

Vermont Coalition of Runaway and Homeless Youth Programs
VT State Housing Authority Housing Quality Standards Inspection Request

Submit to: Demo@WCYSB.org

Date of Request: _____

Referring Organization (your organization): _____

Contact Person for This Request: _____

Email: _____

Phone #: _____

This inspection is being requested in connection with (check one):

- VCRHYP Rapid Rehousing (Grant 1)
- VCRHYP Joint Component Rapid Rehousing (Grant 2)
- VCRHYP Master-lease Transitional Housing (Grant 2)
- VCRHYP Diversion Housing (Grant 3)

Address of Unit: _____

Number of Bedrooms: _____

Landlord Name: _____

Landlord Phone #: _____

Has the Landlord been notified that the unit will be inspected by VSHA? YES NO
If not, when will the landlord be notified by? _____

IF UNIT IS NOT MASTER-LEASED, PLEASE CONTINUE BELOW:

Number of Children under 6 years old in the Household: _____
(If a master-lease unit, write N/A)

Tenant Name: _____

Tenant Phone # _____

This information will be passed on to the appropriate Field Representative who will contact the landlord, conduct the inspection, notify the landlord of the result, and notify the referring agency and VCRHYP of the result via email. If the unit failed the landlord will contact the referring agency when the work is done (if they choose to do the repairs) and the above process is repeated.

Records of all inspections are on file at VSHA and VCRHYP and be available as needed.
Questions? Call 802-229-9151 to speak with the VCRHYP Housing Projects Coordinator.