

# New Castle County

## ESG Minimum Habitability Standards for Permanent Supportive Housing –Rapid Re-Housing Projects

All housing assisted under the HEARTH- Emergency Solutions Grant (H-ESG) must provide safe and sanitary housing that is in compliance with the habitability standards outlined below and any state or local requirements.

Mark each statement as **A for approved** or **D for deficient**. Property must meet all standards in order to be approved.

\_\_\_ 1. Structure and materials: The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.

\_\_\_ 2. Space and security: Each resident is provided adequate space and security for themselves and their belongings. Each Resident is provided an acceptable place to sleep.

\_\_\_ 3. Interior air quality: Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.

\_\_\_ 4. Water Supply: The water supply must be free from contamination at levels that threaten the health of individuals.

\_\_\_ 5. Sanitary facilities: Residents must have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste.

\_\_\_ 6. Thermal environment: The housing must have adequate heating and/or cooling facilities in proper operating condition.

\_\_\_ 7. Illumination and electricity: The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire.

\_\_\_ 8. Food preparation and refuse disposal: All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.

\_\_\_ 9. Sanitary Conditions: The housing and any equipment must be maintained in sanitary condition.

\_\_\_ 10. Fire safety:

(i) Each unit must include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom. If the unit is occupied by hearing-impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.

(ii) The public areas of all housing must be equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, community rooms, day care centers, hallways, stairwells, and other common areas.

\_\_\_ 11. Lead-based paint: If the structure was built prior to 1978, and a child under the age of six or a pregnant woman will reside in the property, and the property has a defective paint surface inside or outside the structure, the property cannot be approved until the defective surface is appropriately treated. Defective paint surface means: applicable surface on which paint is cracking, scaling, chipping, peeling or loose.

**Note the following to assist in determining if unit can be approved or is deficient:**

|                                      |         |        |
|--------------------------------------|---------|--------|
| Building built/rehabbed before 1978? | ___ Yes | ___ No |
| Children under 6 present             | ___ Yes | ___ No |
| Pregnant woman present               | ___ Yes | ___ No |

**CERTIFICATION STATEMENT**

(Source: Department of Housing and Urban Development: Docket No. FR-5307-N-01)

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

The property meets all of the above standards \_\_\_ Yes \_\_\_ No

Therefore, I make the following determination:

The property is approved \_\_\_ Yes \_\_\_ No

Client Name \_\_\_\_\_

Rental Unit Street Address: \_\_\_\_\_ Apartment # \_\_\_\_\_

City, State Zip \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_