**GHFA Permanent Supportive Housing**

**ENVIRONMENTAL REVIEW / HOUSING QUALITY STANDARDS (HQS)**

**REQUEST FORM**

**Instructions:** This form MUST be completed and submitted to DCA by any organization with a GHFA PSH (f/k/a S+C) project including sponsor-based and project-based rental assistance. Prior to entering into a lease agreement for a unit, the SUBGRANTEE agency must: (1) Receive environmental clearance for the site and (2) Pass an HQS inspection by DCA.

NOTE:

* Environmental Review clearance is effective for 5 years from the signature date.
* Initial HQS inspections are good for 60 days (vacant) following the date the unit passed.
* HQS inspections must be completed (and PASS) annually.

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| **Sponsor Agency Name** |  | | |
| **Contact Person** |  | Cell |  |
| Email |  |
| **HUD Grant Number(s)** | GA | | |

**You must complete a separate form for each address requested.**

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| **Complete Address for Unit to be inspected** (include complex name if applicable)  If the property is multifamily with more than 1 physical street address for any of the buildings, please provide **ALL** addresses within the property (may add lines). | **# of Units** | **Identify Housing Type** (i.e. Single family, mobile, duplex, multi-family, etc) |
| 1. |  |  |

**You must answer the following questions.**

1. Is this a tax credit property? \_\_\_\_ Yes \_\_\_\_ No

*(special instructions and addendum must be completed)*

1. Has a Rent Reasonableness Survey been completed? \_\_\_\_Yes \_\_\_\_ No

*(must be kept on file for Monitoring)*

1. Are ALL utilities for the unit on? \_\_\_\_ Yes \_\_\_\_ No
2. Has Sponsor completed the Pre-Inspection? \_\_\_\_ Yes \_\_\_\_ No

*(completed pre-inspection form must be given to Inspector at time of inspection)*

1. **Date unit received Environmental Clearance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. Total Number of Dwelling Units on the Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| Signature of Person Completing This Form: | Date: |
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