

CITY OF SAN DIEGO - LEAD SAFETY COLLABORATIVE GRANT PROGRAM

OWNER ACKNOWLEDGEMENT

Site Address _____ Apt / Unit _____ Zip Code _____

This document is intended to ensure property owners are: 1) aware of the services to be provided by the City of San Diego's, Lead Safety Collaborative (LSC) grant program; 2) aware of the limitations of those services and; 3) are aware of the property owner's and occupant obligations upon enrolling their property into the Program.

The Residential Lead-Based Paint Hazard Reduction Act (Title X), as amended, establishes the criteria by which assistance this funding can be used. The intent of the funding is to reduce the maximum possible number of children that are less than 6 years of age or pregnant women, in low income families, from being exposed to lead hazards. This program therefore, gives priority to qualifying households with the most children currently residing, or frequently visiting, who are less than 6 years of age.

Eligible properties will receive a healthy homes inspection that includes a complete lead-inspection, lead-risk assessment, and healthy homes assessment. After the inspection, a LSC representative will contact you to review the results of the inspection and scope of services to be provided to remediate the hazards, which will be summarized in a hazard assessment report which you will be provided: The report will include:

- A summary of the components on the property where the paint has been classified as lead containing
- A summary of any lead hazards identified
- A summary of any health and safety hazards identified
- A scope of services to be provided to eliminate the identified hazards
- An ongoing maintenance plan to ensure the property remains lead-safe

Hazards identified during the home assessment will be corrected and paid for using U.S. Department of Housing and Urban Development (HUD) funds and/or program partner services. All remediation contractors under contract by the City will be required to include a 3 year warranty for their services.

LSC is a collaboration of partner organizations that provide a variety of program services, including energy efficiency and weatherization programs that reduce utility bills while maintaining comfortable living conditions throughout the year. An LSC representative will contact **one** energy efficiency or weatherization service provider in your area who will contact you directly to enroll into an energy efficiency and/or weatherization program. Additional eligibility requirements may apply in order to receive these services. These services may include, but are not limited to, water heater repair/replacement, furnace repair, attic insulation, window and door weatherization, and installation of low flow water fixtures. In some instances, you might be eligible for the installation of solar panels at no cost to you. In this case, program partner Grid Alternatives will contact you directly to provide you detailed information about their program.

HUD funds are intended to eliminate lead-hazards from residential units. Lead Hazards are defined as: 1) Deteriorated lead-based paint; 2) lead-contaminated dust and; 3) Lead contaminated soil. HUD funds are **not** intended to eliminate lead-based paint from your property, although in some instances (when it is cost effective and allowable) the program may eliminate lead-based paint from certain components and/or surfaces, including surfaces where the paint is alligatoring. As such, surfaces with deteriorated paint that are not subject to friction or impact may undergo “paint film stabilization”, which is the removal of the deteriorated lead-based paint, and repainting. When it is cost effective and allowed, some components (typically those subject to friction or impact) will be replaced. Window replacement is typically a cost effective means of treating windows when it is allowed.

Although “paint film stabilization” is a common method to eliminate identified lead hazards, HUD funds are not intended to re-paint properties. Only those components that have been identified as having deteriorated lead-based paint will be treated. In some areas where there is only minimal deterioration, and it is cost prohibitive to paint an entire surface, touch-up painting will be utilized.

You will have the option of providing the contractor with the existing paint color information, or the Contractor will utilize current color matching techniques. Due to the limitations of color matching techniques, the final colors may not match exactly.

HUD funds can also be used to conduct minimal rehab to eliminate the cause of paint deterioration. In general, these remediations must be directly related to the recommended treatments prescribed in the lead risk assessment. Some examples of minimal rehab include: repairing leaking plumbing, reduction of moisture intrusion, repairing flashing on a leaking chimney, and repairing or replacing defective gutters and downspouts.

HUD funds will also be used to eliminate other health and safety hazards in properties that have identified lead hazards. Health and safety remediations may include: asbestos and mold remediation; addressing moisture and ventilation problems; radon remediation; poisoning prevention, trip and fall hazards, and the implementation of an Integrated Pest Management (IPM) program for cockroach, rodent, flea, and/or bed bug infestation.

Health and safety contractor activities typically do not require relocation and are done separately from the lead-abatement contractor activities. Occupants will be required in many cases to be temporarily relocated during lead abatement activities and to remain out of the work area until the unit has been cleared of lead hazards. A LSC representative will discuss the relocation process with residents that need to be relocated. They will be notified of the available relocation options and the number of days that they will be expected to remain out of their units. All relocation costs will be funded by the grant. Hotel accommodations will be provided and paid for by the LSC program and compensation for temporary relocation purposes will be made as follows:

- Daily stipend to when staying with friends of \$35 per adult and \$20 per child
- Daily stipend while staying at a hotel of \$20 per adult and \$10 per child

Prior to the renovation, residents will be required to move their personal belongings so the renovation contractor will be able to conduct these renovations. A LSC representative will assist each resident with what needs to be done to prepare their unit. Residents will be furnished packing materials (bags, boxes and tape) as needed to store personal belongings. Objects that are too large to be moved by the residents may be added to the Contractor’s scope of work.

The Property Owner will be identified on each Hazardous Waste Manifest as a Hazardous Waste Generator. A temporary EPA ID will be generated in accordance with applicable hazardous waste disposal regulations and the Owner will be invoiced \$7.50 for the waste manifest from the California Board of Equalization (BOE) in June of the following year.

Owner and resident personal information will remain confidential at all times, and will never be made publicly available. LSC may use the data associated with this project with all personal information removed.

In addition to the various visits already mentioned, LSC staff will visit each household to provide lead and healthy homes related supplies and education. This will be completed in two separate visits that are not related to other visits mentioned herein.

For properties with rental units:

You will need to inform your tenants that a representative of the LSC will be contacting them to provide them detailed information about the program. You will be requested to assist if any of your tenants are uncooperative, fail to keep their appointments, or if we are unable to contact them.

Upon conclusion of the project, your rental property will be included in the City's Lead Safe Housing Registry. This registry identifies housing that has been made lead-safe through various HUD funded lead remediation programs.

By signing below:

- You certify that you are the legal owner of this property, you have no current plans to sell the property within the next three years, and the property is not is not currently involved in any probate proceedings.
- You understand and agree to abide by the specific terms contained in this document.
- You understand that any failure to comply with your obligations may result in being held liable for all costs that have been incurred related to your property.
- You agree to allow the lead-abatement contractor or a representative of the City to sign the hazardous waste manifest on your behalf as the Hazardous Waste Generator.
- While this property is in your possession, you agree to maintain your property in a lead safe manner. As such: 1) residents will be required to report any areas of identified paint deterioration to the owner or owner's agent; 2) Any deteriorated paint identified that is classified as lead containing (as noted in the provided lead inspection report) will be remediated in a lead-safe manner within 30 days of being identified; 3) The owner or their agent will conduct an annual visual inspection to evaluate all interior and exterior painted surfaces for paint deterioration; 4) Renovations, repairs, remodeling and/or painting projects performed will be conducted by an EPA certified RRP Contractor when compensation is involved in a lead safe manner (as currently required per San Diego Municipal Code, Article 4, Division 10: Lead Hazard Prevention and Control Ordinance).

- You agree to allow the documents you provide that will be used for determining your eligibility to be made available to LSC partner agencies in order to determine your eligibility to receive services administered by these agencies.
- You acknowledge that you are to make yourself and your home available to the various site visits by LSC staff and service providers as needed to complete the program, and will schedule and keep your appointments with these agencies.
- For up to 3 years beyond the date of the lead-hazards being remediated, you consent to an annual re-inspection by LSC staff. If it is determined that a lead hazard exists, you will be required to have the lead hazard remediated.
- If an Integrated Pest Management plan needs to be implemented, you agree to actively participate by: 1) Working with LCS to identify and eliminate areas the pests can access your property; 2) maintain the property after the renovation by keeping your residence and surrounding areas free of clutter and eliminate sources of food and water using safe cleaning products; 3) apply least toxic roach gels and or boric acid powders in your household as instructed; 4) keep areas that pest might gain access to your residence sealed.
- If relocation is required, a lead abatement contractor will take possession of the unit. Keys to residential units will be provided to the Contractor, and the resident(s) will remain out of the unit until the unit has been cleared of lead-hazards. The resident(s) will be required to follow the policies for any hotel where they may temporarily reside.
- The Federal Residential Lead-Based Paint Hazard Reduction Act, 42 U.S.C. 4852d, requires sellers and landlords of most residential housing built before 1978 to disclose all records and reports concerning lead-based paint and/or lead-based hazards, including the test results contained in this notice, to purchasers and tenants at the time of sale or lease or upon lease renewal. This disclosure must occur even if hazard reduction or abatement has been completed. Failure to disclose these test results is a violation of the U.S. Department of Housing and Urban Development and the U.S. Environmental Protection Agency regulations at 24 CFR Part 35 and 40 CFR Part 745 and can result in a fine of up to \$11,000 per violation. To find out more information about your obligations under federal lead-based paint requirements, call 1-800-424-LEAD.

For properties with rental units, by signing below:

- You agree to give rental priority to families with children under the age of six (or a pregnant woman) for not less than 3 years following the completion of lead abatement activities for all units made lead safe.
- You certify that you will notify the LSC of changes in occupancy at your property occur while your property is enrolled in the program.
- You certify that you have no current intent or reason to evict any tenants of the property and guarantee the tenants' right of return to their units upon completion of the project.
- You agree to hold rents at the current rates for a one year period and shall not increase more than 5% per year during the remaining two-year commitment.

- You authorize the LSC's contractor(s) to utilize the property's electricity, water and plumbing facilities for needs associated with the project, and to notify the City if any utility usage is deemed excessive .

Business Name: (legal name of property owner) _____

Applicant's Signature

Date

Co-Applicant's Signature

Date

CITY OF SAN DIEGO- LEAD SAFETY COLLABORATIVE RESIDENT ENROLLMENT FORM
For Multi-Family Enrollments, complete one sheet for each unit on the property

Address _____ Apt / Unit # _____ Zip Code _____

☐ Property Owner ☐ Tenant ☐ Single Family Property ☐ Multi-Family Property

Household Contact Person:

First Name _____ Last Name _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Primary Language (circle one): English Spanish Other _____ E-Mail: _____

Do any residents of the home have any health or mobility issues that require special considerations during relocation? ☐ Yes ☐ No

Special needs: _____

Do you have any pets? ☐ Cat How many? _____

☐ Dog How many? _____ Weights of each _____

☐ Other Describe _____

List all persons that currently reside in the above residence

Last Name	First Name	Sex	Date of Birth	Race	Hisp Y/N	Asthma Y/N

RACE CODE: **AI**=American Indian or Alaskan Native, **AS**=Asian, **B**=Black or African American, **PI**=Pacific Islander or Hawaiian, **W**=White, **AI & W** = American Indian or Alaskan Native & White, **AS & W**= Asian & White, **B & W**=Black and White, **AI & B**=American Indian or Alaskan Native & Black, **M**= Mexican. If other, describe in race box.

The LSC is a collaboration of partner organizations and I agree to allow the information and documents that pertain to my residence be shared with LSC partner agencies. I agree to allow the documents I have provided used for determining my eligibility can be made available to these partner agencies in order to determine my eligibility to receive services administered by these agencies.

I understand and certify that the information provided above is true and complete.

Applicant's Signature

Date

Co-Applicant's Signature

Date

- 1) For all sources of household income, and the income statement amount in the appropriate column.
- 2) Enter if the income is Weekly, Bi-Weekly, or Monthly.
- 3) To calculate Annual income, multiply weekly income by 52, bi-weekly income by 26, and monthly income by 12.

Resident Name:	Wages Salaries	Business Income	Interest Dividends	Benefits Pensions	Public Assistance	Other Income	Weekly? Bi-Weekly? Monthly?	Annual
Total Household Annual Income								

For Office Use Only

<u>Household Classification:</u>			Family Size Circle One	≤ 50% of Median*	≤ 80% of Median*
			1	\$28,350	\$45,400
2	\$32,400		\$51,850		
50 % of Median	<input type="checkbox"/>		3	\$36,450	\$58,350
			4	\$40,500	\$64,800
≤ 80% of Median	<input type="checkbox"/>		5	\$43,750	\$70,000
			6	\$47,000	\$75,200
> 80% of Median Does Not Qualify	<input type="checkbox"/>		7	\$50,250	\$80,400
			8	\$53,500	\$85,550

** Per HUD FY 2015 Median Income Limits for San Diego Co.*

Prepared By: _____ **Date:** _____

CITY OF SAN DIEGO - LEAD SAFETY COLLABORATIVE GRANT PROGRAM

AUTHORIZATION TO RELEASE ASSESSOR'S RECORDS

To: San Diego County Assessor's Office

Subject: Residential Building Record

The undersigned owner(s) of residential property indicated below hereby authorize the San Diego County Assessor's Office to release the Residential Building Record for the property to the San Diego Lead Safety Collaborative Grant Program.

Property Address: _____
Street Address City State Zip

Assessor's Parcel Number (APN) (if known): _____

Print Applicant Name

Applicant Signature

Date

Print Co- Applicant Name

Co-Applicant Signature

Date

**CITY OF SAN DIEGO
LEAD SAFETY COLLABORATIVE GRANT PROGRAM**

LIST OF NON RESIDENT CHILDREN

Property Address: _____ **Zip:** _____

The resident of the above listed property is applying for enrollment in the City of San Diego's Lead Safety Collaborative grant program. This grant funds the assessment and remediation of lead hazards, in addition to home health and safety issues, in housing where children ages 5 and under reside. Properties may qualify for funding if a non-resident child spends a significant amount of time in the residence. The resident has identified the below listed child(ren) as being 5 years or less of age and has stated that this child spends a significant amount of time at the property. As part of the owner's application, this form must be completed, signed and returned with the completed SDLSC grant application.

List all children ages 5 or less that spend significant time at the above listed property:

Name	Age	Birth Date	Gender (M or F)	Amount of time at residence		
				Hours per visit	Days per week	Weeks per year

Describe visits that cannot be documented using the above table: _____

What is the relationship of the child(ren) to the resident? _____

Parent or Guardian Information:

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Alternate Phone:** _____

I hereby acknowledge that the information provided herein is correct to the best of my knowledge.

Parent's or Guardian's Signature

Date

Please Print Name

Grant Applicant Signature

Date

Please Print Name

INCOME AFFIDAVIT

This form should be completed by your employer or source of spousal support.
[This information is confidential and will not be shared with any other agency or department]

I am attesting that: _____
(Print Name)

who resides at _____
(Address)

receives the following (*mark all that apply*):

- ☐ Occupation _____
Gross income in the amount of income \$ _____
for the dates from _____ to _____
- ☐ Spousal support in the monthly amount of \$ _____
- ☐ Child support in the monthly amount of \$ _____

Employer or Spouse Name: (Print)

Employer or Spouse Address

Employer or Spouse City/State/Zip Code

Employer or Spouse Telephone Number

Employer or Spouse Signature

Date

Complete the below section of this form only if you are unable to obtain information from your spouse or employer.

SELF-CERTIFICATION OPTION FOR INCOME DOCUMENTATION

My employer or source of spousal support could not complete this form because: _____

_____ .
I certify that the income below is the amount I have earned in total for the previous 12-months, as
\$_____, working as _____.

Name: (Print)

Address

City

State / Zip Code

Telephone Number

Signature

Date

PEST CONTROL RESIDENTIAL PREPARATION CHECKLIST - CUSTOMER

- ☐ 1. Turn off aquarium air pumps and cover tanks and pumps with plastic wrap. Pump can be restarted about 3 hours after the treatment.
- ☐ 2. Remove pet birds from the apartment or if the bird(s) cannot be moved, place in ventilated room that will not be serviced.
- ☐ 3. Have pets treated by a veterinarian or utilize a "home use" product recommended for control of pests on the pet. Regular treatment of the pet is recommended.
- ☐ 4. Remove all food, dishes and utensils from the kitchen cupboards and cabinets. These may be placed on the kitchen table. Areas under sinks and in medicine cabinets in bathrooms should also be emptied.
- ☐ 5. Thoroughly vacuum and wash the inside of cabinets to remove any food material. Pay special attention to cracks and crevices.
- ☐ 6. Loose shelf paper should be removed. Do not replace until after the service has been performed and the area is thoroughly dry.
- ☐ 7. Inspect stored food product and dispose of any material infested by pantry pests.
- ☐ 8. Remove the drawers from dressers and place on floor.
- ☐ 9. All persons and pets should vacate the property during the treatment and should not re-enter the residence until treated floors, carpets and rugs are thoroughly dry. Under normal conditions, this may take 4 hours.
- ☐ 10. Remove all toys, pet food bowls, decorative items, storage, clothing, personal items, etc. off the carpet, floors and/or rugs. Remove all articles from under beds, on closet floors and from under furniture. Place these items on the beds or on tables.
- ☐ 11. Thoroughly vacuum all floors and upholstered furniture to remove hair, organic debris and developing insects. Remove vacuum cleaner bag and dispose of the contents in a sealed plastic bag. Pay special attention to areas frequented by pets. Repeat vacuuming every other day for the first week after treatment.
- ☐ 12. Move all furniture and/or storage away from the walls about 2 feet so the area is accessible for service. This is necessary in the following areas.

- ☐ 13. Move firewood at least 3 feet away from the structure.
- ☐ 14. Move stored items (bricks, lumber, debris, etc.) at least 3 feet away from the structure.
- ☐ 15. Trim back or eliminate grass, weeds and heavy vegetation that is in contact with the structure.
- ☐ 16. Cut back any tree limbs or branches that touch the structure.
- ☐ 17. Remove all children's toys, pet toys and food dishes from around the exterior of the residence.
- ☐ 18. Clean debris from gutters and downspouts.
- ☐ 19. Seal exterior cracks at: _____
- ☐ 20. Repair leak at: _____
- ☐ 21. Other necessary preparations: _____

SAN DIEGO LEAD SAFETY COLLABORATIVE

RISK ASSESSMENT QUESTIONNAIRE

For Multi-Family Enrollments, complete one for each unit on the property

Property Address _____

Apt / Unit # _____

Unit is: ☐ Owner Occupied ☐ Renter Occupied

Year Of Construction: _____

Prior LBP Testing? ☐ Yes ☐ No

Name of owner interviewed _____ **Owner Interview Date:** _____

Name of resident interviewed (if rental unit) _____ **Interview Date:** _____

Name of risk assessor _____

Children and Children's Habits

1. Do any children under age 6 live in the home or visit frequently? ☐ Yes ☐ No

2. If yes, how many? _____

3. Please provide the following information about each child under 6 to the extent you can.

	Child 1	Child 2	Child 3	Child 4
(a) Age:				
(b) Blood lead level:				
(c) Month/year of blood lead test:				
(d) Location of bedroom: (ie N, NE, SE..)				
(e) Main room where child eats:				
(f) Main room where child plays:				
(g) Main room where toys are stored:				
(h) Main locations where child plays outdoors:				

(If a resident child under age 6 has had an elevated blood lead level, an environmental investigation may be necessary [see Chapter 16 of the HUD Guidelines].)

4. (a) Do any children tend to chew on any painted surfaces, such as interior window sills? ☐ Yes ☐ No

(b) If yes, where? _____

Other Household Information and Family Use Patterns

5. (a) Do women of child-bearing age live in the home? ☐ Yes ☐ No

6. If this home is in a building with other dwelling units, what common areas in the building are used by children? _____

7. (a) Which entrance is used most frequently? _____

(b) What other entrances are used most frequently? _____

SAN DIEGO LEAD SAFETY COLLABORATIVE

RISK ASSESSMENT QUESTIONNAIRE

(PAGE 2 OF 2)

8. Which windows are opened most frequently? _____
9. Do you use window air conditioners? ☐ Yes ☐ No
(b) If yes, where? _____
*Condensation underneath window air conditioners often causes paint deterioration.
10. (a) Do you or any other family members garden? ☐ Yes ☐ No
(b) If yes, where is the garden? _____
11. (a) Are you planning any landscaping activities that will remove grass or ground covering?
☐ Yes ☐ No
(b) If yes, where? _____
12. (a) Which areas of the home get cleaned regularly? _____
(b) Which areas of the home do not get cleaned regularly? _____
13. (a) Are there any household members exposed to lead at work? ☐ Yes ☐ No
(If no, go to question 14)
(b) If yes, are dirty work clothes brought home? ☐ Yes ☐ No
(c) If they are brought home, who handles dirty work clothes and where are they placed and cleaned?

14. (a) Do you have pets? ☐ Yes ☐ No
(b) If yes, do these pets go outdoors? _____

Building Renovations

15. (a) Were any building renovations or repainting done here during the past year? ☐ Yes ☐ No
(b) If yes, what work was done, and where? _____
(c) Were carpets, furniture and/or family belongings present in the work areas? ☐ Yes ☐ No
(d) If yes, which items and where were they? _____
(e) Was construction debris stored in the yard? ☐ Yes ☐ No
(f) If yes, please describe what, where and how it was stored _____
16. (a) Are you conducting or planning any building renovations? ☐ Yes ☐ No
(b) If yes, what work will be done, and when? _____

SAN DIEGO LEAD SAFETY COLLABORATIVE ASSESSMENT FORM

PROJECT SR#: _____ Date: ____/____/____ (mo./day/year)

Last Name: _____ First Name: _____

Project Address: _____

SECTION A. GENERAL HOME HEALTH AND SAFETY

1. Other than the child's bedroom, in what rooms do the children spend most of their time?

2. Identify locations of any known broken stairs (Exterior or Interior)

3. How much trash, litter, debris is present in the streets, roads, empty lots or any properties close to where you live?

☐ None

☐ Minor Accumulation

☐ Major Accumulation

4. Describe any occasional or constant odors that you are aware of in the house, and where they seem to originate from

5. Do all the doors, windows, drawers and cabinets open and close properly?

☐ Yes

☐ No

6. If no, please explain any problems

7. Do you experience any problems with opening windows?

☐ Yes

☐ No

8. Describe any other problems you have with the windows or window locks	
9. Can children access the window latches?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No children present
10. If window blinds are present, are the cords long enough to be reached by children?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No children present
11. If your home is multiple stories, do upstairs windows have low or child accessible windows?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> I don't know
12. If so, do these windows have child safety guards installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. List any problems with the window guards and the railings on balconies or stairs	
14. Is there a problem with slipping or falling within the bathrooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. How much crime is in this area?	
<input type="checkbox"/> Very Little	<input type="checkbox"/> Moderate <input type="checkbox"/> Excessive
16. Do you have a burglar alarm system?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, but I have problems with it
17. Is the exterior lighting adequate to help you feel safe from intruders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Do you live in a noisy area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Does your home adequately block outside noises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. If there are any noises that make your living environment unpleasant, please explain	
SECTION B. MOISTURE/MOLD	
21. Identify the locations of any known water leaks from the roof, walls, windows or doors	

22. Identify locations of any known mold, mildew, and/or gray/black looking powder		
23. Identify and describe any room that seems to be excessively damp		
24. Does your plumbing or equipment make frequent unusual noises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. If yes, please describe the problem		
26. Do you have a drain for water and rain runoff on the exterior of the home?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
27. If yes, please describe the problem		
28. Do your toilets work properly/properly flush and drain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Do you know of any damage to the toilets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Describe any problems with your toilets		
31. Do the bathroom sink(s) function properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Do you know of any leaks from the bathroom fixtures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Do you have both a hot and cold water supply?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Do you have problems controlling the supply of hot or cold water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

35. Do you consider the hot water too hot?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
35. Is there any damage or defects to the sinks or showers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
36. Do sinks and showers drain properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
37. Describe in further detail any problems with the bathroom fixtures referenced above, including locations					
38. Do your washing machines properly drain the water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
39. Does your kitchen sink provide a steady flow of both hot and cold water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
40. Do you consider the hot water too hot?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
41. Does your kitchen sink function/drain properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
42. Do you smell any foul odors originating from your plumbing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
43. Describe in further detail any problems with the kitchen sink referenced above					
44. Do you have a smooth/cleanable counter space and flooring in the kitchen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
45. Have you experienced any problems with the water supply or quality?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
46. Do you experience interruptions in the running of water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
47. If yes, does it happen frequently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
48. Describe in further detail any problems with your water supply/quality					
SECTION C. PESTS					
49. Check the column that best describes if you have any of the following problems to your knowledge					
	Don't Know	No Problem	Sometimes	Common	Very Bad
Mice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cockroaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedbugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fleas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. Have you ever used sprays or foggers to get rid of insects?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> I don't know
51. If so, how often?	
52. Describe any known holes or cracks in the floors, walls or ceilings	
SECTION D. ASTHMA TRIGGERS/ALLERGENS	
53. Select this box if your family already uses hypoallergenic mattresses/pillow covers	<input type="checkbox"/>
54. Select this box if sheets are washed in hot water	<input type="checkbox"/>
55. How often are the sheets washed?	
<input type="checkbox"/> Every week <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Every 3 weeks <input type="checkbox"/> Every 4 weeks <input type="checkbox"/> >Every 4 Weeks	
SECTION E. HEATING, VENTILATION AND AIR CONDITIONING	
56. Select the type of heating for this home	
<input type="checkbox"/> None <input type="checkbox"/> Central <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> I don't know	
57. How much maintenance do you do on your heating and air conditioning system?	
<input type="checkbox"/> None <input type="checkbox"/> Clean vents about once a year <input type="checkbox"/> Routinely clean the vents <input type="checkbox"/> Routinely clean vents, filters and drip pans	
58. Does your house get uncomfortably cold, uncomfortably hot, or do you feel drafts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
59. If yes, describe the problem including locations	
60. Does your heating system work?	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but not good enough <input type="checkbox"/> Yes, but we don't use it	
61. Are there any rooms or areas that the heat is a bigger problem than others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
62. If yes, describe the location(s) of the problem	

63. Do you have any problems with the Thermostat or heater controls?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
64. If yes, describe the location(s) of the problem				
65. Do you use any gas or propane-fueled heaters or appliances to heat the home such as the stove, propane space heaters, etc.?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
66. If yes, describe in further detail				
67. Do you use any electric space heaters to heat your home?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
68. If yes, are these heaters adequate to keep the home warm?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
69. Is your attic insulated?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> I don't know
70. Are your walls insulated?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> I don't know
71. Is your insulation wet or damaged?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> I don't know
72. Do you have an air conditioner?				
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, but doesn't work good enough	<input type="checkbox"/> Yes, but it doesn't work at all	<input type="checkbox"/> Yes, but we don't use it	<input type="checkbox"/> No
73. Are all the rooms well ventilated?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> I don't know
74. Is the attic well ventilated?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> I don't know
75. Are there any problems with controlling the ventilation?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> I don't know
76. Do your gas appliances (stove, oven, dryer, water heater) work?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> I don't know
77. Describe any problems you experience while using gas appliances				

78. Do you have problems with other appliances or systems? (Washer / Dryer / Heater/ Stove / Stove Exhaust Fans / Refrigerator)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79. If yes, describe the problem(s)		
SECTION F. ELECTRICAL		
80. Describe any known exposed or damaged electrical wiring		
81. Describe if you are aware of any out of date electrical components or any other problems with electricity such as sparking or lights flickering		
82. Do all the electric switches and outlets work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
83. If no, describe locations		
84. If children under 6 reside in the home, do outlets have child safety covers?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No children
SECTION G. FIRE		
85. Does your home have working smoke detectors?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
86. Does your home have a working carbon monoxide detector?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
87. Does your home have a working fire extinguisher?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
88. Do you know where the fire extinguisher is in your building?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know