



**HPRP Kansas City Project Hope  
Neighborhood and Community Services Department  
Human Services Division**



**Habitability Request for Inspection Form**

<b>Part I: Requesting Agency Name:</b>	
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<b>Primary Contact</b>			<b>Landlord Info:</b>		
First Name:	Middle Initial:	Last Name:	First Name:	Middle Initial:	Last Name:
Address:			Address:		
City, State, Zip:			City, State, Zip:		
Phone:	Fax No.:		Phone:	Fax No.:	
Request Date:	Cell:		Cell:		
Email:			Email:		

<b>Check Inspection Services Needed:</b> Habitability with Rent Reasonableness: <input type="checkbox"/> Habitability with Visual LBP (Visual Lead Base Paint) Inspection with Rent Reasonableness Determination: <input type="checkbox"/> Habitability with Visual Lead Inspection Only: <input type="checkbox"/>
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**Check the appropriate box:** Initial Inspection:  3<sup>rd</sup> Inspection:   
 Re-inspection:  Other: \_\_\_\_\_

**Part II: HPRP Participant Information**

First Name:	M. I.:	Last Name:	Current Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:		DOB:	MAAC Client ID:
City, State, Zip		Requested Move In Date:	
Phone:		Total in Household:	
Number Adults in Household (over 18):		Child Under 6 in Household: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Inspection Company Name:	Request Date:
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First Name:	Last Name:		
Address:	City, State, Zip:		
Phone:	Fax:	Cell:	Email:

**Certification Statement**

<input type="checkbox"/> I certify that I am <u>not</u> a HUD certified inspector and I have evaluated the property located at the address above to the best of my ability.
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**Part III is for Internal Use by Family Environmental**

<b>Part III. Rent Reasonableness Determination &amp; Inspection Outcome</b>	
<b>Check Inspection Services Needed:</b> Habitability with Rent Reasonableness: <input type="checkbox"/> Habitability with Visual LBP (Visual Lead Base Paint) Inspection with Rent Reasonableness Determination: <input type="checkbox"/> Habitability with Visual Lead Inspection Only: <input type="checkbox"/>	
Rent Reasonableness Determination Recommendation:	Determination Date:
Inspection Date: _____ Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>  Beginning Odometer Reading: _____ Ending Odometer Reading: _____ Total Mileage: _____  Inspection Report Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, record reason in comment section.	Reschedule Date:
Inspector Comments (pre-approval required on all re-inspections):	
Inspection Company Name:	Contact Name:
Phone: _____ Cell: _____ Fax: _____	Email: _____
Signature: _____	Date: _____

**For Internal Use by KCMO**

Approved: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, indicate reason:		
Print Name:	Approved Rent:	Approved Deposit:
	First Month Rent:	
Signature:	Title:	
	Date:	

**Instructions for Housing Locator:**

1. Send copy of the approved Landlord Enrollment Form with the Request for Inspection.
2. The inspection company must obtain written pre-approval from the requesting agency before conducting a second inspection.
3. First month rent should be prorated. Take the total monthly rent approved and divide by the number of days in the month. Multiply this figure times the number of days starting with the date of the HPRP participant's move in.