Iowa Housing Opportunities for Persons with AIDS (HOPWA) Program
SMOKE DETECTOR VERIFICATION FORM

Client Name: _____ **Case No:**_____
Street Address: _____ **City, State & Zip:** _____
Name of Sponsor:_____ **Date:** _____

Instructions: **EITHER** the Project Sponsor or the Client may verify the presence of working smoke detector(s). The exception is for TBRA assistance. For TBRA, the verification should be completed by the Project Sponsor as part of the HOPWA habitability inspection.

Client Self-Certification

The property for which assistance is being requested or received is equipped with working smoke detector(s) (hard-wired or battery powered).

- ☐ Yes
- ☐ No

_____	_____	_____
Client's Name	Client's Signature	Date

HOPWA Project Sponsor Certification

The property for which assistance is being requested or received is equipped with working smoke detector(s) (hard-wired or battery powered).

- ☐ Yes
- ☐ No

If No, The following action(s) have been taken:

- ☐ A battery operated smoke detector was provided to the client for installation.
- ☐ A hard-wired smoke detector was provided to the client for installation.
- ☐ The Project Sponsor installed a batter operated smoke detector.
- ☐ The Project Sponsor installed a hard-wired smoke detector.

I certify that I have evaluated the property located at the address above and that all of the above are true.

_____	_____	_____
Name of Project Sponsor	Signature of Authorized Project Representative	Date