

# Benchmark

**MANAGEMENT GROUP, INC.**

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## Public Entity Application Public Housing Authority Questionnaire H

**Legal Name of Public Entity:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

1. Total number of units: \_\_\_\_\_ Number of conventional units: \_\_\_\_\_ Number of residents: \_\_\_\_\_  
Number of Section 8 & 23 units: \_\_\_\_\_ Number of residents: \_\_\_\_\_
2. Number of stories per unit: \_\_\_\_\_  
Advise number of buildings over four stories and heights for each: \_\_\_\_\_
3. Type of security and/or fire protection measures in place: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Do buildings have smoke detectors?.....  Yes  No  
If "yes":  battery-powered, or  hardwired (into building electrical system?)  
If battery-powered, what is the scheduled maintenance plan? \_\_\_\_\_
5. Are the units ADA compliant?.....  Yes  No
6. What accommodations are made to handle the elderly or handicapped?: \_\_\_\_\_  
\_\_\_\_\_
7. Describe recreational or extracurricular programs sponsored by the housing authority and the facilities:  
\_\_\_\_\_  
\_\_\_\_\_
8. Day care facilities?.....  Yes  No  
If "yes," complete questionnaire C.
9. **Lead Abatement Information (Complete for each location built prior to 1978.)**
  - a. Have these buildings been tested for the presence of lead?.....  Yes  No
  - b. Are there any known lead-related claims, past or present?.....  Yes  No  
Provide complete details: \_\_\_\_\_  
\_\_\_\_\_
  - c. Does the insured have a certificate of completion for lead abatement?.....  Yes  No  
If "yes," attach a copy and complete the following questions:

d. What method of lead abatement was used?

- |                                 |  |  |  |
|---------------------------------|--|--|--|
| <input type="checkbox"/> Paint: | <input type="checkbox"/> Encapsulation | <input type="checkbox"/> Component replacement | <input type="checkbox"/> Abrasive removal      |
|                                 | <input type="checkbox"/> Enclosure     | <input type="checkbox"/> Chemical removal      | <input type="checkbox"/> Hand removal/scraping |

Soil: \_\_\_\_\_

Water: \_\_\_\_\_

e. Is annual retesting done at this location?.....  Yes  No  
(Attach the latest certificate)

f. Is this authority in compliance with the Housing and Community Development Act? .....  Yes  No  
If "no," describe measures being taken to bring buildings into compliance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_