

# Memorandum

**To:** Gregory P. Russ, Executive Director

**From:** Angelica Benzan, Director of Leased Housing Programs

**Date:** 10/25/2010

**Subject:** Housing Choice Voucher Inspection Protocol

After a review of inspection results for the last two years, I am requesting the current inspection protocol approved on 11/14/2007 (see Attachment A) be amended to ensure that HQS standards are being complied by owners and participants. As you will note below Group I units have had the highest percentage of fails.

Final Results HQS for FY 2009	Units Selected	% Failed
Group I	104	15%
Group II	427	14%
PBA's	60	1%

Final Results HQS for FY 2010	Units Selected	% Failed
Group I	167	49%
Group II	372	24%
PBA's	52	28%

As a result of previous inspections units selected for Group 1 were more than 50% due to additional samplings and probationary penalties that require all units in a property be inspected biennially for the next two years.

Unit Selection 2010	Total Units	% Selected	Selected
Group I	928	61%	567
Group II	913	33%	300
PBA's	529	56%	312

I would request that we amend the inspection protocol to all tenant based units are to be inspected on a biennial basis. (**See Attachment B**)

**MOTION:** That the Board of Commissioners approve the amendment of the current Housing Choice Voucher Inspection Protocol to the above as stated in a October 21, 2010 memorandum from Angelica Benzan, Director Of Leased Housing Programs to Gregory P. Russ, Executive Director.

# ATTACHMENT A

## HOUSING CHOICE VOUCHER INSPECTION PROTOCOLS

Date Adopted by Board: November 14, 2007

Board Resolution Available: Yes

Unit Type	Initial Inspection	Frequency	On Request
Project Based	CHA or Board of Health/ City Inspectional Services*	Annually 10% randomly selected Additional 20% selected if any unit fails If additional failures at Directors' Discretion: <ul style="list-style-type: none"> <li>Reduction of Rent Adjustment Factor (1 yr) for all units in same property</li> <li>No Rent Increase for all units in same property as failed unit (1 year)</li> <li>Switch to 2-year Probationary Status, all units inspected as noted for GROUP II</li> <li>No HAP paid for any unit in failed status for thirty (30) or more days</li> </ul>	CHA
Tenant-Based/ GROUP I Owners with 10 or more CHA Assisted Units leased and/or more than 5 CHA Assisted Units in a Single Property	CHA or Board of Health/ City Inspectional Services*	Annually 10% randomly selected Additional 20% selected in any unit fails If additional failures at Directors Discretion: <ul style="list-style-type: none"> <li>No Rent Increase for all units in same property as failed unit (1 year)</li> <li>Switch to 2-year Probationary Status, all units inspected as noted for GROUP II</li> <li>No HAP paid for any unit in failed status for thirty (30) or more days</li> </ul>	CHA
Tenant-Based / GROUP II All Remaining Units	CHA or Board of Health/ City Inspectional Services*	Biennial At least once in a 24-month period No HAP paid for any unit in failed status for thirty (30) or more days	CHA

\*City Inspectional Services can be used when:

1. The Cambridge unit has a rent that is regulated by an outside agency and is affordable.
2. The owner of the Cambridge unit has requested a rent that is 10% or more below the current HUD-issued FMR.
3. The Cambridge unit is on a property that already has more than five (5) CHA issued units and is not on probationary status.
4. In the opinion of the Director of Leasing and Occupancy or her/his designee, a single inspection is logistically necessary to prevent the Cambridge unit from falling through.

### Please note:

- All requested rents are subject to Rent Reasonableness.
- If inspection cannot be conducted by the City Inspectional Services Department or Board of Health for a unit outside of Cambridge, CHA must conduct an HQS Inspection prior to lease-up
- All Cambridge units must be inspected by the city of Cambridge Inspectional Services.

# ATTACHMENT B

## HOUSING CHOICE VOUCHER INSPECTION PROTOCOLS

Unit Type	Initial Inspection	Frequency	On Request
Project Based	CHA or Board of Health/ City Inspectional Services*	Annually 10% randomly selected Additional 20% selected if any unit fails If additional failures at Directors' Discretion: <ul style="list-style-type: none"> <li>• Reduction of Rent Adjustment Factor (1 yr) for all units in same property</li> <li>• No Rent Increase for all units in same property as failed unit (1 year)</li> <li>• Switch to 2-year Probationary Status, all units inspected as noted for GROUP II</li> <li>• No HAP paid for any unit in failed status for thirty (30) or more days</li> </ul>	CHA
Tenant-Based / All Remaining Units	CHA or Board of Health/ City Inspectional Services*	Biennial At least once in a 24-month period No HAP paid for any unit in failed status for thirty (30) or more days	CHA

\*City Inspectional Services can be used when:

1. The Cambridge unit has a rent that is regulated by an outside agency and is affordable.
2. The owner of the Cambridge unit has requested a rent that is 10% or more below the current HUD-issued FMR.
3. The Cambridge unit is on a property that already has more than five (5) CHA issued units and is not on probationary status.
4. In the opinion of the Director of Leasing and Occupancy or her/his designee, a single inspection is logistically necessary to prevent the Cambridge unit from falling through.

### Please note:

- All requested rents are subject to Rent Reasonableness.
- If inspection cannot be conducted by the City Inspectional Services Department or Board of Health for a unit outside of Cambridge, CHA must conduct an HQS Inspection prior to lease-up
- All Cambridge units must be inspected by the city of Cambridge Inspectional Services.