

# AHFC Physical Building Reports Certification

FOR THE COMPLIANCE PERIOD ENDING \_\_\_\_\_.

**Development Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATION**

The purpose of this certification is to document that the development is being maintained in a safe, decent, and sanitary condition as required by AHFC's GOAL Program for Affordable Housing.

Please complete the checklist below identifying development specific building systems and provide copies of the most recently completed inspection(s) or State issued certification(s) with your response. If testing is not required due to the size of the development, please provide the most recently completed inspection by Owner/Management.

Building System:	YES:	NO:	Certification/Inspection Date
Boilers (identify # of boilers _____)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Elevators (identify # of elevators _____)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire Alarm Systems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire Sprinkler Systems	<input type="checkbox"/>	<input type="checkbox"/>	_____
On-site Water:			
Potable water and Septic	<input type="checkbox"/>	<input type="checkbox"/>	_____
City water and Sewer	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does each level of the units and each bedroom contain a Smoke Detector?	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Does the unit contain Carbon Monoxide Detector(s)?	<input type="checkbox"/>	<input type="checkbox"/>	N/A

1. Were all buildings and residential units in the development suitable for occupancy, taking into account local health, safety, and building codes? (If development or units were not suitable for occupancy, please attach written clarification to this certification.)

**YES**                       **NO**

2. Has the property suffered a casualty loss resulting in the current displacement of residents? (If a casualty loss has occurred, attach an explanation and the supporting documentation outlining the circumstances with the date of the casualty loss and the date on which the tenant(s) were able to return to their unit(s).)

**YES**                       **NO**

3. Did the municipality, borough or any other state or federal monitoring agency (HUD or USDA) responsible for making local health, safety, or building code inspections issue a violation report for any building or residential unit in the development? (If development received any violations please attach written clarification to this certification.)

**YES**                       **NO**

