AHFC Physical Building Reports Certification

	FOR THE CO	MPLIANCE PE	RIOD EN	DING		·
Develop	oment Name:					
Address						
						eing maintained in a safe, decent, lousing.
recently		ite issued certi	ification(s) with you	ur respons	stems and provide copies of the most se. If testing is not required due to the by Owner/Management.
Buildir	ng System:		YES:	NO:	N/A:	Certification/Inspection Date
Boilers	s (identify # of boilers)				
Elevat	ors (identify # of elevators)				
Fire Ex	tinguisher					
Fire Al	arm Systems					
Fire Sp	orinkler Systems					
Carbo	n Monoxide Detectors (as requ	ired by HUD)				
On-site	e Water:					
Pot	able water and Septic					
City	water and Sewer					N/A
Other:						
Other:						
1.		uilding codes?	? (If deve	elopmen		e for occupancy, taking into account s were not suitable for occupancy,
	☐ YES	□ NO				
2.	casualty loss has occurred	, attach an e	xplanatio	on and t	he suppo	at displacement of residents? (If a prting documentation outlining the n which the tenant(s) were able to
	☐ YES	□ NO				
3.	responsible for making loca	I health, safet n the develop	y, or buil	ding cod	e inspect	nonitoring agency (HUD or USDA) ions issue a violation report for any ceived any violations please attach
	☐ YES	□ NO				

4.	Were all building physical plant systems in good working order and have current certifications or inspections as required?						
	☐ YES	□ NO					
5.	Were there reports of bed bugs during the compliance review period?						
	☐ YES	□ NO					
	If there were reports of bed bugs at the development, please fill out the table below identifying infected units. (If additional space is needed please provide on a separate attachment)						
	Unit Number	Date of Reported Infestation	Date of Infestation Correction				
6.	Were there any units, which experienced chemical contamination during the certification period?						
о.	_	□ YES □ NO					
	identifying the affe with standards of t	If there were units which experienced chemical contamination, please fill out the table below identifying the affected units. (Lab reports detailing initial contamination and abatement in keeping with standards of the State of Alaska Department of Environmental Conservation must be provided for each affected unit). (If additional space is needed please provide on a separate attachment)					
	Unit Number	Date Contamination Detected	Date Chemical Abatement Was Completed				
-	D "						
7.	•	Does the development have a preventative maintenance schedule?					
	☐ YES						
		□ NO	tach a convitor raviou				
		ative maintenance schedule, please at	tach a copy for review.				
the b	If there is a preventa r penalties of perjury, pest of my knowled	ative maintenance schedule, please at	nted in this Certification is true and accurate to ed further understands that providing false				