DSAMH Housing Occupancy Checklist

Tenant Name:		Date of Review:	
Address:			
Provider Designee Name:			
Housing Subsidy Program (if applicable):			
Does client have current housing?	☐ Yes ☐ No If No, please skip to #22 and sign below		

NOTE: See DSAMH006 Housing Policy to determine frequency of monitoring using this checklist EVEN IF TENANT IS AWAY FOR AN EXTENDED PERIOD OF TIME.

Lease				
Checklist Items	**Yes**	**No**	**N/A**	**Comments (If No, please document intervention/strategy to ensure housing stability)**
1.Rent paid on time?	☐	☐	☐	
2.Utilities that are the responsibility of the tenant are paid?	☐	☐	☐	
3. Only authorized persons living in the unit?	☐	☐	☐	
4. There is no criminal activity as defined in the lease agreement?	☐	☐	☐	
5. There is no evidence that the tenant is disturbing the neighbors?	☐	☐	☐	
6. There are no other potential lease violations noted?	☐	☐	☐	
7. No evidence of unsanitary conditions?	☐	☐	☐	
8. Tenant does not have concerns about the landlord/property manager/owner?	☐	☐	☐	

Property Maintenance				
Checklist Items	**Yes**	**No**	**N/A**	**Comments**
9. Any needed repairs? (List in comments)	☐	☐	☐	
10. Are all appliances in working order?	☐	☐	☐	
11. Are all smoke detectors in working order?	☐	☐	☐	
12. Has landlord/property manager been notified of the need for repairs?	☐	☐	☐	
13. Destruction of property? (List in comments)	☐	☐	☐	
14. Damage due to living/housekeeping habits? (List in comments)	☐	☐	☐	
15. Residence maintained for only	☐	☐	☐	

residential purposes?				

Other				
Checklist Items	**Yes**	**No**	**N/A**	**Comments**
16. Have previous issues from last report been resolved? If no, please indicate in the comment section.	☐	☐	☐	
17. Any indication of tenant's desire to move or terminate lease?	☐	☐	☐	
18. Has proper notice been given to the landlord/property manager of intention to terminate lease?	☐	☐	☐	
19. If the tenant has an SRAP voucher, has DSHA been notified that the tenant is out of the unit for more than two weeks? ***DSHA Contact: Julianne Watkins*** Julianne@destatehousing.com	☐	☐	☐	
20. If the tenant is participating in another subsidy program, are all of the requirements of that program being met?	☐	☐	☐	
21. Is there a contact person who has a spare key to the unit who can be contacted at any time? (List name and number in comments)	☐	☐	☐	

For unhoused clients: please complete if selected No at the top of the page	
22. Describe the current housing status and steps being taken to assist client in obtaining safe affordable housing:	

Print Name of Case/Care Manager

Date of Signature

Signature of Case/Care Manager