

# HOUSING QUALITY STANDARDS (HQS) Inspection Request

(Please fax completed form to appropriate agency at number below)

Harris County (832) 927-0561

ATTN: _____ Project Monitor	DATE SENT TO HARRIS COUNTY:
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<b>Requesting Agency Information</b> (Inspection results will be sent via email to this contact.)			
<b>Name of Organization:</b>		US Dept. of Veteran Affairs/ HCCSD	
<b>Name and Title of Staff Submitting Request:</b>		VA	M. Abraham CSD
<b>Address:</b>	8410 Lantern Point Dr.	<b>City:</b>	Houston, TX
<b>Phone:</b>	832-927-4700	<b>Email:</b>	
<b>Signature:</b>		<b>Date:</b>	

<b>Unit to be Inspected:</b> Indicate if this is an <input type="checkbox"/> Initial or <input type="checkbox"/> Annual Inspection (check box)						
<b>Client Name:</b>		<b>Project #:</b>	TX0175L6E001710			
<b>Program:</b>	Continuum of Care	<b>City:</b>				
<b>Address:</b>		<b>Zip:</b>				
<b>If Initial Inspection, Tenant Move-In Date:</b>		<b>If Annual Inspection, Date of last inspection:</b>				
<b>Tenant in Place:</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>Current Rent to Owner for this unit:</b>						
<b>Unit Bedroom Size (number of bedrooms):</b>	<input type="checkbox"/> SRO	<input type="checkbox"/> 0/E	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Describe Utilities:</b>	<input type="checkbox"/> Water	<input type="checkbox"/> Gas	<input type="checkbox"/> Electricity	<input type="checkbox"/> Trash	<input type="checkbox"/> Other	

<b>Owner/Apartment Management Information</b> (Inspection results will be mailed to this contact.)			
<b>Owner/ Apt. Name:</b>			
<b>Contact Person:</b>		<b>Phone:</b>	
<b>Address:</b>		<b>Fax:</b>	
<b>City:</b>		<b>Zip:</b>	
<b>Tenant Name:</b>		<b>Phone:</b>	

<b>To be signed by the Tenant for Annual Inspections:</b>
I give permission to allow my housing assistance Agency _____ and the Landlord or agent to let Harris County Housing Construction and Inspections Services (HCIS) or Houston Housing Authority (HHA) Staff into my unit over the next 10 business days for the purpose of performing a Housing Quality Standards Inspection. I understand that the inspection is an annual requirement for continued participation in the housing assistance program. If my unit fails the inspection, I understand and give permission for a follow-up inspection to be performed within 30 days from the date of the failed inspection.
<b>CoC participant signature and date signed:</b> _____

<b>Note to Project Monitor or HCIS Inspector:</b>

Unit readiness confirmed by: \_\_\_\_\_ (CSD) Date: \_\_\_\_\_