



Subject Details:
Street

City Livonia

State MI.

Zip 48154

Eval Date Apr 4, 2019

Company PPT Inspections

Inspector Name Walter L. Williams

Inspector Phone 313 399-7016

FHA
MINIMUM PROPERTY STANDARDS
EVALUATION REPORT



Minimum Property Standards Evaluation

Evaluation Details

Date of Evaluation:

Apr 4, 2019

Inspector Name:

Walter L. Williams

Inspector Telephone Number :

313 399-7016

EMAIL:

pptinspections@hotmail.com

Client Information

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Property Details

Property Type:

Single Family

Number of units:

One

Age of Property:

73 Years

Inhabited:

No

Residential/Commercial:

Residential

Commercial % of Space:

0%

Utilities On/Off:

On

Water Type:

Public

Sewage Type

Public

Gas Service:

On

Public Water Available:

Yes

Public Sewer Available:

Yes



Minimum Property Standards Evaluation

Minimum Property Standards Evaluation Client Agreement

For the sum(s) specified below the BUILDING INSPECTOR/CONSULTANT agrees to:

Meet with Buyer and /or Buyer(s)' Agent(s) at the subject property address to **evaluate** the physical property, identify areas in need of improvement, and determine overall suitability for an FHA's Insured Mortgage. An evaluation fee will be due and payable upon completion of these services. This fee is non-contingent and non-refundable. **This evaluation is not to be considered a residential "Home Inspection" as defined by any National, State or Local Standards of Practice for home inspection.** The Building Inspector/Consultant is a licensed, qualified residential building inspector as required by State/Local mandates but is not to be held to the standards of practice for a "Home Inspection". This evaluation is a limited, visual evaluation of readily accessible areas and components of the above referenced property solely for the purpose of identifying those areas that would be considered non-compliant with FHA Minimum Property Standards as established by HUD Handbook 4910.1, Minimum Property Standards for Housing, Handbook 4905.1 and subsequent Mortgage Letters as are obvious and apparent at the time of the evaluation. The report that will be provided to the above named client will only address the items and areas as required by the above referenced handbooks.

It is understood by all parties that the evaluation is subjective and while thorough and encompassing, is neither a guarantee express or implied that the item listed will be exclusively reported by a HUD approved appraiser or building consultant. The HUD appraisal report may indicate additions or deletions from the items listed as observed by that individual at the time of his/her appraisal of the property.

THIS EVALUATION IS NOT A SUBSTITUTE FOR A COMPREHENSIVE HOME INSPECTION OR CERTIFICATION BY A LICENSED PROFESSIONAL. Should the client desire, for an additional fee, the Building Inspector/Consultant may perform a comprehensive home inspection.

It is understood and agreed to by both parties that **PPT Inspections** is not an insurer and is not insuring the property evaluated against defects or the future condition of this property, its structural components, or its various plumbing, mechanical, and/or electrical systems.

In the event that the client believes that Company is responsible for any problem with the property or its components, the client agrees to notify Company within 30 days following this discovery, and to allow Company 30 days, if practical, to re-examine these conditions before making any remedial repair. Failure to do so will void any further responsibility of Company.

Client's Initials

DEM



Minimum Property Standards Evaluation

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IF COMPANY IS FOUND LIABLE FOR ANY LOSS OR DAMAGE DUE TO ITS NEGLIGENCE OR THE FAILURE TO PERFORM ITS OBLIGATIONS IN THIS AGREEMENT, INCLUDING THE IMPROPER OR NEGLIGENT PERFORMANCE OF THE EVALUATION OR THE IMPROPER OR NEGLIGENT REPORTING OF CONDITIONS OF THE SUBJECT PROPERTY, COMPANY'S MAXIMUM LIABILITY SHALL BE LIMITED TO THE FEE PAID TO COMPANY FOR THE EVALUATION, AND THIS LIABILITY SHALL BE EXCLUSIVE. THIS LIMITATION OF LIABILITY SPECIFICALLY COVERS LIABILITY FOR DAMAGED PROPERTY, LOSS OF USE OF THE PROPERTY, LOST PROFITS, CONSEQUENTIAL DAMAGES, SPECIAL DAMAGES, INCIDENTAL DAMAGES AND GOVERNMENTAL FINES AND CHARGES.

In the event a dispute or claim should arise from the Evaluation or Evaluation report, it is agreed that this dispute or claim shall be resolved informally between the parties or by binding Arbitration under the "Commercial Arbitration Rules" of the "American Arbitration Associations", and use as a standard of care and performance, the "Standards-of-Practice" (NAHI) and (ASHI). The client must bring any claim against the Company within 1 year after the date of Evaluation. If the client does not, the client has no right to sue Company and Company has no liability to client for that claim. It is critical that the client brings any claim in a timely manner. Time is of the essence. In any arbitration or legal action in which we are found to be without fault, the client(s) agrees to reimburse Company for any attorney's fees incurred in their defense of the proceeding. In the event that any clause in this agreement is found to be invalid by a court of law this will not invalidate any other portion of the agreement.



Minimum Property Standards Evaluation

GENERAL HEALTH AND SAFETY			
Inspection Item	Pass	Fail	Comments
1. Does the property appear to be a marketable single residence?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. If property is constructed on a property line, is it separate from the adjoining building by a wall extending the full height of the building from foundation to roof?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Can living units be maintained without trespassing onto adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Are private streets (if applicable) protected by permanent easement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is there any kind of insect infestation apparent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Is there evidence of termite infestation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Building Usage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Units will be used for Residential /Mixed Non-Residential?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Is Non-residential use subordinate to residential usage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Is Non-residential usage less than 25% (or appropriate for number of stories in dwelling)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Access to Unit): Can the unit be accessed without having to enter through another unit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Does adequate space exist between buildings to permit access to rear and maintenance of exterior walls?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Exits: Is there an adequate fire exit from this building that is not blocked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Do all rooms that are used for living have fire exits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15. Evidence of Infestation: Is the unit free from severe infestations of rats, mice, or vermin?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is there any kind of insect infestation apparent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Is there evidence of termite infestation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. Garbage and Debris: Is the unit free from heavy accumulation of garbage or debris inside and outside? (include all enclosed areas, porches, out-buildings, and yards)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19. Interior Stairs and Common Halls: Are all stairs and walkways free from hazards to the occupant (i.e. no loose, broken, or missing steps on stairways, absent or insecure railing, inadequate lighting or other hazards)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20. Other Interior Hazards: Is the unit free from any interior hazards not specifically identified in this list?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
21. Interior Air Quality: Is the interior of the unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
22. Lead-Based Paint: Are all painted surfaces free of deteriorated paint- (chipping, peeling, spalling) in homes built before 1978?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23. If not, do deteriorated surfaces exceed 2 square feet per room and/or is more than 10% of a component?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



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BUILDING EXTERIOR			
Inspection Item	Pass	Fail	Comments
1. Condition of Foundation Is foundation is sound and free from hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. If the foundation is a slab, is it free from cracks evident in the interior or on the exposed exterior?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. If the foundation is pier-and-beam, is there adequate clearance to observe all piers, sills, joist and other foundations members and has this been done?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Maximum spans should be 9'6" assuming 2x6 joist and 4'6" beams and sills.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. All beams, sills, joist, blocks are properly supported, and free from damage from termites or rot?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Is the underpinning, if any, adequate? Is it properly installed, sealed, and unbroken? Is it vented and insulated as needed? Note any needed repairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Does the grade should be sloped away from foundation with no voids or depressions apparent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Is there any standing water beneath or adjacent to the foundation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Condition of Stairs, Rails, and Porches: Condition of stairs, rails, and porches should be free from hazards and structural defects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. If more than 2 steps are present, a hand rail is required. If more than 2 steps are present, is a hand rail installed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Is the porch floor sound and free from rot or other deterioration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. All private and public walkways should be free from tripping hazards and other serious defects. Note any flat work repairs needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Condition of Roof/Gutters: Are the roof, gutters, and down spouts sound and free from hazards as visible from the ground?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Are all vent jacks, leads, turbines, skylights and caps in good condition as visible from the ground?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15. Inspect the interior of the attic space and the underside of eaves paying careful attention to valleys and penetrations. Are any leaks evident?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Note the type of decking and the number of layers of shingles. Is there fewer than 3 layers of roofing present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Roof should be free from incipient deficiencies. Should it be expected to last at least five more years given normal conditions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. Are additional gutters required? Gutters should only be required where water needs to be pulled away from the house or walkways?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19. Condition of Exterior Surfaces: Are exterior surfaces sound and free from hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



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20. Are all surfaces free from holes, gaps, open seams and incursions allowing thermal or water leaks into the interior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Some bricks needs to be filled with mortar.
21. Is any rot or termite damage evident? Check all surfaces including soffit, fascia, eaves, siding, water tables, decks, porch floors, etc?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
22. Is any condition evident that would encourage rot or termite damage? Do any surfaces collect or trap water? Does any untreated wood have contact with the ground? These issues should be considered incipient deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23. Is there damage to exterior trim including all window sills and door jams from rot or water penetration? Are they proper sealing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior window trim on two of the windows are missing.
24. Are any exterior masonry repairs required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Some bricks needs to be filled with mortar.
25. Is the unit free from any exterior hazards not specifically identified in this list?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
26. Is electric service of three-wire type with weather-head located at least 12' from grade?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
27. Does service panel have a service rating and a disconnect present for at least 60 amps?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
28. Is there a dis-connect for HVAC condensing units located within reach of unit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
29. Condition of Chimney: Is chimney sound and free from hazards? As viewed from ground level.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
30. Lead-Based Paint Exterior Surfaces: Are all exterior surfaces free from cracked, peeling, and chipping paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
31. If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
32. Manufactured Housing Unit: If the unit is a manufactured housing unit, is it properly tied down and placed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
33. If the unit is a manufactured housing unit, does it have at least 1 smoke detector outside each bedroom?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
34. Is the underpinning, if any, adequate? Is it sealed and unbroken? Is it vented and insulated as needed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

ATTIC

Inspection Item	Pass	Fail	Comments
1. Can the attic be accessed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. When possible, attic should include R30 insulation. Is there insulation in attic?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Check for exposed wiring including knob-and-tube and replace. All wiring should be properly shielded or covered in conduit? Are all connections in approved j-boxes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

LIVING ROOM

Inspection Item	Pass	Fail	Comments
1. Living Room Present: Is there a living room?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



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2. Electricity: Are there at least 2 working outlets or at least 1 working outlet and 1 light fixture?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Electrical Hazards: Are any shorts, overloaded circuits, or frayed wires present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is there exposed wiring including knob-and-tube wiring? Is all wiring shielded or protected in conduit? Are all connections in approved j-boxes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Are all outlet covers and switch plate covers properly installed and free from cracks or gaps?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Are there any other conditions not mentioned which would constitute an electrical hazard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Security: Are all windows in open-able, operable, and lockable condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Are all doors in open-able, operable and lockable (where required) condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Window Condition: Are all windows and doors properly weather-stripped and sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Is there at least 1 window and are all windows free from signs of severe deterioration, wood rot, missing or broken panes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Ceiling Condition: Is the ceiling sound and free from hazardous defects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Is the ceiling paint free from chipping or peeling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Is the ceiling sagging indicating need for roof leaks or structural repairs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Is the ceiling free from significant water stains, popped seams and/or cracking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15. Wall Condition: Are all walls framed and drywall-ed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. On exterior walls, check for insulation and estimate R-value.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Are all walls sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. Is the paint free from chipping or peeling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19. Are the walls leaning?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20. Are the walls free from significant water stains, popped seams and cracking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
21. Floor Condition: Are all baseboards and other trim properly sealed and in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
22. Is there any evidence of sub-floor rot or termite damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23. Is the floor sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
24. Are any tripping hazards present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
25. Is the floor generally level?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
26. Lead-Based Paint): Is there evidence of lead-based paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
27. Smoke Alarm: Is there a working smoke alarm for this room? There should be a smoke alarm adjacent to every sleeping area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
28. Does the smoke detector meet the requirements of NFPA 74?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
29. In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



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30. Other: Are there any other unusual features present? (i.e. low ceilings, angled or narrow spaces, cantilevered loads, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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KITCHEN			
Inspection Item	Pass	Fail	Comments
1. Kitchen Area Present: Is there a kitchen?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Electricity: Do any outlets which are 6 feet or less measurable to the nearest source of standing (sinks or tubs) or running water have properly installed and functioning GFCI outlets?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Is there at least 1 working outlet and at least 1 working and permanently installed light fixture?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Electrical Hazard: Are all outlets properly grounded and in working order?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Are any shorts, overloaded circuits, or frayed wires present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Is there exposed wiring including knob-and-tube wiring? Is all wiring shielded or protected in conduit? Are all connections in approved J-boxes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Are all outlet covers and switch plate covers properly installed and free from cracks or gaps?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kitchen backsplash that was not installed so the electrical outlets covers was not on at the time of the inspection
8. Are there any other conditions not mentioned which would constitute an electrical hazard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Security: Are all windows in open-able, operable, and lockable condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Are all doors in open-able, operable and lockable (where required) condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Window Condition: Are all windows and doors properly weather-stripped and sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Is there at least 1 window and are all windows free from signs of severe deterioration, wood rot, missing or broken panes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Ceiling Condition: Is the ceiling sound and free from hazardous defects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Is the ceiling paint free from chipping or peeling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15. Is the ceiling sagging indicating need for roof leaks or structural repairs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is the ceiling free from significant water stains, popped seams and/or cracking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Wall Condition: Are all walls framed and drywall-ed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. On exterior walls, check for insulation and estimate R-value.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19. Are all walls sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20. Is the paint free from chipping or peeling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
21. Are the walls leaning?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
22. Are the walls free from significant water stains, popped seams and cracking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



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23. Floor Condition: Are all baseboards and other trim properly sealed and in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
24. Is there any evidence of sub-floor rot or termite damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
25. Is the floor sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
26. Are any tripping hazards present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
27. Is the floor generally level?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
28. Lead-Based Paint): Is there evidence of lead-based paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
29. Smoke Alarm: Is there a working smoke alarm for this room? There should be a smoke alarm adjacent to every sleeping area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
30. Does the smoke detector meet the requirements of NFPA 74?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
31. In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
32. Other: Are there any other unusual features present? (i.e. low ceilings, angled or narrow spaces, cantilevered loads, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
33. Stove or Range with Oven: Is there a working oven and a stove (or range) with top burners that work?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
34. Sink: Is there a sink that works and provides hot and cold running water?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
35. Is the sink attached and sealed properly to prevent movement or leaks? Is it free from holes, rust, or cracks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
36. Do the faucets work properly? Check for leaks, free operation, proper water mixing, and complete shut off.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
37. Are the drain lines properly installed with working, un-deteriorated p-traps (check for leaks and proper rate of draining), and is the system properly vented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
38. Are supply lines properly installed and not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
39. Are hot and cold water shut off valves present and working properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
40. Are all counter surfaces level, properly fastened, free from delamination, washable and free from deterioration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
41. Are all cabinet doors in working order, properly hinged, closable, and free from deterioration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
42. Are all cabinet shelves and backs level, usable and free from deterioration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
43. In general, are the cabinets properly fastened to the walls and in good usable condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
44. Smoke Alarm: Is there a working smoke alarm for this room? There should be a smoke alarm adjacent to every sleeping area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
45. Other: Are there any other unusual features present? (i.e. low ceilings, angled or narrow spaces, cantilevered loads, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

BATHROOM

Inspection Item	Pass	Fail	Comments
1. Bathroom: Is there a bathroom?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



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2. Electricity: Is there at least 1 permanently installed and working light fixture?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Electrical Hazards: Do any outlets which are 6 feet or less measurable to the nearest source of standing (sinks or tubs) or running water have properly installed and functioning GFCI outlets?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Are all outlets properly grounded and in working order?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Electrical Hazards: Are any shorts, overloaded circuits, or frayed wires present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Is there exposed wiring including knob-and-tube wiring? Is all wiring shielded or protected in conduit? Are all connections in approved j-boxes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Are all outlet covers and switch plate covers properly installed and free from cracks or gaps?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Are there any other conditions not mentioned which would constitute an electrical hazard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Security: Are all windows in open-able, operable, and lockable condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Are all doors in open-able, operable and lockable (where required) condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Window Condition: Are all windows and doors properly weather-stripped and sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Ceiling Condition: Is the ceiling sound and free from hazardous defects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Is the ceiling paint free from chipping or peeling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Is the ceiling sagging indicating need for roof leaks or structural repairs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15. Is the ceiling free from significant water stains, popped seams and/or cracking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Wall Condition: Are all walls framed and drywall-ed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. On exterior walls, check for insulation and estimate R-value.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. Are all walls sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19. Is the paint free from chipping or peeling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20. Are the walls leaning?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
21. Are the walls free from significant water stains, popped seams and cracking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
22. Floor Condition: Are all baseboards and other trim properly sealed and in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23. Is there any evidence of sub-floor rot or termite damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
24. Is the floor sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
25. Are any tripping hazards present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
26. Is the floor generally level?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
27. Lead-Based Paint): Is there evidence of lead-based paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



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28. Flush Toilet in Enclosed Room in Unit: Is there a working toilet in the unit in an enclosed room for the exclusive private use of the resident?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
29. Does toilet flush freely and completely?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
30. Is the supply line working properly and is it free from leaks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
31. Is the toilet properly secured to the floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
32. Is there evidence of water damage to the floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

HEATING AND PLUMBING

Inspection Item	Pass	Fail	Comments
1. Safety of Heating Equipment: Is the unit free from unvented fuel burning space heaters or any other types of unsafe heating conditions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Are fuel supply tanks an adequate distance from the house and are all supply mains buried or concealed and properly attached under a properly vented crawl space? Is there an exterior shut off?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are fuel supply lines in good non-leaking condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Are all unused interior shut offs removed and capped beneath the floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Are all heat exchangers, burners, and plenums free from rust or corrosion and in serviceable and safe condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Is the heater too large for the space in which it is used, thus creating a hazard? Is it installed near combustible material thus creating a hazard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Water Heater: Is the water heater located, equipped, and installed in a safe manner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Is a TPV valve properly installed with a drain line extending 6" from floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Is the water heater providing adequate hot water to the unit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. If the water heater is gas, propane or oil fired, is it at least ten inches from walls and properly vented with double walled vent pipe? Is combustion air supplied from the exterior?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. If the water heater is located in an exterior closet, is it sealed to prevent freezing of lines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Is a working water shut-off valve installed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

OTHER ROOM USED FOR LIVING AND HALLS (include Bedrooms)

(Reference Room Location/type in comments if needed)

Inspection Item	Pass	Fail	Comments
1. Electricity: Are there at least 2 working outlets or at least 1 working outlet and 1 light fixture?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Electrical Hazards: Are any shorts, overloaded circuits, or frayed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



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wires present?			
3. Is there exposed wiring including knob-and-tube wiring? Is all wiring shielded or protected in conduit? Are all connections in approved j-boxes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Are all outlet covers and switch plate covers properly installed and free from cracks or gaps?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Are there any other conditions not mentioned which would constitute an electrical hazard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Security: Are all windows in open-able, operable, and lockable condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Are all doors in open-able, operable and lockable (where required) condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Window Condition: Are all windows and doors properly weather-stripped and sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Is there at least 1 window and are all windows free from signs of severe deterioration, wood rot, missing or broken panes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Ceiling Condition: Is the ceiling sound and free from hazardous defects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Is the ceiling paint free from chipping or peeling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Is the ceiling sagging indicating need for roof leaks or structural repairs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Is the ceiling free from significant water stains, popped seams and/or cracking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Wall Condition: Are all walls framed and drywall-ed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15. On exterior walls, check for insulation and estimate R-value.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Are all walls sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Is the paint free from chipping or peeling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. Are the walls leaning?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19. Are the walls free from significant water stains, popped seams and cracking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20. Floor Condition: Are all baseboards and other trim properly sealed and in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
21. Is there any evidence of sub-floor rot or termite damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
22. Is the floor sound and free from hazardous defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23. Are any tripping hazards present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
24. Is the floor generally level?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
25. Lead-Based Paint): Is there evidence of lead-based paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
26. Smoke Alarm: Is there a working smoke alarm for this room? There should be a smoke alarm adjacent to every sleeping area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
27. Does the smoke detector meet the requirements of NFPA 74?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



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28. In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
29. Other: Are there any other unusual features present? (i.e. low ceilings, angled or narrow spaces, cantilevered loads, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



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