Request for HQS Inspection

Complete and E-mail to [HQSrequest@hominc.com](mailto:HQSrequest@hominc.com)

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| **Requesting Agency:** |  | **Request Date:** |
|  |  |  |
|  |  | Requesting Individual Name & Title: |
|  |  |  |
| **Requester Telephone #:** |  | **Requester Email Address:** |
|  |  |  |

**Specify Program Type:**

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| --- | --- |
| Permanent Supportive Housing (PSH) | Housing Choice Voucher (HCV) |
| Rapid Re-Housing (RRH) | Other: |

**Household and Unit Information:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is Unit Vacant? | | Yes  No | | | | | |
| Participant Name: | |  | | | | | |
| Unit Street Address: | |  | | | | | |
| Unit City / State / Zip: | |  | | | | | |
| Unit Type: | Detached House  Apt / Walkup  Duplex / Row / Townhouse  Manufactured Home | | | | | | |
| Unit Size (Bed / Bath): | |  | Square Footage: | |  | Year Built: |  |
| Participant’s Current Phone Number: | | | |  | | | |
| Requested Lease / HAP Contract Start Date: | | | |  | | | |
| Are there children under the age of six (6) in the household?  Yes  No | | | | | | | |

**Landlord / Owner / Agent Information:**

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| --- | --- | --- | --- | --- |
| Landlord Name: | |  | | |
| Landlord’s Mailing Address: | |  | | |
| Landlord’s City / State / Zip: | |  | | |
| Landlord Phone: |  | | Landlord Fax: |  |
| Landlord Email: |  | | | |
| Local contact info if out of town/state Owner: | | |  | |

**Requestor Special Instructions / Comments:**

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***By submitting this inspection request to HOM, Inc., Agency agrees to the Terms of Service on page (2) two of the request.***

**HOM HQS Inspection Terms of Service**

**INSPECTION PROCESSS AND DELIVERABLES**

1. Agency will ensure that all utilities; including electricity, gas, and water are turned on in the unit prior to requesting the HQS Inspection;
2. Agency will request an inspection by emailing a complete ***Request for HQS Inspection*** form to [hqsrequest@hominc.com](mailto:hqsrequest@hominc.com);
3. HOM will contact the landlord by telephone or email to schedule the inspection date and time;
4. HOM will email the agency with the scheduled appointment for the initial inspection;
5. HOM will perform the HQS Inspection of the selected dwelling unit;

***Failed Initial Inspection***

* HOM will email the ***Unit Inspection Results*** form to the landlord and agency by 5 PM on the day of the inspection;
* The HOM Inspector will notify the landlord to contact HOM once all deficiencies have been corrected to schedule a re-inspection of the unit;
* Upon notification that the deficiencies have been corrected, HOM will re-inspect the unit

***Passed Initial Inspection***

* Once the unit has passed the initial HQS inspection, HOM will notify the landlord and agency of the passed inspection by providing the following:
* Landlord – Email of the *Unit Inspection Results* form (upon request only);
* Agency – Email of the Form HUD-52580-A (HQS Inspection Report)

1. HOM will invoice the agency for the inspection by the 10th of the month following the month of the inspection.

**DISCLAIMER**

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| ***HOM, Inc. performs housing inspections for housing units assisted under various housing assistance programs, including those funded by the U.S. Department of Housing and Urban Development (HUD). The purpose of the inspection is to determine that units meets minimum performance and acceptability requirements as a condition of eligibility for program assistance.***  ***The inspection conducted by HOM, Inc. is NOT intended to be technically exhaustive, nor a warranty, nor a guarantee.  Rather, the inspection is designed to document to the program administrator that the unit is eligible for program assistance. Furthermore, HOM, Inc. can only attest to the condition of the property at the time of the inspection.*** |