## DSAMH Housing Occupancy Checklist

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| 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.***

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| **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? |  |  |  |  |

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| **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? |  |  |  |  |

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| **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](mailto: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)*** |  |  |  |  |

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| **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: |  |

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**Print Name of Case/Care Manager** **Date of Signature**

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**Signature of Case/Care Manager**