTION 8 HOUSING PROGRAM

NOTIFICATION OF HOUSING ASSISTANCE PAYMENTS CONTRACT TERMINATION /
REQUIREMENT TO RELOCATE

Date: 8-10-98

Section 8 No.: 094976

Africa Simpson
358 E 60th St 301
Chgo, IL 60637

• Status: ABLA
• ABATED: 9-3-98 (NO SHOW)
• Need HAP Cont TERM SECT
• Need HAP Cont TERM CTR
• ISSUED MUP: 8-24-98

Dear Africa:

The Housing Assistance Payments (HAP) Contract between CHAC and property owner
unit in which you reside will terminate effective 8-01-98.

This action is taking place because the property owner of your unit, 358 E 60th St
has failed to maintain the unit in compliance with Housing Quality Standards (HQS), despite
CHAC's repeated notification of possible Contract termination.

HUD regulations prohibit program participants from residing in units that do not meet Housing
Quality Standards. **This means that in order to continue receiving Section 8 rental
assistance, you must relocate to a new unit that passes an HQS Inspection.**

You will be issued a new certificate/voucher and moving papers that will become effective on
8-24-98. From that date, you will have sixty (60) days within which to lease a new
unit that complies with HQS. **Please be advised that your sixty days count will begin the day
after the contract termination date stated above.**

An appointment for you to pick up your new subsidy and other paperwork has been scheduled
for 8-24-98 at 830. If you are unable to attend this appointment, please contact
N. JACKSON on extension 4235 to reschedule another appointment.

Sincerely,

N. Jackson

Housing Specialist
Occupancy

cc. South Park Apartment
220 E Garfield Blvd
Chgo IL 60615

#030

CHAC INC.
THE RENTAL ASSISTANCE CORPORATION
SECTION 8 DEPARTMENT
1000 SOUTH WABASH
CHICAGO, IL 60605

July 2, 1998

RE: ,
ACCT: #

URBAN EQUITIES INC
6240 N. CLARK STREET
CHICAGO, IL 60660

Dear Agent/Owner:

On 07/01/98, CHAC Inspector Rita Lomax conducted the required annual Housing Quality Standard inspection of your dwelling unit. The purpose of this inspection was to determine if your unit meets the Housing Quality Standards and qualifies for subsidy under the Section 8 Housing Assistance Payment Program.

THE ATTACHED VIOLATIONS OF THE HOUSING QUALITY STANDARDS WERE FOUND TO EXIST.

You must correct the violations set forth by / / , (within 30 days of the inspection date).

CHAC will notify you by separate letter of the date it has scheduled the unit for reinspection.

If the reinspection of the items indicates the necessary action has not been taken CHAC will stop the subsidy payments for the occupying tenant family until the date corrective action is accomplished. If the requested action is not taken by the expiration date of the current lease and contract, CHAC will terminate the Housing Assistance Payments Contract.

Your cooperation in this matter is urged. If you have any questions, please contact at (312) 986-9400 ext., during our office hours of 8:30 a.m. to 4:30 p.m. Monday through Friday, except holidays.

Sincerely,
Marcello Rodriguez, Team Leader

Este es un documento importante.
Por favor traduzcalo inmediatamente.

=====
Housing Authority : CHAC INC.
CHICAGO SECTION 8 PROGRAMS
Tenant Name :
Inspector Name : Rita Lomax
Contract Number : 0949796
Date of Inspection : 07/01/98
=====

----- INSPECTION RESULTS -----

HALL
Ceiling Conditions - P/WC SMOKE DETECTOR IS OK
HEALTH & SAFETY
Int. Stairs/Halls - Rein. Fail Owner BROKEN/MISSING PICKET ON EACH LANDING
KITCHEN
Security - Rein. Fail Owner DOOR IS DRAFTY DUE TO GAP(S) AROUND
DOOR LOCK IS ACCESSIBLE FROM OUTSIDE
LIVING ROOM
Wall Condition - Rein. Fail Owner GAP(S) BETWEEN WALL AND
BASEBOARD.UNDER CARPET
RIGHT FRONT BEDROOM
Wall Condition - Rein. Fail Owner GAP(S) BETWEEN WALL AND BASEBOARD.

P/WC = Pass With Comment
Incon. = Inconclusive
Not App = Not Applicable

Emer. Fail = Emergency Fail
Rein. Fail = Reinspect Fail
R.EM. Fail = Reinspect Emergency Fail

=====

Housing Authority	:	CHAC INC.
		CHICAGO SECTION 8 PROGRAMS
Tenant Name	:	
Inspector Name	:	Rita Lomax
Contract Number	:	0949796
Date of Inspection	:	07/01/98

=====

----- INSPECTION RESULTS -----

HALL
Ceiling Conditions - P/WC SMOKE DETECTOR IS OK

HEALTH & SAFETY
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P/WC = Pass With Comment	Emer. Fail = Emergency Fail
Incon. = Inconclusive	Rein. Fail = Reinspect Fail
Not App = Not Applicable	R.EM. Fail = Reinspect Emergency Fail

2714

HA: CHAC, INC.		Tenant ID No. 0949796	Date of Request: 2/19/99
Inspector: <i>Brouder</i>		Date of Last Inspection:	Date of Inspection: <i>3/3/99</i>
Neighborhood/Census Tract:		Type of Inspection: <i>2nd</i> ☒ Initial ☐ Special ☒ Reinspection	Project No:
A. General Information			
Street Address of Inspected Unit: 3544 W. JACKSON BLVD. 3			
City: Chicago	County:	State: IL	Zip: 60624
Name of Family: AFRICA SIMPSON		Current Telephone of Family: (312) 940-0068	
Current Street Address of Family: 1233 W. ROOSEVLET RD.			
City: Chicago	County:	State: IL	Zip: 60608
Number of Children in Family Under Six: ☐		Number of Children in Family with Elevated Blood Lead Level: ☐	
Name of Agent/Owner Authorized to Lease Unit Inspected: DORIS G. GRIFFIN		Telephone of Agent/Owner:	
Address of Owner or Agent: 3544 W. JACKSON BLVD CHGO IL 60624			

773
405-2809
P^e
0-39

Fail 3/3/99

Pass 3/3/99
pm

Inspection Form
Section 8 Tenant-Based Assistance
Rental Certificate Program & Rental Voucher Program

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

OMB Approval No. 2517-0105 (Exp. 03/1/99)

Public reporting burden for this collection of information is estimated to average 0.5 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2517-0105), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. 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.

Do not send this form to the above address.

Inspector: <i>R. Pineda</i>		Tenant ID No:	Date of Request:
Neighborhood/Census Tract:		Date Last Inspection: <i>3/13/99</i>	Date of Inspection: <i>3/13/99</i>
Type of Inspection:		Project No:	
☒ Initial ☐ Special ☐ Reinspection			

A. General Information

Street Address of Inspected Unit:				Housing Type: (check as appropriate)			
City:				☐ Single Family Detached			
County:				☐ Duplex or Two Family			
State:				☐ Row House or Town House			
Zip:				☒ Low Rise: 3, 4 Stories, Including Garden Apartment			
Name of Family:				☐ High Rise: 5 or More Stories			
Current Telephone of Family:				☐ Manufactured Home			
Current Street Address of Family:				☐ Congregate			
City:				☐ Cooperative			
County:				☐ Independent Group Residence			
State:				☐ Single Room Occupancy			
Zip:				☐ Shared Housing			
Number of Children in Family Under 6				☐ Other: (Specify)			
Number of Children in Family With Elevated Blood Lead Level							
Name of Owner or Agent Authorized to Lease Unit Inspected:				Telephone of Owner or Agent:			
Address of Owner or Agent:							

B. Summary Decision on the Unit

(to be completed after the form has been filled in)

Section 8 Housing Quality Standard Pass or Fail

☐ 1. **Fail** If there are any checks under the column headed "Fail" the unit fails the Section 8 minimum housing standard. Discuss with the owner the repairs noted that would be necessary to bring the unit up to the standard.

☐ 2. **Inconclusive** If there are no checks under the column headed "Fail" and there are checks under the column headed "Inconclusive," obtain additional information necessary for a decision (question owner or tenant as indicated in the item instructions given in this checklist). Once additional information is obtained, change the rating for the item and record the date of verification at the far right of the form.

☒ 3. **Pass** If neither (1) nor (2) above is checked, the unit passes the Section 8 minimum standards. Any additional conditions described in the right hand column of the form should serve to (a) establish the precondition of the unit, (b) indicate possible additional areas to negotiate with the owner, (c) aid in assessing the reasonableness of the rent of the unit, and (d) aid the tenant in deciding among possible units to be rented. The tenant is responsible for deciding whether he or she finds these conditions acceptable.

5 **Unit Size:** Count the number of bedrooms for purposes of the FMR or Payment Standard. Record in the box provided.

1929 **Year Constructed:** Enter from Line 5 of the Request for Lease Approval form. Record in the box provided.

4 **Number of Sleeping Rooms:** Count the number of rooms which could be used for sleeping, as identified on the checklist. Record in the box provided.

C. How to Fill Out This Checklist

Complete the checklist on the unit to be occupied (or currently occupied) by the tenant. Proceed through the inspection as follows:

Area	Checklist Category
room by room	1. Living Room
	2. Kitchen
	3. Bathroom
	4. All Other Rooms Used for Living
	5. All Secondary Rooms Not Used for Living
basement or utility room	6. Heating & Plumbing
outside	7. Building Exterior
overall	8. General Health & Safety

Each part of the checklist will be accompanied by an explanation of the item to be inspected.

Important: For each item numbered on the checklist, **check one box only** (e.g., check one box only for item 1.4 "Security," in the Living Room.)

In the space to the right of the description of the item, if the decision on the item is: "Fail" write what repairs are necessary; If "Inconclusive" write in details.

Also, if "Pass" but there are some conditions present that need to be brought to the attention of the owner or the tenant, write these in the space to the right.

If it is an annual inspection, record to the right of the form any repairs made since the last inspection. If possible; record reason for repair (e.g., ordinary maintenance, tenant damage).

If it is a complaint inspection, fill out only those checklist items for which complaint is lodged. Determine, if possible, tenant or owner cause.

Once the checklist has been completed, return to Part B (Summary Decision on the Unit).



1. Living Room

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
1.1	Living Room Present Is there a living room?	☒	☐		<i>Large</i>	
1.2	Electricity Are there at least two working outlets or one working outlet and one working light fixture?	☒	☐	☐		
1.3	Electrical Hazards Is the room free from electrical hazards?	☒	☐	☐		
1.4	Security Are all windows and doors that are accessible from the outside lockable?	☒	☐			
1.5	Window Condition Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken out panes?	☒	☐			
1.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☒	☐			
1.7	Wall Condition Are the walls sound and free from hazardous defects?	☒	☐			
1.8	Floor Condition Is the floor sound and free from hazardous defects?	☒	☐		<i>HW (Floor Beings Varnished)</i>	
1.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐		☐ Not Applicable	

Additional Comments: (Give Item Number)

*See porch
estels
7 T/P's*

fire place

Kitchen

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
1	Kitchen Area Present Is there a kitchen?	☒	☐	☐		
2	Electricity Are there at least one working outlet and one working, permanently installed light fixture?	☒	☐	☐		
3	Electrical Hazards Is the kitchen free from electrical hazards?	☒	☐	☐		
4	Security Are all windows and doors that are accessible from the outside lockable?	☒	☐	☐		
5	Window Condition Are all windows free of signs of deterioration or missing or broken out panes?	☒	☐	☐		
6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☒	☐	☐		
7	Wall Condition Are the walls sound and free from hazardous defects?	☒	☐	☐		
8	Floor Condition Is the floor sound and free from hazardous defects?	☒	☐	☐		
9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately repaired? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐	☐	☐ Not Applicable	
10	Stove or Range with Oven Is there a working oven, and a stove (or range) with top burners that work? If no oven and stove (or range) are present, is there a microwave oven and, if microwave is owner-supplied, do other tenants have microwaves instead of an oven and stove (or range)?	☒	☐	☐	HA HA	
11	Refrigerator Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time?	☒	☐	☐	HA	
12	Sink Is there a kitchen sink that works with hot and cold running water?	☒	☐	☐	DD	
13	Space for Storage, Preparation, and Serving of Food Is there space to store, prepare, and serve food?	☒	☐	☐		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

3. Bathroom

For each numbered item, check one box only

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
3.1	Bathroom Present (See description) Is there a bathroom?	☒	☐			
3.2	Electricity Is there at least one permanently installed light fixture?	☒	☐	☐		
3.3	Electrical Hazards Is the bathroom free from electrical hazards?	☒	☐	☐		
3.4	Security Are all windows and doors that are accessible from the outside lockable?	☒	☐			
3.5	Window Condition Are all windows free of signs of deterioration or missing or broken out panes?	☒	☐		1 T/P	
3.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☒	☐			
3.7	Wall Condition Are the walls sound and free from hazardous defects?	☒	☐			
3.8	Floor Condition Is the floor sound and free from hazardous defects?	☒	☐		Citils	
3.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐			
3.10	Flush Toilet in Enclosed Room in Unit Is there a working toilet in the unit for the exclusive private use of the tenant?	☒	☐	☐		
3.11	Fixed Wash Basin or Lavatory in Unit Is there a working, permanently installed wash basin with hot and cold running water in the unit?	☒	☐	☐		
3.12	Tub or Shower Is there a working tub or shower with hot and cold running water in the unit?	☒	☐	☐		
3.13	Ventilation Are there openable windows or a working vent system?	☒	☐	☐		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

4. Other Rooms Used for Living and Halls For each numbered item, check one only.

4.1 Room Location

Room Code



right/left/center: the room is situated to the right, left, or center of the unit.
 front/rear/center: the room is situated to the back, front or center of the unit.
 floor level: the floor level on which the room is located.

- 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 (also check presence of sink trap and clogged toilet)
 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
	132					
4.2	Electricity/Illumination If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	☒	☐	☐		
4.3	Electrical Hazards Is the room free from electrical hazards?	☒	☐	☐		
4.4	Security Are all windows and doors that are accessible from the outside lockable?	☒	☐			
4.5	Window Condition If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	☒	☐		Nil	
	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☒	☐			
4.7	Wall Condition Are the walls sound and free from hazardous defects?	☒	☐			
4.8	Floor Condition Is the floor sound and free from hazardous defects?	☒	☐		Mw	
4.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐			
4.10	Smoke Detectors Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☒	☐			

Additional Comments: (Give Item Number)(Use an additional page if necessary)

4. Supplemental for Other Rooms Used for Living and Halls

4.1 Room Location

right/left/center: the room is situated to the right, left, or center of the unit.
 front/rear/center: the room is situated to the back, front or center of the unit.
 floor level: the floor level on which the room is located.

Room Code

- 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 (also check presence of sink trap and clogged toilet)
 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
2	BA					
4.2	Electricity/Illumination If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	☒	☐	☐	zolt	
4.3	Electrical Hazards Is the room free from electrical hazards?	☒	☐	☐		
4.4	Security Are all windows and doors that are accessible from the outside lockable?	☒	☐			
4.5	Window Condition If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	☒	☐		x TLP	
4.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☒	☐			
4.7	Wall Condition Are the walls sound and free from hazardous defects?	☒	☐		Mw	
4.8	Floor Condition Is the floor sound and free from hazardous defects?	☒	☐			
4.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐			
4.10	Smoke Detectors Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☒	☐			

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Closest

4. Supplemental for Other Rooms Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

right/left/center: the room is situated to the right, left, or center of the unit.
front/rear/center: the room is situated to the back, front or center of the unit.
3 floor level: the floor level on which the room is located.

Room Code

4

- 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 (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2	Electricity/Illumination If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	☒	☒	☐		
4.3	Electrical Hazards Is the room free from electrical hazards?	☒	☐	☐		
4.4	Security Are all windows and doors that are accessible from the outside lockable?	☒	☐	☐		
4.5	Window Condition If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	☒	☒	☐		
	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☒	☐	☐	S.D.	
4.7	Wall Condition Are the walls sound and free from hazardous defects?	☒	☐	☐		
4.8	Floor Condition Is the floor sound and free from hazardous defects?	☒	☐	☐		
4.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☐	☐	☒	Not Applicable	
4.10	Smoke Detectors Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☒	☐	☐		

Additional Comments: (Give Item Number) (Use an additional page if necessary)

HA tag closed (F) 3 missing on 4th floor 3/3/99 OK

4. Supplemental for Other Rooms

s Used for Living and Halls

For

on numbered item, check one box only.

4.1 Room Location

right/left/center: the room is situated to the right, left, or center of the unit.
 front/rear/center: the room is situated to the back, front or center of the unit.
 3 floor level: the floor level on which the room is located.

Room Code

- 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
 4 = Entrance Halls, Corridors, Halls, Staircases
 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2	Electricity/Illumination If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	☒	☐	☐		
4.3	Electrical Hazards Is the room free from electrical hazards?	☒	☐	☐		
4.4	Security Are all windows and doors that are accessible from the outside lockable?	☒	☐	☐		
4.5	Window Condition If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	☒	☐	☐		
4.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☒	☐	☐		
4.7	Wall Condition Are the walls sound and free from hazardous defects?	☒	☐	☐		
4.8	Floor Condition Is the floor sound and free from hazardous defects?	☒	☐	☐		
4.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐	☐	☒ Not Applicable	
4.10	Smoke Detectors Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☒	☐	☐		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

4. Supplemental for Other Rooms Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

Room Code

☐

- right/left/center: the room is situated to the right, left, or center of the unit.
- front/rear/center: the room is situated to the back, front or center of the unit.
- floor level: the floor level on which the room is located.

- 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 (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2	Electricity/Illumination If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	☐	☐	☐		
4.3	Electrical Hazards Is the room free from electrical hazards?	☐	☐	☐		
4.4	Security Are all windows and doors that are accessible from the outside lockable?	☐	☐			
4.5	Window Condition If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	☐	☐	☐		
	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☐	☐			
4.7	Wall Condition Are the walls sound and free from hazardous defects?	☐	☐			
4.8	Floor Condition Is the floor sound and free from hazardous defects?	☐	☐			
4.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☐	☐	☐	Not Applicable	
4.10	Smoke Detectors Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☐	☐	☐		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

4. Supplemental for Other Rooms Used for Living and Halls

For numbered item, check one box only.

4.1 Room Location

Room Code

right/left/center: the room is situated to the right, left, or center of the unit.
front/rear/center: the room is situated to the back, front or center of the unit.
floor level: the floor level on which the room is located.

- 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 F
4 = Entrance Halls, Corridors, Halls, Staircases
5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2	Electricity/Illumination If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	☐	☐	☐		
4.3	Electrical Hazards Is the room free from electrical hazards?	☐	☐	☐		
4.4	Security Are all windows and doors that are accessible from the outside lockable?	☐	☐			
4.5	Window Condition If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	☐	☐	☐		
4.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	☐	☐			
4.7	Wall Condition Are the walls sound and free from hazardous defects?	☐	☐			
4.8	Floor Condition Is the floor sound and free from hazardous defects?	☐	☐			
4.9	Lead Paint Are all painted surfaces exceeding the surface area thresholds free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted chewable surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☐	☐	☐		
4.10	Smoke Detectors Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☐	☐	☐		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

7. Heating and Plumbing

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
7.1	Adequacy of Heating Equipment Is the heating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living?	☒	☐	☐		
7.2	Safety of Heating Equipment Is the unit free from unvented fuel burning space heaters or any other types of unsafe heating conditions?	☒	☐	☐	IN DU	
7.3	Ventilation and Adequacy of Cooling Does the unit have adequate ventilation and cooling by means of operable windows or a working cooling system?	☒	☐	☐		
7.4	Hot Water Heater Is the hot water heater located, equipped, and installed in a safe manner?	☒	☐	☐	2xtn pipes messy	OK 3/3/99 KAO
7.5	Water Supply Is the unit served by an approvable public or private sanitary water supply?	☒	☐	☐		
7.6	Plumbing Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?	☒	☐	☐		
7.7	Sewer Connection Is plumbing connected to an approvable public or private disposal system, and is it free from sewer back-up?	☒	☐	☐		

Additional Comments: (Give Item Number)

messy color plaster
in Boiler Rm
& in Htg closet

5. All Secondary Rooms (Room not used for living) For each numbered item, check box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final apprc
		Yes, Pass	No, Fail	Inconclusive		
5.1	None ☒ Go to Part 6					
5.2	Security Are all windows and doors that are accessible from the outside lockable?	☐	☐			
5.3	Electrical Hazards Are all these rooms free from electrical hazards?	☐	☐	☐		
5.4	Other Potentially Hazardous Features Are all of these rooms free of any other potentially hazardous features? For each room with an "other potentially hazardous feature," explain the hazard and the means of control of interior access to the room.	☐	☐	☐		
6.0	Building Exterior					
6.1	Condition of Foundation Is the foundation sound and free from hazards?	☒	☐			
6.2	Condition of Stairs, Rails, and Porches Are all the exterior stairs, rails, and porches sound and free from hazards?	☒	☐			
6.3	Condition of Roof and Gutters Are the roof, gutters, and downspouts sound and free from hazards?	☒	☐			
6.4	Condition of Exterior Surfaces Are exterior surfaces sound and free from hazards?	☒	☐			
6.5	Condition of Chimney Is the chimney sound and free from hazards?	☒	☐			
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces exceeding the surface area thresholds which are up to 5 feet from the ground or floor and readily accessible to children free of defective paint or adequately treated? If there is a child under 6 with an elevated blood lead level, have the intact and nonintact paint on protruding chewable surfaces which are up to 5 feet from the ground or floor and readily accessible to children under 6 been tested and found to be lead-free or adequately treated? Or, instead of testing intact and nonintact painted surfaces, has the HA authorized the owner to treat chewable surfaces and have these surfaces been adequately treated?	☒	☐		☒ Not Applicable	
6.7	Manufactured Homes: Tie Downs If the unit is a manufactured home, is it properly placed and tied down? If not a manufactured home, check "Not Applicable."	☐	☐		☒ Not Applicable	

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Special Amenities (Optional)

This Section is for optional use of the HA. It is designed to collect additional information about of positive features of the unit that may be present. Although the features listed below are not included in the Housing Quality Standards, the tenant/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.

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 _____

D. Questions to ask the Tenant (Optional)

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) _____

General Health and Safety

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date of final approval
		Yes, Pass	No, Fail	Inconclusive		
1	Access to Unit Can the unit be entered without having to go through another unit?	☒	☐	☐		
2	Exits Is there an acceptable fire exit from this building that is not blocked?	☒	☐	☐		
3	Evidence of Infestation Is the unit free from rats or severe infestation by mice or vermin?	☒	☐	☐		
4	Garbage and Debris Is the unit free from heavy accumulation of garbage or debris inside and outside?	☒	☐	☐		
5	Refuse Disposal Are there adequate covered facilities for temporary storage and disposal of food wastes, and are they approvable by a local agency?	☒	☐	☐		
6	Interior Stairs and Common Halls Are interior stairs and common halls free from hazards to the occupant because of loose, broken, or missing steps on stairways; absent or insecure railings; inadequate lighting; or other hazards?	☒	☐	☐		
7	Other Interior Hazards Is the interior of the unit free from any other hazard not specifically identified previously?	☒	☐	☐		
8	Elevators Where local practice requires, do all elevators have a current inspection certificate? If local practice does not require this, are they working and safe?	☐	☐	☐	☒ Not Applicable	
9	Interior Air Quality Is the unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?	☒	☐	☐		
10	Site and Neighborhood Conditions Are the site and immediate neighborhood free from conditions which would seriously and continuously endanger the health or safety of the residents?	☒	☐	☐		
11	Lead Paint: Owner Certification If the owner of the unit is required to treat any interior or exterior surfaces, has the certification of compliance been obtained? If the owner was not required to treat surfaces, check "Not Applicable."	☐	☐	☒	Not Applicable	

Additional Comments: (Give Item Number)

Inspection Summary (Optional)Provide a summary description of each item which resulted in a rating of **Fail** or **Pass with Comments**.

Tenant ID No.	Inspector <i>Poore</i>	Date of Inspection <i>3/3/99</i>	Address of Inspected Unit <i>3544 W Jackson 3rd</i>
Type of Inspection	☒ Initial	☐ Special	☒ Reinspection
Number	Reason for "Fail" or "Pass with Comments" Rating		

3/3/99 Fail

3/3/99

3 Brm Apt
No Dr. Rm - Now used
As the 3rd Brm

A- Rate

Suggested Rent

750⁰⁰ to 800⁰⁰

Poore

AFFIDAVIT OF SHARON GLENN

SHARON GLENN, being first duly sworn on oath and having personal knowledge of the facts set forth herein, states as follows:

1. I am employed as the Assistant Chief of Programs, Services and Policy at the CHA. In this capacity, I supervise CHA's relocation of residents from developments where buildings are being vacated or demolished. Prior to occupying this position, I served as Section 8 Contract Administrator. In that job, I was required to be familiar with CHA's relocation practices and policies for all residents relocated from CHA public housing units to the Section 8 program. I served as the Section 8 Contract Administrator during 1997.

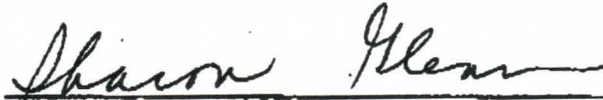
2. In 1997, CHA provided residents relocating from CHA public housing units with relocation assistance. Relocation counsellors would interview the families and assess their needs and preferences. For example, they would determine the family composition, bedroom size requirements, whether the family contained persons with disabilities who had special needs and whether the family had to be on the first floor. The counsellors would also determine whether the family wanted to enter the Section 8 program, as opposed to other options CHA had available.

3. If the family opted to participate in the Section 8 program, they were referred to CHAC, CHA's Section 8 administrator. When the family, working with relocation staff, located an apartment acceptable to the family, CHA then paid the family's security deposit, its utility disconnection and reconnection fees, and provided movers (paid for by CHA) to move the family. We ensured further that the family's rent at Section 8 did not exceed the rent they paid at CHA (unless their income changed).

EXHIBIT

Att. 10

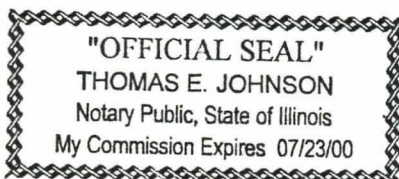
4. I have examined the files of Kizzie Johnson and Africa Simpson, both of whom relocated to Section 8 units in 1997. Our files show that CHA paid the security deposits for both families. Copies of the check requisition forms and the checks (paid to their landlords) are attached hereto. Our files also contain the invoice from Big "O" Movers, who moved Kizzie Johnson, the notice to Ms. Johnson that CHA would reimburse her for any utility disconnection or reconnection fees (signed by Ms. Johnson) and the notice to Ms. Johnson confirming that CHA would pay all moving costs (also signed by Ms. Johnson).


Sharon Glenn

Subscribed and Sworn to before me

this 10th day of January, 2000.


Notary Public



SECURITY DEPOSIT REQUEST FORM

DATE 12/2/97

DEVELOPMENT: ABLA

RESIDENT'S NAME: Kizzie Johnson

MOVING FROM: 1111 W. ROOSEVELT RD. #109

MOVING TO: 1407 E. 66th PL #2W

CITY CHGO. ST IL ZIP 60637

SEC 8 REGISTRATION NO. 9508101

SOCIAL SECURITY NUMBER: _____

LANDLORD

NAME: PAyce: Kevin A. Williams

ID OR SOCIAL SECURITY 339-56-7057

TELEPHONE NO. 773-667-3730

ADDRESS P.O. BOX 372397

CITY CHGO, IL ZIP 60637

AMOUNT REQUESTED: \$665

CHECK ONE: I MONTH 2 MONTHS

OTHER (PLEASE EXPLAIN)

REQUESTED BY: _____ DEPT _____ DATE _____

VERIFIED BY: _____ DEPT _____ DATE _____

APPROVED BY: Brad King DEPT _____ DATE 12/2/97

CHECK # Issued _____

Vendor #

Invoice #

☐ Emergency (Complete Reverse side)
☐ Non-Emergency

Originator: #11235

Jan 14/10/97

Jo Ella

1. Stevenson

Relocation

4695

12-4-97

Initiator

Department

Phone

Date

Payee:

Reoin A. Williams

Address:

P.O. Box 3775

339-54-7057

Chgo, IL 60633

Department Account Number:

Fund	Major	Sub-Account	Cost Center	Project	Sub-Project	Amount
259	1499	01	000000	82		615.00

Description: Relocation reimbursements for Security deposits Kizzie Johnson

Special Instructions or Mailing:

Please call Jo Ella for pick up

2.

John M. M.

Clock # 352

12/11/97

Department Head/Director

Date

3.

Executive Staff Director

Clock #

Date

Financial Management:

☐ Funds Available

☐ Funds Not Available

4.

Budget Department Director

Date

5.

Director Finance/Administration or Controller

Date

6.

Chief Operating Officer (Required if in Excess of (2,500)

Date

Accounts Payable:

Released By:

Received By:

Clock #

Vendor No.

Check No.

Check Date

CHAC Housing & Housing Program
1000 South Wabash
Chicago, Illinois 60605
(312) 761-0534
TDD: (312) 461-0070

REQUEST FOR INSPECTION AND LEASE APPROVAL

1. REQUEST

The undersigned owner (lessor) and family (lessee) hereby request CHAC, Inc. to approve the dwelling unit at:

1408 E. 66th St. Apt 2W CHAC 60637
Street Apt # City Zip Code

for the section 8 Rental Assistance Payment Program administered by CHAC, Inc. The apartment will be ready for inspection by
the unit consists of 2 bedrooms.

Requested Beginning Date of Lease: 1-2-1-97 Proposed Rent \$ 675.00
Security Deposit Amount: 675.00

2. TYPE OF BUILDING (check appropriate)

- ☒ Single Family Detached (Garden) ☐ Garden/Walk-up
☐ Semi-Detached/Row ☐ Elevator/High Rise
☐ Manufactured Home

Year Constructed: 1925

Unit is (check one):

☒ Private Market
☐ Sec. 235

☐ Sec. 221(d)(3)
☐ FPHA

☐ Sec. 202
☐ State or locally subsidized

3. UTILITIES AND APPLIANCES

Please indicate who is responsible for the utilities and appliances. Also please check the utility type. All utilities must be on at the time of the inspection.

Type	Fuel Type	Responsibility of
Heat	☐ Oil ☒ Gas ☐ Electric	☐ Owner ☒ Tenant
Cooking	☐ Gas ☐ Electric	☐ Owner ☒ Tenant
Hot Water	☒ Gas ☐ Electric	☒ Owner ☐ Tenant
Electricity		☐ Owner ☒ Tenant
Water/Sept		☒ Owner ☐ Tenant
Refrigerator		☒ Owner ☐ Tenant
Range	☒ Gas ☐ Electric	☒ Owner ☐ Tenant

4. CERTIFICATIONS

By executing this request, the owner certifies that:

- a. The most recent rent charged for the above dwelling unit was \$ 675.00 per month. The unit is was subsidized (check one) ☒ Yes ☐ No. The reason for the difference, if any, between this amount and the proposed rent is:

b. This unit is made available, managed and operated regardless of race, color, creed, religion, sex, sexual orientation, or national origin.

c. If the building was constructed before 1978, CHAC and the family will be advised of any lead-based paint on the surfaces of the unit which the owner has knowledge; the family will be provided with EPA's information pamphlet, Protect Your Family From Lead in Your Home; and the family will be provided with a lease that includes the "Lead Warning Disclosure Statement".

5. CHAC DETERMINATIONS

a. CHAC has not received the family for suitability for tenancy; such screening is the Owner's responsibility.

b. The Owner and the family understand that CHAC will arrange for the inspection of the unit and will notify them whether the unit and lease are acceptable for the program. All rent offers must be approved by the Market Analyst. CHAC, INC IS NOT RESPONSIBLE FOR ANY PART OF THE RENT PRIOR TO THE EXECUTION OF THE HOUSING ASSISTANCE PAYMENTS CONTRACT.

Kenneth A. Williams
Print or Type Name of Owner or other party authorized to execute lease

Signature

6138 S. Crawford Ave
Street Address

(773) 667-3430
Daytime Telephone Number

(773) 667-3433
Fax Number

Kizzie Johnson
Print or Type Name of Family Representative/Head of Household

Signature

11112 Roosevelt Rd #1000
Street Address of Family

312-733-8533
Daytime Telephone Number

PLEASE REFER TO THE OWNER FACT SHEET ON THE REVERSE SIDE

SECTION 8 OWNER FACT SHEET

Dear Property Owner:

Thank you for your interest in the Section 8 Program. This letter should answer the most commonly asked questions about the program. Under this program, CHAC, Inc., is responsible to administer rental subsidies. It is the responsibility of the owner to interview the potential tenant, to check the family's references, and to ensure in the same manner as any other potential tenant, that the family meets normal standards expected of tenants. Upon written request, CHAC will supply you with the names and addresses of the family's current and prior landlords, if known.

Inspection

Before CHAC can make subsidy payments, the unit must be inspected by our staff and comply with the U.S. Department of Housing & Urban Development (HUD) Housing Quality Standards (HQS). The following must occur:

- The unit must be completely vacant.
- All utilities must be on at the time of the inspection to ensure their working order. This must happen even if the family will be responsible to provide utilities.
- The inspector must view the basement and common areas in addition to the unit itself.

If the unit does not pass the initial inspection the owner will have 15 days to correct any deficiencies. When all repairs have been made it is the owner's responsibility to contact CHAC within 15 days to schedule a re-inspection.

Lease and Contract Information

In order to commence subsidy payments, a Lease, Lease Addendum and Housing Assistance Payments (HAP) Contract must be executed. You may use your own form of lease which must be approved by CHAC. As a courtesy, CHAC will make available the Chicago Apartment Lease form for your use if you choose. The Lease Addendum and HAP Contract are HUD forms and their use is required. Please read all documents carefully before signing.

You can expect to receive the first Housing Assistance Payment 30 to 45 days after the effective date of the leasing documents retroactive to the effective date. An Affidavit of Ownership and W-9 tax form must also be submitted with said RLA.

Except as required by State or local law, an owner participating in the Section 8 program may terminate tenancy without cause at the end of the initial lease term or at the end of a successive definite term. If the lease does not provide for a month-to-month or year-to-year extension, the owner may only terminate the tenancy after the initial term for cause.

Rent Determination

Initial rents are negotiated and approved by the Market Analyst and must be "rent reasonable". The Market Analyst determines what is "rent reasonable" on a unit by unit basis considering current market value of unassigned units in the area, given the unit size, condition, location, and amenities.

Annual rent increases are not guaranteed by CHAC and will be limited by CHAC's evaluation of the current rental market and HUD's Annual Adjustment Factor. Rent increases must be requested in writing and should be directed to the appropriate Housing Specialist at CHAC. If a family has a voucher, the family must agree in writing to any increase requested by the owner.

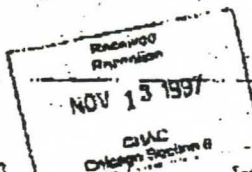
For further information about the Section 8 Housing Assistance Payments Program, an owner's handbook is available upon request.

FOR OFFICE USE

Section 8 Participant Name: Kezie Johnson

☑ Certificate ☐ Voucher Expires: 01-04-98

\$ 71



Section 8 # 950861

Family Size 2 / 2 BR

J. Johnson
ARLA

CHAC

The Chicago Section of Housing Program
1800 South Wabash
Chicago, Illinois 60605
(312) 791-6234
TDD: (312) 461-0078

AFFIDAVIT OF OWNERSHIP

Kevin A. Williams being first duly sworn on oath, says that as hereinafter set forth, that the following persons are the true and lawful beneficial owners of the premises commonly known as:
1407-09 W. 61st St.
CHICAGO, ILLINOIS Signed and Sealed this 33rd day of NOVEMBER, 1997.

Kevin A. Williams 6138 S. C. Hampton
Type or Print Name Address
Kevin A. Williams CHICAGO, IL 60637
Signature City, State and Zip Code

Type or Print Name Address

Signature City, State and Zip Code

Type or Print Name Address

Signature City, State and Zip Code

Type of Ownership: ☒ Individual ☐ Joint ☐ Partnership ☐ Corporation ☐ Limited Partnership

Owner Social Security or EIN # 339-56-7057

As true and lawful owner(s) of the above property, I (we) do hereby authorize:

Kevin A. Williams 6138 S. C. Hampton
Name Address
(773) 667-3430 339-56-7057
Telephone Social Security or EIN #

to act as agent on my (our) behalf in any and all matters concerning the CHAC, Inc., Section 8 Housing Assistance Payments Program. Withdrawal of this authorization will be made in writing to CHAC, Inc. thirty (30) days prior to cancellation.

Housing Assistance Payment (HAP) checks should be made payable to: Kevin A. Williams
Address: P.O. Box 377597
City, State & Zip Code: CHICAGO, IL 60637

STATE OF ILLINOIS)
COUNTY OF COOK) SS.

I, _____, a Notary Public in and for, and residing in the said County, in the State aforesaid, DO
HEREBY CERTIFY THAT _____ appeared before me this day and acknowledged that his/her
submission of this completed form to CHAC is true and accurate.

NOTY #71
EXP. 10/28/96

01/11/00 TUE 06:17 FAX
1-00-0000 3:13PM

FROM S WABASH STE 1310 312 422 0708

0011
P. 16

KEVIN WILLIAMS
PO BOX 37597
CHICAGO IL 60637

*Mailed
12/14/97*

THE CHICAGO HOUSING AUTHORITY

NAME		VENDOR NO.		CHECK NO.	
KEVIN WILLIAMS		11235		009152	
INVOICE DATE	INVOICE NO	INVOICE DESCRIPTION	GROSS AMOUNT	DISC.	NET AMOUNT
12/04/97	120457N66	CHECK REQUEST - RELOCA SECURITY DEPOSIT KIZZIE JOHNSON 1407 E. 66TH PL.. 2W.	665.00	0.00	665.00
					0.00
					0.00
					0.00
TOTAL NET AMOUNT					665.00

THE CHICAGO HOUSING AUTHORITY

SIX HUNDRED SIXTY FIVE DOLLARS AND NO CENTS

PAY TO
THE
ORDER
OF

KEVIN WILLIAMS
PO BOX 37597
CHICAGO IL 60637

VOID OVER \$1000.00

John Shields



CHICAGO HOUSING AUTHORITY
REDEVELOPMENT DIVISION
RELOCATION DEPARTMENT
626 W. JACKSON BLVD.
CHICAGO, ILLINOIS

♦ RELOCATION

I, Kizzie Johnson HAVE AGREED TO ACCEPT A UNIT LOCATED AT:

ADDRESS: 1407 E. 46th Place

APT. # 2E

THE CHICAGO HOUSING AUTHORITY WILL ASSUME ALL MOVING EXPENSES
RELATED TO MY RELOCATION.

I AGREE TO WAIVE THE 30-DAY NOTICE PROVISION UNDER THE LEASE.

MANAGEMENT OFFICE

K. Johnson
RESIDENT SIGNATURE

DATE

12/9/97



The Chicago Housing Authority

Edwin Eisendrath
Chairman

Joseph Shuldiner
Executive Director

Executive Committee
Rosanna Marquez
Artena Randolph
Timothy W. Wright III
Dr. Mildred Harris

Ed Moses
Deputy Executive
Director for
Community Relations
& Involvement

Ana Vargas
Deputy Executive
Director for Finance
and Administration

Jerome Butler
General Counsel

Relocateses

Kizzie Johnson
1407 E. 66th Place

All persons who had operating phone service at the time of your move may be reimburse for telephone and cable disconnection and re/connection services by the Chicago Housing Authority.

Once you receive your bill, please submit it to:

White/Chambers
1433 W. 13th St. #108

The reimbursement includes: the service ordering charge and one telephone line connection.

If additional information is needed, please contact:

The following utilities were in service a the time of my relocation:

Yes

TELEPHONE

No

CABLE TELEVISION

No

OTHER _____

Kizzie Johnson
Signature of Resident

12-10-97
Date

White/Chambers
Signature of Relocation Specialist

12-10-97
Date

RSS/ds

a:\wpwin\rembrsmnt

UNIFORM HOUSEHOLD GOODS BILL OF LADING AND FREIGHT BILL

BIG "O" MOVERS & STORAGE, INC.

5951 W. MADISON STREET CHICAGO, IL 60644

773/287-1000 & Bryce / Pam

9:00

CHA

ILL CC MC 22230 MC-C

Bill of Lading No.

NE 10978

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

CONNECTING OR INTERLINING
CARRIER (IF ANY)

ADDRESS

PHONE

RECEIVED, subject to classifications, tariffs, rules and regulations including all terms printed or stamped hereon or on the reverse side hereof in effect on the date of issue of this bill of lading.

SHIPPER Rizzzie JohnsonDATE 12/10/97

CONSIGNEE TO

ADDRESS 1111 W. RooseveltADDRESS 1407 E. 66th PlaceFLOOR 1003 EV. COUNTY TELFLOOR 2 EV. COUNTY TELCITY Chicago STATE IL ZIPCITY Chicago STATE IL ZIP

ACTUAL PICKUP DATE

AGREED PICKUP DATE

AGREED DELIVERY DATE

12/17/97

(if applicable)

ILL. TARIFF NO.

ITEM 2 BLS SCHEDULE

NOTIFICATION OF CHARGES

SHIPPER REQUESTS NOTIFICATION OF ACTUAL CHARGES TO
(C.O.D. SHIPPERS ONLY) PARTY SHOWN BELOW ☐

NOTIFY

ADDRESS TEL

IN CASE OF DELAY, OR IF CHARGES EXCEED ESTIMATE BY MORE
THAN 10%

NOTIFY

ADDRESS TEL

Estimated amount due carrier in cash,
cashier's check, or money order.

BILLING INFORMATION

NAME

ADDRESS

CITY & STATE

ATTENTION OF

SPECIAL SERVICES: ☐ Excl. Use of Veh. ☐ Cu. Ft. ☐ Expedited Service☐ Space Res. ☐ Cu. Ft. ☐ Complete OccupancyMoving at ☐ Lbs. Actual ☐ Lbs.

SHIPPER REQUESTED REWEIGH

☐

ORIGINAL REWEIGH

GROSS WEIGHT

TARE WEIGHT

NET WEIGHT

MIN. WEIGHT

FOR LIABILITY AND VALUATION PURPOSES
HOUSEHOLD GOODS SHALL BE DEEMED
TO WEIGH (7) POUNDS PER CUBIC FOOT.

CUBIC FEET @ 7 per cu. ft. lbs.

THE SHIPMENT WILL MOVE SUBJECT TO THE RULES AND
CONDITIONS OF THE CARRIER'S TARIFF SHIPPER HEREBY
RELEASES THE ENTIRE SHIPMENT TO A VALUE NOT EXCEED-
ING \$

(TO BE COMPLETED BY PERSON SIGNING BELOW)

NOTICE: THE SHIPPER SIGNING THIS CONTRACT MUST INSERT
IN THE SPACE ABOVE IN HIS OWN HANDWRITING EITHER HIS
DECLARATION OF THE ACTUAL VALUE OF THE SHIPMENT OR
THE WORDS "X" (this per pound per article). OTHERWISE THE
SHIPMENT WILL BE DEEMED RELEASED TO A MAXIMUM
VALUE EQUAL TO \$2.00 TIMES THE WEIGHT OF THE SHIPMENT
IN POUNDS

	CONTAINERS			PACKING SCHEDULE			UNPACKING SCHEDULE		
	QTY.	RATE	EXT.	QTY.	RATE	EXT.	QTY.	RATE	EXT.
BARREL Barrel, drum, or specially designed container									
CARTONS Less than 3 cu. ft.									
3 cu. ft.									
4 cu. ft.									
5 cu. ft.									
6 cu. ft.									
Wardrobe carton not less than 10 cu. ft.									
Crib Mattress Carton									
Mattress cartons not exceeding 39" x 75"									
not exceeding 54" x 75"									
exceeding 54" x 75"									
39" x 80"									
Mattress Cover (Paper or Plastic)									
Corrugated Containers									
Crates									
Gross Measurement of Crate									
Minimum charge per crate									
TOTAL CONTAINERS				TOTAL PACKING			TOTAL UNPACKING		

TOTAL CONTAINERS
PACKING AND
UNPACKING

TOTAL PACKING CHARGES

VALUATION CHARGE \$ @ per \$100, or fraction thereof

TRIP TRANSIT rate per \$100.00

TOTAL CHARGES FOR ABOVE SERVICES

Maximum amount to be paid at time of delivery to obtain delivery of an estimated C.O.D. shipment

Prepayment Collected by

SHIPPER DATE

YOU ARE OBLIGATED TO PAY BALANCE IN 30 DAYS

BALANCE DUE ▶

Driver Sign (Origin) DATE

DELIVERY ACKNOWLEDGEMENT. SHIPMENT WAS RECEIVED IN APPARENT GOOD CONDITION
EXCEPT AS NOTED IN INVENTORY AND SERVICES ORDERED WERE PERFORMED.SIGNED Pamela ChambersDATE 12-17-97

CEN 12500

SECURITY DEPOSIT REQUEST FORM

DATE 10/3/97

DEVELOPMENT: ABLA

RESIDENT'S NAME: Africa Simpson

MOVING FROM: 1433 W. 13th St.

MOVING TO: 358 E. 60th St. #301

CITY Chgo. ST IL ZIP 60637

SEC 8 REGISTRATION NO. 949796

SOCIAL SECURITY NUMBER: _____

LANDLORD

NAME: Payee: South Park Apartments

ID OR SOCIAL SECURITY 36-4103730

TELEPHONE NO. (773) 468-1960

ADDRESS 220 E. Gastland Blvd

CITY Chgo.

AMOUNT REQUESTED: \$ 650

CHECK ONE: 1 MONTH 3 MONTHS
OTHER (PLEASE EXPLAIN)

REQUESTED BY: _____ DEPT: _____ DATE: _____

VERIFIED BY: _____ DEPT: _____ DATE: _____

APPROVED BY: _____ DEPT: _____ DATE: _____

CHECKS # Issued _____

Originals:

191

10/8/97

Jo Ella

Stevenson

Relocation

4695

10/6/97

Initiator

Department

Phone

Date

Payee:

South Park Apartments

Address:

220 E Bayfield
Chicago, Ill

Department Account Number:

Fund	Major	Sub-Account	Cent Center	Project	Sub-Project	Amount
255	1495	01	000000	82		\$650.00

Description: Relocation reimbursements for Security deposits

AKK CA Empir

Special Instructions or Mailing: Please call Jo Ella for pick up.

2.



Clock # 3752

Department Head/Director

Date

3.

Executive Staff Director

Clock #

Date

Financial Management:

☐ Funds Available☐ Funds Not Available

4.

Budget Department Director

Date

5.

Director Finance/Administration or Controller

Date

6.

Chief Operating Officer (Required if in Excess of (2,500))

Date

Accounts Payable:

Released By:

Received By:

Clock #

Vendor No.

Check No.

Check Date

SOUTH PARK APARTMENTS
220 E GARFIELD AV
CHICAGO IL

*mailed
10/17/97*

THE CHICAGO HOUSING AUTHORITY

NAME		VENDOR NO.		CHECK NO.	
SOUTH PARK APARTMENTS		12191		008014	
INVOICE DATE	INVOICE NO.	INVOICE DESCRIPTION	GROSS AMOUNT	DISC.	NET AMOUNT
10/06/97	100697N65	CHECK REQUEST - RELOCA	650.00	0.00	650.00
		SECURITY DEPOSIT			0.00
		AFRICA SIMPSON			0.00
		358 E. 60TH ST., #301			0.00
TOTAL NET AMOUNT					650.00

THE CHICAGO HOUSING AUTHORITY

PAY TO THE ORDER OF: SOUTH PARK APARTMENTS
220 E GARFIELD AV
CHICAGO IL

DATE: 10/10/97

AMOUNT: \$650.00

CHECK NO: 008014

SIX HUNDRED FIFTY DOLLARS AND 00 CENTS

VOID OVER \$500.00

John Smith

The Chicago Section 8 Housing Program
1000 South Wabash
Chicago, Illinois 60606
(312) 781-8434
TDD: (312) 481-0070

REQUEST FOR INSPECTION AND LEASE APPROVAL

1. REQUEST

The undersigned owner (lessor) and family (lessee) hereby request CHAC, Inc., to approve the dwelling unit at:

358 E. 64th St #301 Apt # 301 City Chicago Zip Code 60637

for the section 8 Rental Assistance Payments Program administered by CHAC, Inc. The apartment will be ready for inspection by 9-11-97. The unit consists of 3 bedrooms.

Requested Beginning Date of Lease 10-1-97 Proposed Rent \$ 650.00
Security Deposit Amount \$ 650.00

2. TYPE OF BUILDING (Check applicable box)

- ☐ Single Family Detached ☒ Garden/Walk-up
☐ Semi-Detached/Row ☐ Elevator/High Rise
☐ Manufactured Home

Year Constructed: 1997

Unit is (check one): ☐ Private Market ☐ Sec. 221(d)(3) ☐ Sec. 202
☐ Sec. 236 ☐ FHHA ☐ State or locally subsidized

3. UTILITIES AND APPLIANCES

Please indicate who is responsible for the utilities and appliances. Also please check the utility type. All utilities must be on at the time of the inspection.

Type	Fuel Type	Responsibility of
Heat	☐ Oil ☒ Gas ☐ Electric	☒ Owner ☐ Tenant
Cooking	☒ Gas ☐ Electric	☐ Owner ☒ Tenant
Hot Water	☒ Gas ☐ Electric	☒ Owner ☐ Tenant
Electricity		☐ Owner ☒ Tenant
Water/Sewer		☒ Owner ☐ Tenant
Refrigerator		☒ Owner ☐ Tenant
Range	☐ Gas ☐ Electric	☒ Owner ☐ Tenant

4. CERTIFICATIONS

By executing this request, the owner certifies that:

- The most recent rent charged for the above dwelling unit was \$_____ per month. The unit ☐ was ☐ was not subsidized (check one). The reason for the difference, if any, between this amount and the proposed rent is:
- This unit is made available, managed and operated regardless of race, color, creed, religion, sex, sexual orientation, or national origin.
- If the building was constructed before 1978, CHAC and the family will be advised of any lead-based paint on the surfaces of the unit which the owner has knowledge; the family will be provided with EPA's information pamphlet, *Protect Your Family From Lead in Your Home*; and the family will be provided with a lease that includes the "Lead Warning Disclosure Statement".

5. CHAC DETERMINATIONS

- CHAC has not screened the family for suitability for tenancy; such screening is the Owner's responsibility.
- The Owner and the family understand that CHAC will arrange for the inspection of the unit and will notify them whether the unit and lease are acceptable for the program. All rent offers must be approved by the Market Analyst. **CHAC, INC IS NOT RESPONSIBLE FOR ANY PART OF THE RENT PRIOR TO THE EXECUTION OF THE HOUSING ASSISTANCE PAYMENTS CONTRACT.**

South Park Apartments LTD. Partnership
c/o Metroplex, Inc.

Print or Type Name of Owner or other party authorized to execute lease

Signature

Business Address

Daytime Telephone Number

Fax Number

Africa Simpson

Print or Type Name of Family Representative/tenant

Signature

Present Address of Family

Daytime Telephone Number

- (b) Thirty (30) percent of the person's average monthly gross household income. (If the person refuses to provide appropriate evidence of income or is a dependent, the base monthly rent shall be established solely on the criteria in Paragraph 3-4b(3)(a) or (c). A full time student or resident of an institution may be assumed to be a dependent, unless the person demonstrates otherwise.); or
- (c) The designated allowance for rent/utility costs if the person receives welfare assistance from a public agency and a part of such welfare assistance, adjusted in accordance with the person's actual housing costs, is designated by the public agency to meet the person's rent and utility costs.
- (3) Section 8 Certificates and Housing Vouchers. Agencies are encouraged to help eligible displaced tenants obtain a certificate or housing voucher for rental assistance provided by a local Public Housing Agency (PHA) pursuant to Section 8 of the United States Housing Act of 1937, as amended, and to offer referrals to comparable replacement dwellings whose owners are willing to participate in the certificate or housing voucher program. If the displaced person did not receive government housing assistance before displacement, however, the person must be informed of his or her option to choose a cash payment under Paragraph 3-4b, as an alternative to the Section 8 assistance. (In the unusual case where the displacement dwelling rent/utility cost is less than the Total Tenant Payment under the Section 8 Program (see Paragraph 7-20b), the tenant is eligible for a 42-month cash supplement to cover the gap.)
- (4) Determination of Utility Costs at Displacement Dwelling. For purposes of computing rental assistance, the average monthly utility costs (defined in Paragraph 1-26) at the displacement dwelling are 1/12 of the utility costs over a 12-month period. The determination may be based on the 12-month period immediately prior to the date of displacement, using statements/bills of actual cost.
- (5) Determination of Monthly Gross Income. Monthly gross income is 1/12 of the current or anticipated gross income of all adult (at least 18 years old) members of the household for the 12 months following displacement. The Agency may follow the policies set forth in Paragraph 7-21. (New URA rental assistance to be provided in

AFFIDAVIT OF CHERYL DANIEL

CHERYL DANIEL, being first duly sworn on oath and having personal knowledge of the facts set forth herein, states as follows:

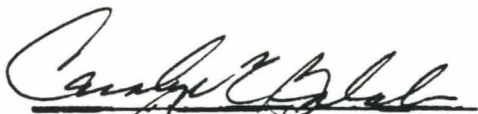
1. I am employed by CHA as a Housing Manager at the ABLA-A development. Part of my duties and responsibilities are to assist ABLA residents with relocation, recertification and other matters pertaining to their residency. The part of ABLA I am responsible for includes 840 S. Lytle.

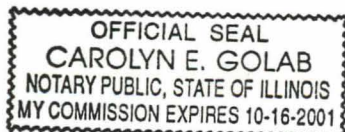
2. Nona Young is presently the leaseholder at 840 S. Lytle, Apt. 72. She has never informed our office that she has vacated that unit. She has never returned her keys.

3. I spoke with Ms. Young on October 9, 1999 at the ABLA-A management office when she came in to say that she had quit her job. She was there to ask that we reduce her rent to zero. She gave me the letter attached hereto on that date. I informed Ms. Young that we could not zero out her rent until we determined that she was not eligible for unemployment compensation. She indicated to me that she would apply for unemployment compensation. At the time of this visit, I understood that Ms. Young remained a resident at ABLA.


Cheryl Daniel

Subscribed and Sworn to before me
this 10th day of January, 2000.


Notary Public



EXHIBIT

Att. 12

Memorandum

Date: October 08, 1999

Subject: Resignation

From: Nona Young--Case Manager

To: Ms. Liz Drew--IETC Westside
One-Stop

CC: Mel Johnson, Manager WSLC

☒ Enclosures

☒ Attachments

After considerable thought, I have decided to resign. Due to the fact of unstable conditions in your organization, which has caused a tremendous effect of stress on my behalf. These feelings which have occurred started in June, 1999, during the rotating period. These changes have affected the clients and decreased the enrollment. With the poor staff arrangement, which has been issued, the clients have been neglected services, which should have been provided.

Yet through it all I would like to thank you for giving me this opportunity to experience the basic training of being a Case Manager. The experience has enlightened me for future endurance.

As of October 22, 1999 I'm asking this issue to take effect.

CERTIFICATE OF SERVICE

THOMAS E. JOHNSON, an attorney, hereby certifies that a copy of the foregoing CHA'S MEMORANDUM IN OPPOSITION TO THE CRA INTERVENORS' MOTION TO INTERVENE was served upon the parties listed below by first-class, U.S. Mail, proper postage prepaid, on January 10, 2000.

William P. Wilen
Daniel P. Lindsey
Wendy L. Stasell
NATIONAL CENTER ON POVERTY LAW, INC,
205 W. Monroe St., 2nd Fl.
Chicago, IL 60606

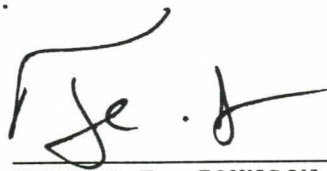
Harold C. Hirshman
Robert B. Millner
SONNENSCHNEIN, NATH & ROSENTHAL
8000 Sears Tower
Chicago, IL 60606

Sharon K. Legenza
Clyde E. Murphy
CHICAGO LAWYERS' COMMITTEE FOR
CIVIL RIGHTS UNDER LAW, INC.
100 N. LaSalle St., Suite 600
Chicago, IL 60602

Michael L. Shakman
Edward W. Feldman
MILLER, SHAKMAN, HAMILTON,
KURTZON & SCHLIFKE
208 S. LaSalle St., Suite 1100
Chicago, IL 60604

Alexander Polikoff, Esq.
Julie Brown, Esq.
BUSINESS AND PROFESSIONAL PEOPLE FOR
THE PUBLIC INTEREST
17 E. Monroe St., Suite 212
Chicago, IL 60603

Linda Wawzenski
Assistant U.S. Attorney
& Deputy Chief Civil Div.
219 S. Dearborn Street
Suite 500
Chicago, IL 60604



THOMAS E. JOHNSON

Thomas E. Johnson
JOHNSON, JONES, SNELLING, GILBERT & DAVIS
36 S. Wabash Ave., Suite 1310
Chicago, IL 60603
(312) 578-8100