

APARTMENT REVIEW CHECKLIST
(to be completed by City or Provider staff)

Client Name: _____

Shelter/Provider Name: _____

Date of apartment viewing: _____

Are there children in the Household? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, indicate the ages of all children: _____




Apartment Information


Address:		Year of Construction (From DHS Clearance results document - DOB/Certificate of Occupancy section):	
Apartment Number:	Floor:	Borough:	Zip Code:


Total # rooms: _____ Total # bedrooms: _____ Total # baths: _____ Total # of units: _____ Number of people who will live in the apartment: _____


USE THIS FORM FOR: APARTMENT WALKTHROUGHS.
DO NOT USE THIS FORM FOR: ROOM, COMMERCIAL SRO, OR NYCHA WALKTHROUGHS.




UTILITIES (GAS, ELECTRICITY, AND WATER) MUST BE CONNECTED BY THE LANDLORD PRIOR TO THE APARTMENT REVIEW.








1. Interior of Building	YES	NO	N/A	Information
a) Are the interior stairs & halls free of hazards? (e.g. damaged surfaces; peeling, cracked, & loose paint; and loose or missing handrails)	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
b) Is there excess garbage in the hallways/interior of the building that may cause a health and safety condition?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Fail No = Pass See Guidance 
c) Do halls and stairwells have a clear path to egress?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
d) Do halls and stairwells have sufficient lighting?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 





1. Interior of Building	YES	NO	N/A	Information
e) Is there a working mailbox or mail slot for the tenant? <i>The mail box/slot must be unique to this unit and not shared with others.</i>	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
f) Is this unit in a building/house with 3 or more units?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
g) If 1f is YES – is there at least one unlocked Fire Exit from the building? <i>Per NYC fire code, a fire exit is a stairway separated from other interior spaces of a building by fire-resistant construction so that it provides a protected path of egress out of a building.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Pass No = Fail
h) If 1g is YES - are any of the Fire Exits blocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Fail No = Pass
i) If 1f is YES - is there a self-closing mechanism on the apartment entrance door, the building entrance door, and the Fire Exit doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Pass No = Fail See Guidance 
j) If 1f is YES - is there a working bell/buzzer for the apartment? <i>The bell or buzzer must ring inside the apartment.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Pass No = Fail



2. Hallway and Apartment or House	YES	NO	N/A	Information
a) Is this unit in a building/house with 3 or more units, AND are there children 10 and under in this household?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
b) If 2a is YES - are window guards in place in the hallways and installed with the correct (one way) screws and L brackets to prevent the window from opening more than 4 inches; or if there is a casement window hinged at the side or top, is there a chain to prevent the window from opening more than 4 inches? <i>If the gap from the top bar of the window guard to the top of the window is less than 4 inches, an L bracket is not required.</i> <i>Note that window guards should not be installed in fire escape windows.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Pass No = Fail See Guidance 


2. Hallway and Apartment or House	YES	NO	N/A	Information
<p>c) If 2a is YES - are window guards in place in the unit and installed with the correct (one way) screws and L brackets; or if there is a casement window hinged at the side or top, is there a chain to prevent the window from opening more than 4 inches?</p> <p><i>If the gap from the top bar of the window guard to the top of the window is less than 4 inches, an L bracket is not required.</i></p> <p><i>Note that window guards should not be installed in fire escape windows.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes = Pass No = Fail See Guidance</p> 

3. Overall Apartment/House	YES	NO	N/A	Information
<p>a) Is the apartment being repaired or under renovation or construction?</p> <p><i>If the unit is being repaired or is under construction, it is not suitable for a client.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Fail No = Pass</p>
<p>b) Is there a fire escape?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
<p>c) If 3b is YES - are there window gates on the window leading to the fire escape?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Pass/Fail
<p>d) If 3c is YES - can the window gates be opened from the inside?</p> <p><i>For example, the gates must not have padlocks.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes = Pass No = Fail See Guidance</p> 
<p>e) If 3b is YES – are the window gates on the fire escape window stamped with an FDNY approval number and can they be opened without the use of a key?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes = Pass No = Fail See Guidance</p> 
<p>f) If 3b is YES - are there locks on the interior doors of the apartment that have access to that fire escape window?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes = Fail No = Pass</p>
<p>g) Do the windows open, close, and lock freely?</p> <p><i>You can ask the landlord/landlord representative to do this.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Pass No = Fail</p>
<p>h) Is there a window leading to the outside (basement, first floor, fire escape, porch, or other outside place that can be reached from the ground)?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
<p>i) If 3h is YES – is it lockable from the inside (to protect individuals from invasion)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes = Pass No = Fail See Guidance</p> 
<p>j) Are all interior surfaces free of cracked, peeling & loose paint?</p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Pass No = Fail See Guidance</p>





3. Overall Apartment/House (continued)	YES	NO	N/A	Information
<p>k) If 3j is NO - is the date of construction 1978 or earlier?</p> <p><i>The date of construction can be found on the Certificate of Occupancy. This date is provided in the Department of Buildings section of the DHS Clearance document.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Not Pass/Fail See Box 9 on page 10</p>
<p>l) Is the unit free of evidence of rats, mice, roaches, or other vermin?</p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Pass No = Fail See Guidance </p>
<p>m) Is the unit free of any evidence of leaks?</p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Pass No = Fail See Guidance </p>
<p>n) Are the floors free of hazards? <i>For example, no gaps, tripping hazards, or protruding nails.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Pass No = Fail See Guidance </p>
<p>o) Are there any holes in the walls, floors, or ceilings?</p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Fail No = Pass See Guidance </p>
<p>p) Is each room that is used for sleeping at least 80 sq. ft., and does each room include a window or skylight?</p> <p><i>A room of under 80 square feet without a window can be used for another purpose, but not for sleeping. A room used for sleeping must be both 80 square feet and have a window.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Pass Fail = No See Guidance </p>
<p>q) Is there a lock on the inside of the apartment entrance door requiring a key to exit the apartment? <i>No double cylinder locks are permitted.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Fail No = Pass See Guidance </p>
<p>r) Is there a smoke detector located within 15 feet of the entrance to each room that is used for sleeping?</p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Pass No = Fail See Guidance </p>
<p>s) If 3r is YES - are all of the smoke detectors working?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes = Pass No = Fail See Guidance</p>





3. Overall Apartment/House (<i>continued</i>)	YES	NO	N/A	Information
t) Is there a carbon monoxide detector located within 15 feet of the entrance to each room that is used for sleeping?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
u) If 3t is YES - are all of the carbon monoxide detectors working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Pass No = Fail See Guidance
v) Is there a heat source in every room of this unit? <i>Portable heating units are not permissible.</i>	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
w) Is the heat source a radiator?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
x) If 3w is YES – is there steam coming from the radiator or from the pressure valve, or is there moisture around the pressure valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Fail No = Pass See Guidance  See Box 10 on page 10
y) If 3w is YES – is there evidence of leaking on, under, or around the radiator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Fail No = Pass See Guidance  See Box 10 on page 10
z) If 3w is YES - is the radiator missing a knob or valve? Check the N/A box if you were unable to observe the knob or valve due to the cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No = Pass Yes = Fail See Guidance  See Box 10 on page 10
aa) Is this apartment in the basement, cellar, or attic?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail See Box 11 on Page 10

3. Overall Apartment/House (<i>continued</i>)	YES	NO	N/A	Information
ab) Can the unit be accessed without having to go through another unit?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
ac) Does the unit have a porch or balcony?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
ad) If 3ac is YES – is it 30 inches or more above the ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Pass/Fail
ae) If 3ad is YES, is a railing present and secure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Pass No = Fail
af) Is there a drop ceiling (a secondary ceiling hung beneath the main ceiling)?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail <i>See Guidance</i>  See Box 12 on Page 10
ag) Do you have reason to think that this apartment was illegally subdivided?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail <i>See Guidance</i>  See Box 13 on Page 11
<p>ah) If the inspection occurs between 10/1 and 5/31 it is required for the heat to be working.</p> <p><i>Take the temperature in at least one room (not the bathroom or kitchen).</i></p> <p><i>During the day (6 AM – 10 PM), if the outside temperature falls below 55 degrees Fahrenheit, the inside temperature must be at least 68 degrees Fahrenheit. If the outside temperature is above 55 degrees Fahrenheit, there is no minimum indoor temperature.</i></p> <p><i>At night (between 10 PM – 6 AM), the inside temperature must be at least 62 degrees Fahrenheit at all times.</i></p>	<p>Inside Temperature: _____</p> <p style="text-align: center;">(Fahrenheit)</p> <p>Outside Temperature: _____</p> <p style="text-align: center;">(Fahrenheit)</p>		<p>Time of day of walk-through: _____</p> <p>Pass = meets specified requirements</p> <p>Fail = does not meet specified requirements</p>	

4. Bathroom	YES	NO	N/A	Information
a) Do the sink, tub/standing shower, and showerhead have hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail <i>See Guidance</i>
b) Does the water in the sink, tub/standing shower, and showerhead flow freely?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
c) Is the water in the sink, tub/standing shower, and showerhead clean after flushing the pipes for at least 60 seconds (i.e. no rust)?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
d) Is the toilet in proper working order?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
e) Is there a vent or an operable window in the bathroom? <i>You should check for presence of vent airflow/draw.</i>	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
f) Is the bathroom free of plumbing leaks (including steam leaks)?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail <i>See Guidance</i> 

5. Kitchen	YES	NO	N/A	Information
a) Does the kitchen sink have hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail <i>See Guidance</i>
b) Is the water in the sink clean after flushing the pipe for at least 60 seconds (i.e. no rust)?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
c) Is there a working oven?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
d) Is there a working stove? <i>All burners on the stove must be working.</i>	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
e) Is there a working refrigerator with rails and shelves adequate to the household's needs?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail <i>See Guidance</i>
f) Is the refrigerator cold?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail <i>See Guidance</i>

5. Kitchen	YES	NO	N/A	Information
g) Is there a working freezer?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
h) Does the kitchen have cabinets, shelves, or a space to store food?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
i) Does the kitchen have a meal preparation area (e.g., counter space)?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
j) Is the kitchen free of plumbing leaks (including steam leaks)?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
k) Is the stove or oven free of grease build-up?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
l) Is there a working vent over the stove or a window in the kitchen?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail

6. Electrical	YES	NO	N/A	Information
a) Does each room that will be used for sleeping have either two electrical outlets or one outlet and one permanent light fixture?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
b) Do all of the outlets in the kitchen and bathroom have a reset button (GFCI Outlet)?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
c) Are fixtures and electrical devices secure, with no exposed wires, and do they have plate covers?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
d) Is the apartment free of exposed wires? <i>Wires that connect to a cable box are not considered exposed wires.</i>	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 

6. Electrical	YES	NO	N/A	Information
e) Are there any wires located in or located near standing water?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Fail No = Pass

7. Accessibility – Information Gathering Only	YES	NO	N/A	Information
a) Are there any stairs (or steps) between the public sidewalk and the door to the unit?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
b) If 7a is YES - is it possible to avoid all of the stairs (or steps) between the public sidewalk and the door to the unit by, for example, using an alternate tenant-entrance to the building, or by using an elevator (or lift), and/or ramp?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
c) Does the building have an elevator?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
d) If 7c is YES - is at least one in working order?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
e) What are the widths of the following: Front entrance of the building: _____ Elevator door: _____ Entrance to the apartment: _____ Bathroom doors (if more than one bathroom, it is only necessary to measure one): _____ <i>To comply with the Americans with Disabilities Act, elevator doors must be 36 inches wide and doorways must be 32 inches wide.</i>	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail

8. Approval	YES	NO	Information
a) Are there any other issues that would make the apartment unsuitable to rent? If so, what are they? _____ _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Fail No = Pass
b) Based on the answers you have provided above, do you approve of this apartment for rent by this client?	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Pass No = Fail

(Turn page)

9. Peeling Paint Escalation If the answer to question 3k is YES, please email the landlord a copy of this Apartment Review Checklist as instructed in the bottom of the last page of this document. Please also send a completed copy of this Apartment Walkthrough Checklist to apartmentoffers@dhs.nyc.gov with the subject line "Paint Condition." Even if the apartment failed for other reasons, you must still send a completed copy of this form to DHS.	YES	NO	Information
<ul style="list-style-type: none"> Was the answer YES for 3k? 	<input type="checkbox"/>	<input type="checkbox"/>	Notify DHS staff if you checked YES.

10. Radiator Escalation Please indicate if you answered YES to any of the questions listed below. If the landlord subsequently repairs the condition, send a copy of this completed Apartment Review Checklist to apartmentoffers@dhs.nyc.gov with the subject line "Escalation" for approval.	YES	NO	Information
<ul style="list-style-type: none"> Was the answer YES for 3x? 	<input type="checkbox"/>	<input type="checkbox"/>	Notify DHS staff if you checked YES for any of these items.
<ul style="list-style-type: none"> Was the answer YES for 3y? 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Was the answer YES for 3z? 	<input type="checkbox"/>	<input type="checkbox"/>	

11. Basement, Cellar or Attic Escalation Please indicate if you answered YES to the question below. If you answer YES, the unit cannot pass at this time. You must email a completed copy of the Apartment Review Checklist to apartmentoffers@dhs.nyc.gov with the subject line " <u>Escalation</u> " for approval.	YES	NO	Information
<ul style="list-style-type: none"> Was the answer YES for 3aa? 	<input type="checkbox"/>	<input type="checkbox"/>	Notify DHS staff if you checked YES.

12. Drop Ceiling Escalation Please indicate if you answered YES to the question below. If you answer YES, the unit cannot pass at this time. You must email a completed copy of the Apartment Review Checklist to apartmentoffers@dhs.nyc.gov with the subject line " <u>Escalation</u> " for approval.	YES	NO	Information
<ul style="list-style-type: none"> Was the answer YES for 3af? 	<input type="checkbox"/>	<input type="checkbox"/>	Notify DHS staff if you checked YES.

13. Illegal Subdivision Escalation Please indicate if you answered YES to the question below. If you answer YES, the unit cannot pass at this time. You must email a completed copy of the Apartment Review Checklist to apartmentoffers@dhs.nyc.gov with the subject line “Escalation” for approval.	YES	NO	Information
<ul style="list-style-type: none"> Was the answer YES for 3ag? If so, provide the reason(s)? _____ _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	Notify DHS staff if you checked YES.

Landlord/Landlord Representative Contact Information	
_____ Name of Landlord/Landlord Representative (Print)	_____ Name of Organization (Print)
_____ Email	_____ Telephone Number

Certification		
I certify that I visited the property located at the address indicated above and that the information in this form has been answered correctly to the best of my ability.		
_____ Person completing walkthrough (Print)	_____ Person completing walkthrough (Signature)	_____ Date
_____ Name of your organization (Print)		

- ❖ **A copy of this form and the Website Clearance Checklist must be included in your application request packet. The application will not pass review if the apartment needs repair or does not pass the required clearances.**
- ❖ **For technical support during the Apartment Review, please call 212-232-0560 from 9am to 5pm Monday through Friday.**
- ❖ **If the unit fails under any condition, a copy of the completed Apartment Review Checklist must be provided to the landlord via email so a record can be kept.**