



HQS Third Party Inspection required for all IHCDPA DPA loans

Indiana Housing & Community Development Authority
 30 South Meridian Street Suite 1000
 Indianapolis, IN 46204
 Ph. 317-232-7777 Fax 317-233-2558

Lender Name	Contact and No.	Borrower Name and IHCDPA Resv. No.
Inspector and Co.	Date of Request	Subject Property Address
Signature	Date of Inspection	City, Zip, and County
No. of Rooms	No. of Bedrooms	Year Built _____ If built prior to 1978, then HUD Visual Assessment Certification must be attached to Inspection. http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm
Summary of Decision <input type="checkbox"/> Pass If all checks are under the column headed "Pass", the subject property passes the minimum housing quality standards.	<input type="checkbox"/> Fail If there are any checks under the column headed "Fail", the subject property fails the minimum housing quality standards.	Housing Type (check as applicable) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Local target area <input type="checkbox"/> Condo <input type="checkbox"/> President declared major disaster area <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Historic preservation area <input type="checkbox"/> Energy Star <input type="checkbox"/> Brownfield redevelopment area <input type="checkbox"/> Section 504 Accessible <input type="checkbox"/> Conversion
How to Fill Out This Checklist "Fail", if repairs are necessary. Add'l Comments as needed. Check one box per item.	Area Room by room Basement or utility rm Outside Overall	Category 1. Living Room 2. Kitchen 3. Bathroom 4. All Other Rooms Used for Living 5. All Secondary Rooms Not Used for Living 6. Heating and Plumbing 7. Building Exterior 8. General Health and Safety

1. Living Room**For each numbered item, check only one box per questions**

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
1.1 Living Room Present? Is there a living room?	<input type="checkbox"/>	<input type="checkbox"/>		
1.2 Electricity Are there at least two working outlets or one working outlet and one working light fixture?	<input type="checkbox"/>	<input type="checkbox"/>		
1.3 Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
1.4 Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>		
1.5 Window Condition Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken panes?	<input type="checkbox"/>	<input type="checkbox"/>		
1.6 Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
1.7 Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
1.8 Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
1.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If no, does the deteriorated surfaces exceed 2 square feet of entire room or more than 10% of a component of the interior room?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

Additional Comments (give item number)

If additional space is needed for comments, go to Inspection Summary page at the end of the form.

2. Kitchen**For each numbered item, check only one box per questions**

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
2.1 Kitchen Present? Is there a kitchen?	<input type="checkbox"/>	<input type="checkbox"/>		
2.2 Electricity Are there at least two working outlets or one working outlet and one working light fixture?	<input type="checkbox"/>	<input type="checkbox"/>		
2.3 Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
2.4 Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>		
2.5 Window Condition Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken panes?	<input type="checkbox"/>	<input type="checkbox"/>		
2.6 Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
2.7 Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
2.8 Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
2.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If no, does the deteriorated surfaces exceed 2 square feet of entire room or more than 10% of a component of the interior room?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
2.10 Stove or Range with Oven Is there a working oven and a stove (or range) with top burners that work?	<input type="checkbox"/>	<input type="checkbox"/>		
2.11 Refrigerator Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time?	<input type="checkbox"/>	<input type="checkbox"/>		
2.12 Sink Is there a kitchen sink that works with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>		
2.13 Space for Storage, Preparation, and Serving of Food Is there a space to store, prepare, and serve food?	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments (give item number)

If additional space is needed for comments, go to Inspection Summary page at the end of the form.

3. Bathroom #1**For each numbered item, check only one box per questions**

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
3.1 Bathroom Present? Is there a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>		
3.2 Electricity Are there at least two working outlets or one working outlet and one working light fixture?	<input type="checkbox"/>	<input type="checkbox"/>		
3.3 Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
3.4 Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>		
3.5 Window Condition Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken panes? Are the windows openable or a working vent system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
3.6 Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
3.7 Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
3.8 Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
3.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If no, does the deteriorated surfaces exceed 2 square feet of entire room or more than 10% of a component of the interior room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
3.10 Flush Toilet in Enclosed Room Is there a working toilet?	<input type="checkbox"/>	<input type="checkbox"/>		
3.11 Fixed Wash Basin or Lavatory Is there a working, permanently installed wash basin with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>		
3.12 Tub or Shower Is there a working tub or shower with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments (give item number)

If additional space is needed for comments, go to Inspection Summary page at the end of the form.

3. Bathroom #2

For each numbered item, check only one box per questions

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
3.0 Not Applicable <input type="checkbox"/> Go to part 4				
3.1 Bathroom Present? Is there a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>		
3.2 Electricity Are there at least two working outlets or one working outlet and one working light fixture?	<input type="checkbox"/>	<input type="checkbox"/>		
3.3 Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
3.4 Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>		
3.5 Window Condition Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken panes? Are the windows openable or a working vent system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
3.6 Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
3.7 Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
3.8 Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
3.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If no, does the deteriorated surfaces exceed 2 square feet of entire room or more than 10% of a component of the interior room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
3.10 Flush Toilet in Enclosed Room Is there a working toilet?	<input type="checkbox"/>	<input type="checkbox"/>		
3.11 Fixed Wash Basin or Lavatory Is there a working, permanently installed wash basin with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>		
3.12 Tub or Shower Is there a working tub or shower with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments (give item number)

If additional space is needed for comments, go to Inspection Summary page at the end of the form.

3. Bathroom #3 For each numbered item, check only one box per questions

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
3.0 Not Applicable <input type="checkbox"/> Go to part 4				
3.1 Bathroom Present? Is there a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>		
3.2 Electricity Are there at least two working outlets or one working outlet and one working light fixture?	<input type="checkbox"/>	<input type="checkbox"/>		
3.3 Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
3.4 Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>		
3.5 Window Condition Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken panes? Are the windows openable or a working vent system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
3.6 Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
3.7 Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
3.8 Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
3.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If no, does the deteriorated surfaces exceed 2 square feet of entire room or more than 10% of a component of the interior room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
3.10 Flush Toilet in Enclosed Room Is there a working toilet?	<input type="checkbox"/>	<input type="checkbox"/>		
3.11 Fixed Wash Basin or Lavatory Is there a working, permanently installed wash basin with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>		
3.12 Tub or Shower Is there a working tub or shower with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments (give item number)

If additional space is needed for comments, go to Inspection Summary page at the end of the form.

3. Bathroom #4 For each numbered item, check only one box per questions

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
3.0 Not Applicable <input type="checkbox"/> Go to part 4				
3.1 Bathroom Present? Is there a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>		
3.2 Electricity Are there at least two working outlets or one working outlet and one working light fixture?	<input type="checkbox"/>	<input type="checkbox"/>		
3.3 Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
3.4 Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>		
3.5 Window Condition Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken panes? Are the windows openable or a working vent system?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
3.6 Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
3.7 Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
3.8 Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
3.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If no, does the deteriorated surfaces exceed 2 square feet of entire room or more than 10% of a component of the interior room?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
3.10 Flush Toilet in Enclosed Room Is there a working toilet?	<input type="checkbox"/>	<input type="checkbox"/>		
3.11 Fixed Wash Basin or Lavatory Is there a working, permanently installed wash basin with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>		
3.12 Tub or Shower Is there a working tub or shower with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments (give item number)

If additional space is needed for comments, go to Inspection Summary page at the end of the form.

4. All Other Rooms Used for Living For each numbered item, check only one box per questions

4.1 Room Location

Room Code 1-1ST BEDROOM

_____ right/left/center: the room is situated to the right, left, or center of home
 _____ front/rear/center: the room is situated to the back, front, or center of home
 _____ floor level: the floor level on which the room is located _____

1=Bedroom or any other room used for sleeping (regardless of room)
 2=Dining Room or Dining Area
 3=Second Living Room, Family Room, Den, Playroom, TV Room
 4=Entrance Halls, Corridors, Halls, Staircases
 5=Additional Bathroom (also check presence of sink trap and clogged toilet)
 6=Other (specify): _____

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
4.2 Electricity If Room Code is a 1, are there at least two working outlets or one working outlet and one working light fixture or a switched outlet receptacle?	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>		
4.5 Window Condition If room is a 1, is there at least one window? Regardless of room code, are all windows free of signs of severe deterioration or missing or broken panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
4.6 Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.7 Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.8 Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If no, does the deteriorated surfaces exceed 2 square feet of entire room or more than 10% of a component of the interior room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

Additional Comments (give item number)

If additional space is needed for comments, go to Inspection Summary page at the end of the form.

4. All Other Rooms Used for Living For each numbered item, check only one box per questions

4.1 Room Location

Room Code 1- 2ND BEDROOM, if applicable

_____ right/left/center: the room is situated to the right, left, or center of home

1=Bedroom or any other room used for sleeping (regardless of room

2=Dining Room or Dining Area

3=Second Living Room, Family Room, Den, Playroom, TV Room

4=Entrance Halls, Corridors, Halls, Staircases

5=Additional Bathroom (also check presence of sink trap and clogged toilet)

6=Other (specify): _____

_____ front/rear/center: the room is situated to the back, front, or center of home

_____ floor level: the floor level on which the room is located _____

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
4.1a Not Applicable <input type="checkbox"/> Go to part 5				
4.2 Electricity If Room Code is a 1, are there at least two working outlets or one working outlet and one working light fixture or a switched outlet receptacle?	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>		
4.5 Window Condition If room is a 1, is there at least one window? Regardless of room code, are all windows free of signs of severe deterioration or missing or broken panes?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
4.6 Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.7 Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.8 Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If no, does the deteriorated surfaces exceed 2 square feet of entire room or more than 10% of a component of the interior room?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

Additional Comments (give item number)

If additional space is needed for comments, go to Inspection Summary page at the end of the form.

4. All Other Rooms Used for Living For each numbered item, check only one box per questions

4.1 Room Location	Room Code 1-3RD BEDROOM, if applicable
_____ right/left/center: the room is situated to the right, left, or center of home	1=Bedroom or any other room used for sleeping (regardless of room 2=Dining Room or Dining Area 3=Second Living Room, Family Room, Den, Playroom, TV Room 4=Entrance Halls, Corridors, Halls, Staircases 5=Additional Bathroom (also check presence of sink trap and clogged toilet) 6=Other (specify): _____
_____ front/rear/center: the room is situated to the back, front, or center of home	
_____ floor level: the floor level on which the room is located	_____

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
4.1a Not Applicable <input type="checkbox"/> Go to part 5				
4.2 Electricity If Room Code is a 1, are there at least two working outlets or one working outlet and one working light fixture or a switched outlet receptacle?	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>		
4.5 Window Condition If room is a 1, is there at least one window? Regardless of room code, are all windows free of signs of severe deterioration or missing or broken panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
4.6 Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.7 Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.8 Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If no, does the deteriorated surfaces exceed 2 square feet of entire room or more than 10% of a component of the interior room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

Additional Comments (give item number)

If additional space is needed for comments, go to Inspection Summary page at the end of the form.

4. All Other Rooms Used for Living For each numbered item, check only one box per questions

4.1 Room Location

Room Code 1- 4TH BEDROOM, if applicable

_____ right/left/center: the room is situated to the right, left, or center of home

1=Bedroom or any other room used for sleeping (regardless of room

2=Dining Room or Dining Area

3=Second Living Room, Family Room, Den, Playroom, TV Room

4=Entrance Halls, Corridors, Halls, Staircases

5=Additional Bathroom (also check presence of sink trap and clogged toilet)

6=Other (specify): _____

_____ front/rear/center: the room is situated to the back, front, or center of home

_____ floor level: the floor level on which the room is located _____

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
4.1a Not Applicable <input type="checkbox"/> Go to part 5				
4.2 Electricity If Room Code is a 1, are there at least two working outlets or one working outlet and one working light fixture or a switched outlet receptacle?	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>		
4.5 Window Condition If room is a 1, is there at least one window? Regardless of room code, are all windows free of signs of severe deterioration or missing or broken panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
4.6 Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.7 Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.8 Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If no, does the deteriorated surfaces exceed 2 square feet of entire room or more than 10% of a component of the interior room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

Additional Comments (give item number)

If additional space is needed for comments, go to Inspection Summary page at the end of the form.

4. All Other Rooms Used for Living For each numbered item, check only one box per questions

4.1 Room Location

Room Code 1- 5TH BEDROOM, if applicable

_____ right/left/center: the room is situated to the right, left, or center of home

1=Bedroom or any other room used for sleeping (regardless of room

2=Dining Room or Dining Area

3=Second Living Room, Family Room, Den, Playroom, TV Room

4=Entrance Halls, Corridors, Halls, Staircases

5=Additional Bathroom (also check presence of sink trap and clogged toilet)

6=Other (specify): _____

_____ front/rear/center: the room is situated to the back, front, or center of home

_____ floor level: the floor level on which the room is located _____

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
4.1a Not Applicable <input type="checkbox"/> Go to part 5				
4.2 Electricity If Room Code is a 1, are there at least two working outlets or one working outlet and one working light fixture or a switched outlet receptacle?	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>		
4.5 Window Condition If room is a 1, is there at least one window? Regardless of room code, are all windows free of signs of severe deterioration or missing or broken panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
4.6 Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.7 Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.8 Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If no, does the deteriorated surfaces exceed 2 square feet of entire room or more than 10% of a component of the interior room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

Additional Comments (give item number)

If additional space is needed for comments, go to Inspection Summary page at the end of the form.

4. All Other Rooms Used for Living For each numbered item, check only one box per questions

4.1 Room Location

Room Code

_____ right/left/center: the room is situated to the right, left, or center of home

1=Bedroom or any other room used for sleeping (regardless of room

2=Dining Room or Dining Area

3=Second Living Room, Family Room, Den, Playroom, TV Room

_____ front/rear/center: the room is situated to the back, front, or center of home

4=Entrance Halls, Corridors, Halls, Staircases

5=Additional Bathroom (also check presence of sink trap and clogged toilet)

_____ floor level: the floor level on which the room is located _____

6=Other (specify): _____

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
4.2 Electricity If Room Code is a 1, are there at least two working outlets or one working outlet and one working light fixture or a switched outlet receptacle? If Room Code is not 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>		
4.5 Window Condition If room is a 1, is there at least one window? Regardless of room code, are all windows free of signs of severe deterioration or missing or broken panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
4.6 Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.7 Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.8 Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If no, does the deteriorated surfaces exceed 2 square feet of entire room or more than 10% of a component of the interior room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

Additional Comments (give item number)

If additional space is needed for comments, go to Inspection Summary page at the end of the form.

5. All Secondary Rooms Not Used for Living For each numbered item, check only one box per questions

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
5.1 None <input type="checkbox"/> Go to part 6				
5.2 Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>		
5.3 Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
5.4 Other Potentially Hazardous Items Are all of these rooms free of any other potentially hazardous items? For each room with an "other hazardous item", explain the hazard and means of control of interior access to the room.	<input type="checkbox"/>	<input type="checkbox"/>		

6. Building Exterior For each numbered item, check only one box per questions

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
6.1 Condition of Foundation Is the foundation sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
6.2 Condition of Stairs, Rails, and Porches Are all exterior stairs, rails, and porches sound and free from hazard?	<input type="checkbox"/>	<input type="checkbox"/>		
6.3 Condition of Roofs and Gutters Are the roof, gutters, and downspouts sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
6.4 Condition of Exterior Surfaces Are exterior surfaces sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
6.5 Condition of Chimney Is the chimney sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
6.6 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If no, does the deteriorated surface exceed 20 square feet of entire exterior surface or more than 10% of a component of the exterior surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
6.6 Manufactured Home Is manufactured home on a permanent foundation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

Additional Comments (give item number)

If additional space is needed for comments, go to Inspection Summary page at the end of the form.

7. Heating and Plumbing

For each numbered item, check only one box per questions

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
7.1 Adequacy of Heating Equipment Is the heating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living?	<input type="checkbox"/>	<input type="checkbox"/>		
7.2 Safety of Heating Equipment Is the home free from unvented fuel burning space heaters or any other types of unsafe heating conditions?	<input type="checkbox"/>	<input type="checkbox"/>		
7.3 Ventilation and Adequacy of Cooling Does the home have adequate ventilation and cooling by means of openable windows or a working cooling system?	<input type="checkbox"/>	<input type="checkbox"/>		
7.4 Water Heater Is the water heater located, equipped, and installed in a safe manner?	<input type="checkbox"/>	<input type="checkbox"/>		
7.5 Water Supply Is the home served by an approvable public or private sanitary water supply?	<input type="checkbox"/>	<input type="checkbox"/>		
7.6 Plumbing Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?	<input type="checkbox"/>	<input type="checkbox"/>		
7.7 Sewer Connection Is plumbing connected to an approvable public or private disposal system, and is it free from sewer backup?	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments (give item number)

If additional space is needed for comments, go to Inspection Summary page at the end of the form.

8. General Health and Safety

For each numbered item, check only one box per questions

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
8.1 Access to Unit Can home be entered without having to go through another home?	<input type="checkbox"/>	<input type="checkbox"/>		
8.2 Exits Is there an acceptable fire exit from this home that is not blocked?	<input type="checkbox"/>	<input type="checkbox"/>		

8.3 Garbage and Debris Is the home free from heavy accumulation of garbage or debris inside and outside?	<input type="checkbox"/>	<input type="checkbox"/>		
8.4 Interior Stairs Are interior stairs free from hazards because of loose, broken, or missing steps; absent or insecure railings; inadequate lighting; or other hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
8.5 Other Interior Hazards Is the interior of the home free from any other hazard not specifically identified previously?	<input type="checkbox"/>	<input type="checkbox"/>		
8.6 Interior Air Quality Is the home free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?	<input type="checkbox"/>	<input type="checkbox"/>		
8.7 Site and Neighborhood Conditions Are the site and immediate neighborhood free from conditions which would seriously and continuously endanger the health or safety of the residents?	<input type="checkbox"/>	<input type="checkbox"/>		
8.8 Smoke Detectors Is there a working smoke detector on each level? Do smoke detectors meet requirements of NFPA 72?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		

Additional Comments (give item number)

If additional space is needed for comments, go to Inspection Summary page at the end of the form.

Inspection Summary for Additional Comments

<u>Item No. Description</u>	<u>Continued Comments: Reason for Fail or Pass with Comments</u>



Descriptions of Housing Types applicable from page 1 of inspection

Local Target Area	A locally designated non-CDBG strategy area targeted for assistance.
Presidential Declared Major Disaster Area	An area declared a major disaster under subchapter IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act.
Historic Preservation Area	An area designated for historic preservation by local, state, or federal officials.
Brownfield Redevelopment Area	An abandoned, idled, or underused property where expansion or redevelopment is complicated by real or potential environmental contamination.
Energy Star	An entire home is at least 30% more efficient than a comparable home built to meet the 1993 Model Energy Code (MEC). The Energy Star label should be prominently displayed on the qualified home's electrical distribution panel. See more information at www.energystar.gov or www.hud.gov/energy .
Section 504 Accessible	A home that can be approached, entered, and used by a physically disabled person in accordance with the Uniform Federal Accessibility Standards (UFAS). See more information at www.access-board.gov/ufashtml/ufas.htm .