

Instructions: Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. All references to “unit” refer to the unit in the building or house the room rental is located in. The property must meet all criteria in order to be approved. A copy of this checklist must be placed in the client file.

Unit Review Checklist	
1.	<p>LINC Program Participant and Unit Information:</p> <p>Program Participant Name: _____</p> <p>Street Address of Building: _____</p> <p>Apartment #: _____ Borough: _____ State: <u>New York</u> Zip: _____</p> <p>Is this a house, an apartment or a Class A single room occupancy multiple dwelling? _____</p> <p>Number of bedrooms in the unit: _____</p> <p>Number of current occupants in the unit: _____</p> <p>Number of unrelated occupants in the unit: _____</p>
2.	<p>Interior of Building:</p> <p>Are the interior stairs & halls free of hazards? (e.g. damaged surfaces, peeling paint, loose handrails or damaged risers/threads) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there an unlocked Fire Exit from building? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the Fire Escape secured to the building? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is building condition decent/safe/sanitary and free of evidence of structural issues? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do halls & exits have a clear path to egress & sufficient lighting? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are halls/stairs free of electrical hazards? (i.e. exposed wiring) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
3.	<p>Overall Conditions in the Unit:</p> <p>Are there locks on interior doors that have access to a fire escape? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there any locks on interior doors that require a key? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there adequate heat in the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there at least one window in the living room and every bedroom? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">I have attached a picture of the window in the room being rented. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are the windows operable? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there an unlocked Fire Exit/Fire Escape accessible from all areas of the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are the gates on the Fire Escape window approved by FDNY (see attached list of FDNY approved fire gates)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (there are no gates on the Fire Escape window)</p> <p>Does the unit have an internal kitchen and a bathroom? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are all interior doors hung properly and provide secure privacy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are the windows in good condition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the unit free of hanging or exposed wires? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the unit free of rats, mice, vermin? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a working smoke & carbon monoxide detector? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

4.	<p>Bathroom(s):</p> <p>Is the bathroom accessible to all occupants of the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do the sink/tub/shower have hot & cold running water? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are the windows operable or is there an exhaust fan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the toilet in proper working order? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is mold visible in the sink/tub/shower? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the bathroom free of plumbing leaks? (ie. Steam leaks) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the water clean? (ie. no rust) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
5.	<p>Kitchen:</p> <p>Is the kitchen accessible to all occupants of the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there hot & cold running water? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a working oven? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the kitchen free of plumbing leaks? (i.e. steam leaks) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the drinking water clean? (i.e. no rust) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a food preparation area? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a working refrigerator? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
6.	<p>Electrical:</p> <p>Is there at least one light & one working outlet per room? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are fixtures and electrical devices secure with no exposed wires? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is mold visible on any interior surface? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is excessive moisture evident on any interior surface? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there tell-tale odors such as mildew evident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

CERTIFICATION STATEMENT

I certify that on _____(insert date), I visited the property located at the address indicated in section 1, above, and evaluated the conditions to the best of my ability and find the following:

- Property meets all of the above standards.
- Property does not meet all of the above standards.

I have confirmed that:

- 1) The New York City Department of Buildings does not have an active vacate or stop work order for this building. <http://a810-bisweb.nyc.gov/bisweb/bispi00.jsp>
Date confirmed: _____
- 2) There is no complaint on the New York City Department of Buildings’ BIS system in the last four years in categories 31, 45, or 71 with a final disposition code of A1-A9, C1-C4, or with no disposition code. <http://a810-bisweb.nyc.gov/bisweb/bispi00.jsp>
Date confirmed: _____

- 3) The New York City Department of Housing Preservation and Development does not have an active vacate order for this property and the building is not part of HPD's Alternative Enforcement Program (both Hazard Class I). There is no litigation against the owner of this building that is open or pending.
https://hpdonline.hpdnyc.org/HPDOnline/provide_address.aspx
 Date confirmed: _____
- 4) The New York City Fire Department does not have an active vacate order for this property.
http://www.nyc.gov/html/fdny/pdf/fire_prevention/vacate_status_list.pdf
 Date confirmed: _____
- 5) The New York State Department of Health does not include this building on its Uncertified Facilities List or Referral Suspension List.
https://www.health.ny.gov/facilities/adult_care/memorandum.htm
 Date confirmed: _____
- 6) The Certificate of Occupancy, Temporary Certificate of Occupancy, Letter of No Objection, or I-Card authorizes residential occupancy.
<http://a810-bisweb.nyc.gov/bisweb/bispi00.jsp>
 Date confirmed: _____

COMMENTS:

REVIEWER'S RECOMMEDATION:

APPROVE
 DISAPPROVE

Reviewer's Name and Title: _____

Reviewer's Signature: _____ Date: _____