

# Development Office

## Housing Rehabilitation Inspection Report

### Owner and Contract Information:

<b>Parcel Number:</b>	<b>Project Address:</b>
<b>Owners Name:</b>	<b>Contact Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Phone Number: (H)</b> <b>(W)</b> <b>(C)</b>	<b>Phone Number: (H)</b> <b>(W)</b> <b>(C)</b>

**Full Inspection**

**Partial Inspection**

#### EXTERIOR

#### INTERIOR

**Disabled Vehicle**

**Junk and Debris**

**Brush and Debris**

**Trash**

**Garage Interior Clutter**

**Overall Cleanliness**

**Trash**

**Clutter**

**Vegetation**

**Infestation**

**Other: \_\_\_\_\_**

**Other: \_\_\_\_\_**

**Rehab Construction Specialist: \_\_\_\_\_**

**Date of Inspection: \_\_\_\_\_**

**Structure Information: \_\_\_\_\_**

\_\_\_\_\_

## SITE-EXTERIOR

<b>Grading</b>	<b>General Grading, Slope and Drainage toward House</b> <b>N:</b> _____ <b>S:</b> _____ <b>E:</b> _____ <b>W:</b> _____	___ <b>Code</b> ___ <b>Rehab</b> ___ <b>OK</b>
<b>Sidewalk</b>	<b>Public:</b> Concrete                      Brick                      Other _____	___ <b>Code</b> ___ <b>Rehab</b> ___ <b>OK</b>
	<b>Private:</b> Concrete                      Brick                      Other	___ <b>Code</b> ___ <b>Rehab</b> ___ <b>OK</b>
<b>Driveway</b>	<b>Joint</b> <b>Private</b> Concrete    Asphalt    Gravel    Other _____ <b>Condition:</b>	___ <b>Code</b> ___ <b>Rehab</b> ___ <b>OK</b>
<b>Approach</b>	Concrete    Gravel <b>Condition:</b>	
<b>Trees and Shrubbery</b>		___ <b>Code</b> ___ <b>Rehab</b>
<b>Fencing</b>		___ <b>Code</b> ___ <b>Rehab</b>
<b>Outbuildings</b>	<b>Garage:</b> <b>Attached</b> <b>Detached</b> <b>Floor:</b> <b>Hard Surfaced</b> <b>Other:</b> _____  <b>Siding:</b> Wood                      Aluminum                      Vinyl <b>Paint Cond:</b> _____ <b>Good</b> _____ <b>Fair</b> _____ <b>Poor</b> <b>Siding Cond:</b> _____ <b>Good</b> _____ <b>Fair</b> _____ <b>Poor</b>  <b>Trim:</b> Wood                      Aluminum                      Vinyl <b>Paint Cond:</b> _____ <b>Good</b> _____ <b>Fair</b> _____ <b>Poor</b> <b>Siding Cond:</b> _____ <b>Good</b> _____ <b>Fair</b> _____ <b>Poor</b>  <b>Roofing:</b> <b>No. of Layers:</b> _____ <b>Pitch:</b> _____  <b>Roof Deck:</b> _____ <b>Plywood</b> _____ <b>Boards</b> _____ <b>Gaps</b>  <b>Structure:</b>	___ <b>Code</b> ___ <b>Rehab</b> ___ <b>OK</b>

<b>Outbuildings</b>	<b>Garage Door:</b> Wood    Steel    Fiberglass	<input type="checkbox"/> <b>Code</b> <input type="checkbox"/> <b>Rehab</b> <input type="checkbox"/> <b>OK</b>
	<b>Size:</b> _____	
	<b>Door Framing:</b> Adequate    Inadequate	
	_____ Peeling	
	<b>Service Door:</b> Wood    Steel    Other: _____	
	_____ Peeling	
	<b>Windows:</b> No. _____ Peeling _____	
	<b>Wiring:</b>	
	<b>House to Garage:</b>	
	<b>Exterior Light and Switch:</b>	
<b>Light Fixtures/Outlets:</b>		
<b>GFCI:</b> _____		
<b>Garage Door Opener:</b> _____ <b>Wiring:</b> _____		

**EXTERIOR FRONT    N S E W**



	<b>Condition:</b> _____ <b>Good</b> _____ <b>Fair</b> _____ <b>Poor</b> <b>Repair:</b> Y N _____ <b>Replace:</b> Y N _____ <b>Roof Ventilation:</b> Y N _____ <b>Type:</b> _____ <b>Plumbing Vents:</b> _____	_____ <b>Rehab</b> _____ <b>OK</b>
<b>Gutters and Downspouts</b>	<b>Repair:</b> _____ <b>Replace:</b> _____ <b>Install:</b> _____ <b>36" Extensions:</b> _____ <b>OK</b> _____ <b>Install</b>	_____ <b>Code</b> _____ <b>Rehab</b> _____ <b>OK</b>
<b>Exterior Doors</b>	<b>Type:</b> _____ <b>Wood</b> _____ <b>Steel</b> _____ <b>Fiberglass</b> <b>Paint Cond:</b> _____ <b>Good</b> _____ <b>Fair</b> _____ <b>Poor</b> <b>Repair:</b> Y N _____ <b>Replace:</b> Y N _____  <b>Storm Door:</b> Y N <b>Repair:</b> Y N <b>Replace:</b> Y N	_____ <b>Code</b> _____ <b>Rehab</b> _____ <b>OK</b>
<b>Prime Windows</b>	<b>No. of Windows:</b> _____ <b>Wood:</b> Y N <b>Vinyl:</b> Y N <b>Paint Cond:</b> _____ <b>Good</b> _____ <b>Fair</b> _____ <b>Poor</b> _____ <b>Sash</b> _____ <b>Jamb</b> _____ <b>Trough</b> <b>Repair:</b>  <b>Replace:</b>	_____ <b>Code</b> _____ <b>Rehab</b> _____ <b>OK</b>
<b>Storm Windows</b>	<b>No. of Windows:</b> _____ <b>Wood:</b> Y N <b>Aluminum:</b> Y N <b>Paint Cond:</b> _____ <b>Good</b> _____ <b>Fair</b> _____ <b>Poor</b> <b>Repair:</b>  <b>Replace:</b>	_____ <b>Code</b> _____ <b>Rehab</b> _____ <b>OK</b>
<b>Electrical Service</b>	<b>Service Drop:</b> _____ <b>Condition:</b> _____ <b>Clearance:</b> _____ <b>Mast:</b> _____ <b>Size:</b> _____ <b>Condition:</b> _____ <b>Exterior Ground:</b> Y N	_____ <b>Code</b> _____ <b>Rehab</b> _____ <b>OK</b>
<b>Electrical Outlets</b>	<b>Number:</b> _____ <b>GFCI:</b> _____ <b>Weather Protected:</b> _____ <b>In Use Covers:</b> _____	_____ <b>Code</b> _____ <b>Rehab</b> _____ <b>OK</b>
<b>Plumbing:</b>	<b>Hose Bibb:</b> Y N <b>Frost Free:</b> Y N <b>Vacuum Breaker:</b> Y N	_____ <b>Code</b> _____ <b>Rehab</b> _____ <b>OK</b>

<b>Chimney</b>	<b>Brick</b> _____ <b>Block</b> _____ <b>B-Vent</b> _____ <b>Other</b> _____ <b>Flashing:</b> _____ <b>OK</b> _____ <b>Install</b> <b>Tuckpoint:</b> Y N _____ <b>Concrete Cap:</b> OK <b>Replace</b>	_____ <b>Code</b> _____ <b>Rehab</b> _____ <b>OK</b>
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	<b>Liner:</b> <input type="checkbox"/> OK <input type="checkbox"/> Install <input type="checkbox"/> Repair	
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**EXTERIOR RIGHT N S E W**

<b>Grading</b>	<b>Slope:</b> <input type="checkbox"/> Negative <input type="checkbox"/> OK <input type="checkbox"/> Bare Soil <b>Sidewalk/Driveway slope toward house:</b> Y N	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
<b>Exterior Foundation</b>	<input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Slab <input type="checkbox"/> Other: _____ <b>Tuckpoint:</b> <input type="checkbox"/> <b>Bowing:</b> <input type="checkbox"/> <b>Cracked Block:</b> <input type="checkbox"/>	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
<b>Porch</b>	<input type="checkbox"/> Covered <input type="checkbox"/> Enclosed <input type="checkbox"/> Open <input type="checkbox"/> Stoop <b>Footings:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Structure:</b> _____ <b>Columns:</b> _____ <b>Floor:</b> <input type="checkbox"/> T & G <input type="checkbox"/> Plywood <input type="checkbox"/> Concrete <b>Paint Cond:</b> _____ Good    _____ Fair    _____ Poor <b>Ceiling and Upper Trim:</b> <input type="checkbox"/> Painted <input type="checkbox"/> Aluminum <b>Paint Cond:</b> _____ Good    _____ Fair    _____ Poor <b>Guardrail:</b> <input type="checkbox"/> OK <input type="checkbox"/> Install <input type="checkbox"/> Repair <b>Steps:</b> <input type="checkbox"/> OK <input type="checkbox"/> Install <input type="checkbox"/> Repair <b>Handrail:</b> <input type="checkbox"/> OK <input type="checkbox"/> Install <input type="checkbox"/> Repair <b>Paint Cond:</b> _____ Good    _____ Fair    _____ Poor  <b>Windows:</b> <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <b>Screens</b> Y N <b>Paint Cond:</b> _____ Good    _____ Fair    _____ Poor  <b>Exterior Light:</b> <input type="checkbox"/> OK <input type="checkbox"/> Install <input type="checkbox"/> Replace	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
<b>Siding</b>	<input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Vinyl <input type="checkbox"/> Other: _____ <b>Paint Cond:</b> _____ Good    _____ Fair    _____ Poor <b>Siding Cond:</b> _____ Good    _____ Fair    _____ Poor	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
<b>Trim</b>	<input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Vinyl <input type="checkbox"/> Other: _____ <b>Paint Cond:</b> _____ Good    _____ Fair    _____ Poor	

	Siding Cond: _____ Good _____ Fair _____ Poor	
Roof	Type: _____ Layers: _____ Pitch: _____ Condition: _____ Good _____ Fair _____ Poor Repair: Y N                      Replace: Y N Roof Ventilation: Y N            Type: _____ Plumbing Vents: _____	___ Code ___ Rehab ___ OK
Gutters and Downspouts	Repair: _____ Replace: _____ Install: _____ 36" Extensions: ___ OK      ___ Install	___ Code ___ Rehab ___ OK
Exterior Doors	Type: ___ Wood      ___ Steel      ___ Fiberglass Paint Cond: _____ Good _____ Fair _____ Poor Repair: Y N                      Replace: Y N Storm Door: Y N    Repair: Y N    Replace: Y N	___ Code ___ Rehab ___ OK
Prime Windows	No. of Windows: _____ Wood: Y N Vinyl: Y N Paint Cond: _____ Good _____ Fair _____ Poor _____ Sash      _____ Jamb      _____ Trough Repair: Replace:	___ Code ___ Rehab ___ OK
Storm Windows	No. of Windows: _____ Wood: Y N Aluminum: Y N Paint Cond: _____ Good _____ Fair _____ Poor Repair: Replace:	___ Code ___ Rehab ___ OK
Electrical Service	Service Drop: _____ Condition: _____ Clearance: _____ Mast: _____ Size: _____ Condition: _____ Exterior Ground: Y N	___ Code ___ Rehab ___ OK
Electrical Outlets	Number: _____ GFCI: _____ Weather Protected: _____ In Use Covers: _____	___ Code ___ Rehab ___ OK
Plumbing:	Hose Bibb: Y N    Frost Free: Y N Vacuum Breaker: Y N	___ Code ___ Rehab ___ OK

<b>Chimney</b>	Brick _____ Block _____ B-Vent _____ Other _____ Flashing: _____ OK _____ Install Tuckpoint: Y N _____ Concrete Cap: OK Replace Liner: _____ OK _____ Install _____ Repair	_____ Code _____ Rehab _____ OK
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### EXTERIOR REAR N S E W

<b>Grading</b>	Slope: _____ Negative _____ OK _____ Bare Soil  Sidewalk/Driveway slope toward house: Y N	_____ Code _____ Rehab _____ OK
<b>Exterior Foundation</b>	_____ Concrete _____ Block _____ Slab _____ Other: _____ Tuckpoint: _____ Bowing: _____ Cracked Block: _____	_____ Code _____ Rehab _____ OK
<b>Porch</b>	_____ Covered _____ Enclosed _____ Open _____ Stoop Footings: Yes _____ No _____  Structure: _____ Columns: _____  Floor: _____ T & G _____ Plywood _____ Concrete Paint Cond: _____ Good _____ Fair _____ Poor  Ceiling and Upper Trim: _____ Painted _____ Aluminum Paint Cond: _____ Good _____ Fair _____ Poor  Guardrail: _____ OK _____ Install _____ Repair Steps: _____ OK _____ Install _____ Repair Handrail: _____ OK _____ Install _____ Repair Paint Cond: _____ Good _____ Fair _____ Poor  Windows: _____ Wood _____ Aluminum Screens Y N Paint Cond: _____ Good _____ Fair _____ Poor  Exterior Light: _____ OK _____ Install _____ Replace	_____ Code _____ Rehab _____ OK
<b>Siding</b>	_____ Wood _____ Aluminum _____ Vinyl _____ Other: _____ Paint Cond: _____ Good _____ Fair _____ Poor Siding Cond: _____ Good _____ Fair _____ Poor	_____ Code _____ Rehab _____ OK
<b>Trim</b>	_____ Wood _____ Aluminum _____ Vinyl _____ Other: _____ Paint Cond: _____ Good _____ Fair _____ Poor	_____ Code _____ Rehab _____ OK

	Siding Cond: _____ Good _____ Fair _____ Poor	
Roof	Type: _____ Layers: _____ Pitch: _____ Condition: _____ Good _____ Fair _____ Poor Repair: Y N                      Replace: Y N Roof Ventilation: Y N              Type: _____ Plumbing Vents: _____	___ Code ___ Rehab ___ OK
Gutters and Downspouts	Repair: _____ Replace: _____ Install: _____ 36" Extensions: ___ OK _____ Install	___ Code ___ Rehab ___ OK
Exterior Doors	Type: ___ Wood _____ Steel _____ Fiberglass Paint Cond: _____ Good _____ Fair _____ Poor Repair: Y N                      Replace: Y N  Storm Door: Y N    Repair: Y N    Replace: Y N	___ Code ___ Rehab ___ OK
Prime Windows	No. of Windows: _____ Wood: Y N Vinyl: Y N Paint Cond: _____ Good _____ Fair _____ Poor _____ Sash _____ Jamb _____ Trough Repair:  Replace:	___ Code ___ Rehab ___ OK
Storm Windows	No. of Windows: _____ Wood: Y N Aluminum: Y N Paint Cond: _____ Good _____ Fair _____ Poor Repair:  Replace:	___ Code ___ Rehab ___ OK
Electrical Service	Service Drop: _____ Condition: _____ Clearance: _____ Mast: _____ Size: _____ Condition: _____ Exterior Ground: Y N	___ Code ___ Rehab ___ OK
Electrical Outlets	Number: _____ GFCI: _____ Weather Protected: _____ In Use Covers: _____	___ Code ___ Rehab ___ OK
Plumbing:	Hose Bibb: Y N    Frost Free: Y N Vacuum Breaker: Y N	___ Code ___ Rehab ___ OK

<b>Chimney</b>	Brick _____ Block _____ B-Vent _____ Other _____ Flashing: _____ OK _____ Install _____ Tuckpoint: Y N _____ Concrete Cap: OK Replace _____ Liner: _____ OK _____ Install _____ Repair _____	_____ Code _____ Rehab _____ OK
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### EXTERIOR LEFT N S E W

<b>Grading</b>	Slope: _____ Negative _____ OK _____ Bare Soil _____ Sidewalk/Driveway slope toward house: Y N _____	_____ Code _____ Rehab _____ OK
<b>Exterior Foundation</b>	_____ Concrete _____ Block _____ Slab _____ Other: _____ Tuckpoint: _____ Bowing: _____ Cracked Block: _____	_____ Code _____ Rehab _____ OK
<b>Porch</b>	_____ Covered _____ Enclosed _____ Open _____ Stoop _____ Footings: Yes _____ No _____ Structure: _____ Columns: _____ Floor: _____ T & G _____ Plywood _____ Concrete _____ Paint Cond: _____ Good _____ Fair _____ Poor _____ Ceiling and Upper Trim: _____ Painted _____ Aluminum _____ Paint Cond: _____ Good _____ Fair _____ Poor _____ Guardrail: _____ OK _____ Install _____ Repair _____ Steps: _____ OK _____ Install _____ Repair _____ Handrail: _____ OK _____ Install _____ Repair _____ Paint Cond: _____ Good _____ Fair _____ Poor _____ Windows: _____ Wood _____ Aluminum _____ Screens Y N _____ Paint Cond: _____ Good _____ Fair _____ Poor _____ Exterior Light: _____ OK _____ Install _____ Replace _____	_____ Code _____ Rehab _____ OK
<b>Siding</b>	_____ Wood _____ Aluminum _____ Vinyl _____ Other: _____ Paint Cond: _____ Good _____ Fair _____ Poor _____ Siding Cond: _____ Good _____ Fair _____ Poor _____	_____ Code _____ Rehab _____ OK
<b>Trim</b>	_____ Wood _____ Aluminum _____ Vinyl _____ Other: _____ Paint Cond: _____ Good _____ Fair _____ Poor _____	_____ Code _____ Rehab _____ OK

	Siding Cond: _____ Good _____ Fair _____ Poor	
Roof	Type: _____ Layers: _____ Pitch: _____ Condition: _____ Good _____ Fair _____ Poor Repair: Y N Replace: Y N Roof Ventilation: Y N Type: _____ Plumbing Vents: _____	___ Code ___ Rehab ___ OK
Gutters and Downspouts	Repair: _____ Replace: _____ Install: _____ 36" Extensions: ___ OK ___ Install	___ Code ___ Rehab ___ OK
Exterior Doors	Type: ___ Wood _____ Steel _____ Fiberglass Paint Cond: _____ Good _____ Fair _____ Poor Repair: Y N Replace: Y N Storm Door: Y N Repair: Y N Replace: Y N	___ Code ___ Rehab ___ OK
Prime Windows	No. of Windows: _____ Wood: Y N Vinyl: Y N Paint Cond: _____ Good _____ Fair _____ Poor _____ Sash _____ Jamb _____ Trough Repair: Replace:	___ Code ___ Rehab ___ OK
Storm Windows	No. of Windows: _____ Wood: Y N Aluminum: Y N Paint Cond: _____ Good _____ Fair _____ Poor Repair: Replace:	___ Code ___ Rehab ___ OK
Electrical Service	Service Drop: _____ Condition: _____ Clearance: _____ Mast: _____ Size: _____ Condition: _____ Exterior Ground: Y N	___ Code ___ Rehab ___ OK
Electrical Outlets	Number: _____ GFCI: _____ Weather Protected: _____ In Use Covers: _____	___ Code ___ Rehab ___ OK
Plumbing:	Hose Bibb: Y N Frost Free: Y N Vacuum Breaker: Y N	___ Code ___ Rehab ___ OK

Chimney	Brick _____ Block _____ B-Vent _____ Other _____ Flashing: ___ OK ___ Install Tuckpoint: Y N Concrete Cap: OK Replace Liner: ___ OK ___ Install ___ Repair	___ Code ___ Rehab ___ OK
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### BASEMENT

Stairway	Walls: ___ Plaster ___ Gypsum ___ Paneling Wall Cond: ___ Good ___ Fair ___ Poor Paint Cond: ___ Good ___ Fair ___ Poor  Basement Door: ___ Good ___ Fair ___ Poor Paint Cond: ___ Good ___ Fair ___ Poor  Rise: ___ Run: ___ Head Room: ___ Treads: ___ Paint Cond: ___ Good ___ Fair ___ Poor Guardrail: ___ OK ___ Replace ___ Install Handrail: ___ OK ___ Replace ___ Install Header: ___ OK ___ Double Trimmer: ___ OK ___ Double  Landing and Supports:  Lighting: Fixture: ___ Replace ___ Install Switch: ___ Replace ___ Install 3-Way: Y N	___ Code ___ Rehab ___ OK
Perimeter Walls	___ Block ___ Poured ___ Michigan ___ Other: _____ Condition: North:  South:  East:  West:	___ Code ___ Rehab ___ OK



<b>Piping:</b>	<b>Main Stack:</b> <input type="checkbox"/> Cast Iron <input type="checkbox"/> PVC <input type="checkbox"/> Other: _____ <b>Cleanout:</b> <b>Condition:</b>  <b>Sanitary Lines to Fixtures:</b> <input type="checkbox"/> Cast Iron <input type="checkbox"/> PVC <input type="checkbox"/> Other: _____ <b>Condition:</b>  <b>Secondary Stack:</b> <input type="checkbox"/> Cast Iron <input type="checkbox"/> PVC <input type="checkbox"/> Other: _____  <b>Sanitary Lines to Fixtures:</b> <input type="checkbox"/> Cast Iron <input type="checkbox"/> PVC <input type="checkbox"/> Other: _____ <b>Condition:</b>  <b>Toilet:</b> <span style="margin-left: 200px;"><b>Shower:</b></span>	
<b>Laundry</b>	<b>Supply Piping:</b> <span style="margin-left: 150px;"><b>Shut Off Valves:</b></span> <b>Condition:</b>  <b>Standpipe:</b> Y N <input type="checkbox"/> Install <input type="checkbox"/> Replace <input type="checkbox"/> Vent <b>Trap:</b> <span style="margin-left: 50px;"><b>Backflow Preventer:</b></span> <span style="margin-left: 100px;"><b>Cleanout:</b></span>  <b>Laundry Tub:</b> Y N <b>Trap:</b> Y N <b>Vent:</b> Y N <b>Condition:</b> <b>Faucet:</b> <input type="checkbox"/> OK <input type="checkbox"/> Replace  <b>Floor Drain:</b> Y N <span style="margin-left: 50px;"><b>Flood Guard:</b> Y N</span>  <b>Laundry Outlets:</b> <span style="margin-left: 50px;">220 outlet</span> <span style="margin-left: 50px;">110 outlet</span>  <b>Dryer Vent:</b> <input type="checkbox"/> OK <input type="checkbox"/> Replace	<input type="checkbox"/> <b>Code</b> <input type="checkbox"/> <b>Rehab</b> <input type="checkbox"/> <b>OK</b>
<b>Water Heater</b>	<b>Size:</b> _____ <b>Gas</b> <b>Electric</b> <b>Replace</b>  <b>Discharge:</b> <input type="checkbox"/> OK <input type="checkbox"/> Replace <input type="checkbox"/> Install <b>T.P. Valve:</b> <input type="checkbox"/> OK <input type="checkbox"/> Replace <input type="checkbox"/> Install <b>Supply Shut-off:</b> <input type="checkbox"/> OK <input type="checkbox"/> Replace <input type="checkbox"/> Install <b>Gas Piping/Valves</b> <input type="checkbox"/> OK <input type="checkbox"/> Replace <input type="checkbox"/> Install <b>Vent</b> <input type="checkbox"/> OK <input type="checkbox"/> Replace <input type="checkbox"/> Install	<input type="checkbox"/> <b>Code</b> <input type="checkbox"/> <b>Rehab</b> <input type="checkbox"/> <b>OK</b>



	Smoke Detector:    ___ Replace    ___ Install	
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## KITCHEN

<b>Ceiling:</b> <b>Height:</b> ___	___ Gypsum    ___ Plaster    ___ Drop Ceiling ___ Tile Ceiling                      ___ Wood Ceiling <b>Ceiling Condition:</b> ___ Good    ___ Fair    ___ Poor <b>Paint Condition:</b> ___ Good    ___ Fair    ___ Poor	___ Code ___ Rehab ___ OK
<b>Walls:</b>	___ Gypsum    ___ Plaster    ___ Paneling    ___ WoodT&G <b>Wall Condition:</b> ___ Good    ___ Fair    ___ Poor <b>Paint Condition:</b> ___ Good    ___ Fair    ___ Poor <b>Walls as Cabinet Backs:</b> Y    N	___ Code ___ Rehab ___ OK
<b>Floor:</b>  <b>Trim/Base</b>	___ Carpet    ___ Wood    ___ Vinyl    ___ Ceramic Tile <b>Condition:</b>  ___ Intact    ___ Missing    ___ Need Repair  <b>Paint/Stain Condition:</b> ___ Good    ___ Fair    ___ Poor	___ Code ___ Rehab ___ OK
<b>Doors:</b>	<b>Entry:</b> ___ Wood    ___ Steel    ___ No. of Lights <b>Paint/Stain Condition:</b> ___ Good    ___ Fair    ___ Poor <b>Hardware:</b>	___ Code ___ Rehab ___ OK
<b>Windows:</b>  <b># of</b> _____	___ Wood                      ___ Vinyl                      ___ Aluminum  <b>Paint/Stain Condition:</b> ___ Good    ___ Fair    ___ Poor	___ Code ___ Rehab ___ OK
<b>Electrical</b>	<b>Ceiling Light Fixture:</b> Replace                      Install <b>Wall Light Fixture:</b> Replace                      Install <b>Switch:</b> Replace                      Install <b>Electrical Outlets:</b> Replace                      Install # of _____ <b>GFCI:</b> Replace                      Install #of _____ <b>Garbage Disposal</b> Replace                      Install	___ Code ___ Rehab ___ OK

	<b>Dedicated Circuit:</b> Y N	
<b>Mechanical</b>	<b>Grilles/ Registers</b> Y N <b>Gas Line for Stove</b> ___ OK ___ Replace <b>Shut Off Valve:</b> Y N	___ Code ___ Rehab ___ OK
<b>Cabinets:</b>	<b>Condition:</b>	___ Code
<b>Countertops:</b>	<b>Condition:</b>	___ Rehab
<b>Sink:</b>	<b>Sink Finish:</b> ___ Stainless Steel ___ Porcelain ___ OK ___ Replace  <b>Faucet:</b> ___ OK ___ Replace  <b>Shut-Offs:</b> ___ OK ___ Replace  <b>Supply Piping:</b> ___ OK ___ Replace  <b>Sanitary Piping:</b> ___ OK ___ Replace  <b>Trap:</b> ___ OK ___ Replace  <b>Vent:</b> ___ OK ___ Replace	___ OK

### BATHROOM # 1

<b>Ceiling:</b>	___ Gypsum ___ Plaster ___ Drop Ceiling ___ Tile Ceiling ___ Wood Ceiling <b>Ceiling Condition:</b> ___ Good ___ Fair ___ Poor <b>Paint Condition:</b> ___ Good ___ Fair ___ Poor	___ Code ___ Rehab ___ OK
<b>Height:</b> ___		
<b>Walls:</b>	___ Gypsum ___ Plaster ___ Paneling ___ WoodT&G <b>Wall Condition:</b> ___ Good ___ Fair ___ Poor <b>Paint Condition:</b> ___ Good ___ Fair ___ Poor <b>Walls as Cabinet Backs:</b> Y N	___ Code ___ Rehab ___ OK
<b>Floor:</b>	___ Carpet ___ Wood ___ Vinyl ___ Ceramic Tile <b>Condition:</b>	___ Code ___ Rehab ___ OK



	Vent: <input type="checkbox"/> OK <input type="checkbox"/> Replace	
Bathtub/ Shower	Tub Type: <input type="checkbox"/> Porcelain <input type="checkbox"/> Fiberglass Surround Type: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Tile <input type="checkbox"/> Other Condition: <input type="checkbox"/> OK <input type="checkbox"/> Replace Access: <input type="checkbox"/> OK <input type="checkbox"/> Install  Faucet: <input type="checkbox"/> OK <input type="checkbox"/> Replace Pressure Balance Valve: Y N  Shut-Offs: <input type="checkbox"/> OK <input type="checkbox"/> Replace Supply Piping: <input type="checkbox"/> OK <input type="checkbox"/> Replace Sanitary Piping: <input type="checkbox"/> OK <input type="checkbox"/> Replace Trap: <input type="checkbox"/> OK <input type="checkbox"/> Replace Vent: <input type="checkbox"/> OK <input type="checkbox"/> Replace	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
Water Closet	Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Shut-Offs: <input type="checkbox"/> OK <input type="checkbox"/> Replace  Supply Piping: <input type="checkbox"/> OK <input type="checkbox"/> Replace Sanitary Piping: <input type="checkbox"/> OK <input type="checkbox"/> Replace  Anti-Syphon: Y N	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK

## BATHROOM # 2

Ceiling: Height: _____	<input type="checkbox"/> Gypsum <input type="checkbox"/> Plaster <input type="checkbox"/> Drop Ceiling <input type="checkbox"/> Tile Ceiling <input type="checkbox"/> Wood Ceiling Ceiling Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Paint Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
Walls:	<input type="checkbox"/> Gypsum <input type="checkbox"/> Plaster <input type="checkbox"/> Paneling <input type="checkbox"/> WoodT&G Wall Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Paint Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Walls as Cabinet Backs: Y N	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
Floor:	<input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Ceramic Tile Condition:	<input type="checkbox"/> Code <input type="checkbox"/> Rehab



	Vent: <input type="checkbox"/> OK <input type="checkbox"/> Replace	
Bathtub/ Shower	Tub Type: <input type="checkbox"/> Porcelain <input type="checkbox"/> Fiberglass Surround Type: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Tile <input type="checkbox"/> Other Condition: <input type="checkbox"/> OK <input type="checkbox"/> Replace Access: <input type="checkbox"/> OK <input type="checkbox"/> Install  Faucet: <input type="checkbox"/> OK <input type="checkbox"/> Replace Pressure Balance Valve: Y N  Shut-Offs: <input type="checkbox"/> OK <input type="checkbox"/> Replace Supply Piping: <input type="checkbox"/> OK <input type="checkbox"/> Replace Sanitary Piping: <input type="checkbox"/> OK <input type="checkbox"/> Replace Trap: <input type="checkbox"/> OK <input type="checkbox"/> Replace Vent: <input type="checkbox"/> OK <input type="checkbox"/> Replace	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
Water Closet	Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Shut-Offs: <input type="checkbox"/> OK <input type="checkbox"/> Replace  Supply Piping: <input type="checkbox"/> OK <input type="checkbox"/> Replace Sanitary Piping: <input type="checkbox"/> OK <input type="checkbox"/> Replace  Anti-Syphon: Y N	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK

### DINING ROOM

Ceiling  Height: _____	<input type="checkbox"/> Gypsum <input type="checkbox"/> Plaster <input type="checkbox"/> Drop Ceiling <input type="checkbox"/> Tile Ceiling <input type="checkbox"/> Wood Ceiling  Ceiling Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Paint Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
Walls:	<input type="checkbox"/> Gypsum <input type="checkbox"/> Plaster <input type="checkbox"/> Paneling <input type="checkbox"/> WoodT&G  Wall Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Paint Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK

<b>Floor:</b>	___ Carpet ___ Wood ___ Vinyl ___ Ceramic Tile Condition:	___ Code ___ Rehab ___ OK
<b>Trim/Base</b>	___ Intact ___ Missing ___ Need Repair  Paint/Stain Condition: ___ Good ___ Fair ___ Poor	
<b>Doors:</b>	Entry: ___ Wood ___ Steel ___ No. of Lights Paint Condition: ___ Good ___ Fair ___ Poor Hardware:  Closet: Paint/Stain Condition: ___ Good ___ Fair ___ Poor Hardware:	___ Code ___ Rehab ___ OK
<b>Windows:</b>	___ Wood ___ Vinyl ___ Aluminum	___ Code ___ Rehab ___ OK
<b>No of: _____</b>	Paint/StainCondition: ___ Good ___ Fair ___ Poor	___ OK
<b>Electrical:</b>	Ceiling Light Fixture: Replace Install  Wall Light Fixture: Replace Install  Switch: Replace Install  Electrical Outlets: Replace Install # of _____	___ Code ___ Rehab ___ OK
	Smoke Detector: OK Replace Install	___ Code
<b>Mechanical</b>	Heat: Y N Return Air: Y N Grille Condition: ___ OK ___ Replace ___ Install	___ Code ___ OK

### LIVING ROOM

<b>Ceiling</b>	___ Gypsum ___ Plaster ___ Drop Ceiling ___ Tile Ceiling ___ Wood Ceiling	___ Code ___ Rehab ___ OK
<b>Height: _____</b>	Ceiling Condition: ___ Good ___ Fair ___ Poor Paint Condition: ___ Good ___ Fair ___ Poor	
<b>Walls:</b>	___ Gypsum ___ Plaster ___ Paneling ___ WoodT&G  Wall Condition: ___ Good ___ Fair ___ Poor Paint Condition: ___ Good ___ Fair ___ Poor	___ Code ___ Rehab ___ OK

<b>Floor:</b>	<input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Ceramic Tile <b>Condition:</b>	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
<b>Trim/Base</b>	<input type="checkbox"/> Intact <input type="checkbox"/> Missing <input type="checkbox"/> Need Repair  <b>Paint/Stain Condition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
<b>Doors:</b>	<b>Entry:</b> <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> No. of Lights <b>Paint Condition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <b>Hardware:</b>  <b>Closet:</b> <b>Paint/Stain Condition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <b>Hardware:</b>	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
<b>Windows:</b>	<input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Aluminum	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
<b>No of: _____</b>	<b>Paint/StainCondition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
<b>Electrical:</b>	<b>Ceiling Light Fixture:</b> <input type="checkbox"/> Replace <input type="checkbox"/> Install  <b>Wall Light Fixture:</b> <input type="checkbox"/> Replace <input type="checkbox"/> Install  <b>Switch:</b> <input type="checkbox"/> Replace <input type="checkbox"/> Install  <b>Electrical Outlets:</b> <input type="checkbox"/> Replace <input type="checkbox"/> Install # of _____	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
	<b>Smoke Detector:</b> <input type="checkbox"/> OK <input type="checkbox"/> Replace <input type="checkbox"/> Install	<input type="checkbox"/> Code
<b>Mechanical</b>	<b>Heat:</b> <input type="checkbox"/> Y <input type="checkbox"/> N <b>Return Air:</b> <input type="checkbox"/> Y <input type="checkbox"/> N <b>Grille Condition:</b> <input type="checkbox"/> OK <input type="checkbox"/> Replace <input type="checkbox"/> Install	<input type="checkbox"/> Code <input type="checkbox"/> OK

### STAIRWAY/HALLWAY

<b>Stairway/ Hallway:</b>	<b>Ceiling:</b> <input type="checkbox"/> Plaster <input type="checkbox"/> Gypsum <input type="checkbox"/> Paneling <b>Wall Cond:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <b>Paint Cond:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor  <b>Walls:</b> <input type="checkbox"/> Plaster <input type="checkbox"/> Gypsum <input type="checkbox"/> Paneling <b>Wall Cond:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <b>Paint Cond:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor  <b>Door Cond:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
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	<b>Paint/Stain Cond:</b> ___ Good    ___ Fair    ___ Poor  <b>Rise:</b> _____ <b>Run:</b> _____ <b>Head Room:</b> _____ <b>Finish:</b> ___ Carpet    ___ Stain/Varnish    ___ Painted <b>Paint/Stain Cond:</b> ___ Good    ___ Fair    ___ Poor  <b>Guardrail:</b> ___ OK    ___ Replace    ___ Install <b>Handrail:</b> ___ OK    ___ Replace    ___ Install  <b>Lighting: Fixture:</b> ___ Replace    ___ Install <b>Switch:</b> ___ Replace    ___ Install    3-Way: Y N	
<b>Hallway Floor</b>  <b>TrimBase</b>	___ Carpet    ___ Wood    ___ Vinyl    ___ Ceramic Tile <b>Condition:</b> ___ Intact    ___ Missing    ___ Need Repair ___ Intact    ___ Missing    ___ Need Repair  <b>Paint/Stain Condition:</b> ___ Good    ___ Fair    ___ Poor	___ Code ___ Rehab ___ OK
<b>Windows:</b>  <b>No. of:</b> _____	___ Wood                    ___ Vinyl                    ___ Aluminum  <b>Paint/StainCondition:</b> ___ Good    ___ Fair    ___ Poor	___ Code ___ Rehab ___ OK
<b>Electrical:</b>	<b>Ceiling Light Fixture:</b> Replace                    Install  <b>Wall Light Fixture:</b> Replace                    Install  <b>Switch:</b> Replace                    Install  <b>Electrical Outlets:</b> Replace                    Install # of _____	___ Code ___ Rehab ___ OK
	<b>Smoke Detector:</b> Replace                    Install	___ Code

## ATTIC

<b>Attic Access</b>	<b>Stairway:</b> ___ Treads                    ___ Risers ___ Handrail                    ___ Guardrail <b>Walls:</b> ___ Plaster    ___ Gypsum    ___ Paneling <b>Wall Cond:</b> ___ Good    ___ Fair    ___ Poor <b>Paint Cond:</b> ___ Good    ___ Fair    ___ Poor  <b>Scuttle:</b> <b>Size:</b> _____ <b>Location:</b> _____ <b>Weatherstrip:</b> Y N <b>Insulation:</b> Y N <b>Paint Cond:</b> ___ Good    ___ Fair    ___ Poor	___ Code ___ Rehab ___ OK
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<b>Structure:</b>	<b>Height:</b> _____ <b>Rafter Size:</b> _____ <b>Spacing:</b> _____ <b>Span:</b> _____ <b>Roof Boards:</b> ___ <b>Plywood</b> ___ <b>Boards</b> <b>Gaps:</b> Y N <b>Cedar Shake:</b> Y N <b>Condition:</b>  <b>Joists: Size:</b> _____ <b>Spacing:</b> _____ <b>Span:</b> _____ <b>Floor Boards:</b> Y N <b>Condition:</b> _____	___ Code ___ Rehab ___ OK
<b>Insulation:</b>	<b>Existing:</b> <b>Type:</b> _____ <b>Location:</b> _____ <b>Thickness:</b> _____  <b>Install:</b> <b>Type:</b> _____ <b>Location:</b> _____ <b>Thickness:</b> _____  <b>Wiring Protection (Knob and Tube) at insulation:</b> Y N	___ Code ___ Rehab ___ OK
<b>Windows:</b>  <b>No. of:</b> _____	___ <b>Wood</b> ___ <b>Vinyl</b> ___ <b>Aluminum</b>  <b>Paint Condition:</b> ___ <b>Good</b> ___ <b>Fair</b> ___ <b>Poor</b>	___ Code ___ Rehab ___ OK
<b>Electrical:</b>	<b>Ceiling Light Fixture:</b> <b>Replace</b> <b>Install</b>  <b>Wall Light Fixture:</b> <b>Replace</b> <b>Install</b>  <b>Switch:</b> <b>Replace</b> <b>Install</b>  <b>Electrical Outlets:</b> <b>Replace</b> <b>Install</b> # of _____ <b>Type of Wiring:</b> ___ <b>Romex</b> ___ <b>Knob and Tube</b>	___ Code ___ Rehab ___ OK
<b>Ventilation:</b>	<b>Vents Existing:</b> Y N <b>Install</b> <b>Replace</b> <b>Plumbing/Mechanical Venting Condition:</b>	___ Code ___ OK

**Room Name:**

<b>Ceiling</b>  <b>Height:</b> _____	___ <b>Gypsum</b> ___ <b>Plaster</b> ___ <b>Drop Ceiling</b> ___ <b>Tile Ceiling</b> ___ <b>Wood Ceiling</b>  <b>Ceiling Condition:</b> ___ <b>Good</b> ___ <b>Fair</b> ___ <b>Poor</b> <b>Paint Condition:</b> ___ <b>Good</b> ___ <b>Fair</b> ___ <b>Poor</b>	___ Code ___ Rehab ___ OK
<b>Walls:</b>	___ <b>Gypsum</b> ___ <b>Plaster</b> ___ <b>Paneling</b> ___ <b>WoodT&amp;G</b>	___ Code ___ Rehab

	<b>Wall Condition:</b> ___ Good ___ Fair ___ Poor <b>Paint Condition:</b> ___ Good ___ Fair ___ Poor	___ OK
<b>Floor:</b>  <b>Trim/Base</b>	___ Carpet ___ Wood ___ Vinyl ___ Ceramic Tile <b>Condition:</b>  ___ Intact ___ Missing ___ Need Repair  <b>Paint/Stain Condition:</b> ___ Good ___ Fair ___ Poor	___ Code ___ Rehab ___ OK
<b>Doors:</b>	<b>Entry:</b> ___ Wood ___ Steel ___ No. of Lights <b>Paint/Stain Condition:</b> ___ Good ___ Fair ___ Poor <b>Hardware:</b>  <b>Closet:</b> <b>Paint/Stain Condition:</b> ___ Good ___ Fair ___ Poor <b>Hardware:</b>	___ Code ___ Rehab ___ OK
<b>Windows:</b>  <b>No of:</b> _____	___ Wood ___ Vinyl ___ Aluminum  <b>Paint/Stain Condition:</b> ___ Good ___ Fair ___ Poor	___ Code ___ Rehab ___ OK
<b>Electrical:</b>	<b>Ceiling Light Fixture:</b> Replace Install  <b>Wall Light Fixture:</b> Replace Install  <b>Switch:</b> Replace Install  <b>Electrical Outlets:</b> Replace Install # of _____	___ Code ___ Rehab ___ OK
	<b>Smoke Detector:</b> OK Replace Install	___ Code
<b>Mechanical</b>	<b>Heat:</b> Y N <b>Return Air:</b> Y N <b>Grille Condition:</b> ___ OK ___ Replace ___ Install	___ Code ___ OK

**Room Name: \_\_\_\_\_**

<b>Ceiling</b>  <b>Height:</b> _____	___ Gypsum ___ Plaster ___ Drop Ceiling ___ Tile Ceiling ___ Wood Ceiling  <b>Ceiling Condition:</b> ___ Good ___ Fair ___ Poor <b>Paint Condition:</b> ___ Good ___ Fair ___ Poor	___ Code ___ Rehab ___ OK
	___ Gypsum ___ Plaster ___ Paneling ___ WoodT&G	___ Code

<b>Walls:</b>	<b>Wall Condition:</b> ___ Good ___ Fair ___ Poor <b>Paint Condition:</b> ___ Good ___ Fair ___ Poor	___ Rehab ___ OK
<b>Floor:</b>	___ Carpet ___ Wood ___ Vinyl ___ Ceramic Tile <b>Condition:</b>	___ Code ___ Rehab ___ OK
<b>Trim/Base</b>	___ Intact ___ Missing ___ Need Repair  <b>Paint/Stain Condition:</b> ___ Good ___ Fair ___ Poor	
<b>Doors:</b>	<b>Entry:</b> ___ Wood ___ Steel ___ No. of Lights <b>Paint/Stain Condition:</b> ___ Good ___ Fair ___ Poor <b>Hardware:</b>  <b>Closet:</b> <b>Paint/Stain Condition:</b> ___ Good ___ Fair ___ Poor <b>Hardware:</b>	___ Code ___ Rehab ___ OK
<b>Windows:</b>	___ Wood ___ Vinyl ___ Aluminum  <b>No of: _____</b> <b>Paint/Stain Condition:</b> ___ Good ___ Fair ___ Poor	___ Code ___ Rehab ___ OK
<b>Electrical:</b>	<b>Ceiling Light Fixture:</b> Replace Install  <b>Wall Light Fixture:</b> Replace Install  <b>Switch:</b> Replace Install  <b>Electrical Outlets:</b> Replace Install # of _____	___ Code ___ Rehab ___ OK
	<b>Smoke Detector:</b> OK Replace Install	___ Code
<b>Mechanical</b>	<b>Heat:</b> Y N <b>Return Air:</b> Y N <b>Grille Condition:</b> ___ OK ___ Replace ___ Install	___ Code ___ OK

**Room Name: \_\_\_\_\_**

<b>Ceiling</b>	___ Gypsum ___ Plaster ___ Drop Ceiling ___ Tile Ceiling ___ Wood Ceiling	___ Code ___ Rehab ___ OK
<b>Height: _____</b>	<b>Ceiling Condition:</b> ___ Good ___ Fair ___ Poor <b>Paint/Stain Condition:</b> ___ Good ___ Fair ___ Poor	

<b>Walls:</b>	<input type="checkbox"/> Gypsum <input type="checkbox"/> Plaster <input type="checkbox"/> Paneling <input type="checkbox"/> WoodT&G <b>Wall Condition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <b>Paint/ Stain Condition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
<b>Floor:</b>	<input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Ceramic Tile <b>Condition:</b>	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
<b>Trim/Base</b>	<input type="checkbox"/> Intact <input type="checkbox"/> Missing <input type="checkbox"/> Need Repair <b>Paint/Stain Condition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
<b>Doors:</b>	<b>Entry:</b> <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> No. of Lights <b>Paint/Stain Condition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <b>Hardware:</b>  <b>Closet:</b> <b>Paint/Stain Condition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <b>Hardware:</b>	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
<b>Windows:</b>	<input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Aluminum <b>No of: _____</b> <b>Paint/StainCondition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
<b>Electrical:</b>	<b>Ceiling Light Fixture:</b> Replace                      Install  <b>Wall Light Fixture:</b> Replace                      Install  <b>Switch:</b> Replace                      Install  <b>Electrical Outlets:</b> Replace                      Install # of _____	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
	<b>Smoke Detector:</b> Replace                      Install	<input type="checkbox"/> Code
<b>Mechanical</b>	<b>Heat:</b> Y   N <b>Return Air:</b> Y   N <b>Grille Condition:</b> <input type="checkbox"/> OK <input type="checkbox"/> Replace <input type="checkbox"/> Install	<input type="checkbox"/> Code <input type="checkbox"/> OK

**Room Name: \_\_\_\_\_**

<b>Ceiling</b>	<input type="checkbox"/> Gypsum <input type="checkbox"/> Plaster <input type="checkbox"/> Drop Ceiling <input type="checkbox"/> Tile Ceiling <input type="checkbox"/> Wood Ceiling	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
<b>Height: _____</b>	<b>Ceiling Condition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <b>Paint Condition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK

<b>Walls:</b>	<input type="checkbox"/> Gypsum <input type="checkbox"/> Plaster <input type="checkbox"/> Paneling <input type="checkbox"/> WoodT&G <b>Wall Condition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <b>Paint Condition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
<b>Floor:</b>	<input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Ceramic Tile <b>Condition:</b>	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
<b>Trim/Base</b>	<input type="checkbox"/> Intact <input type="checkbox"/> Missing <input type="checkbox"/> Need Repair <b>Paint/Stain Condition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
<b>Doors:</b>	<b>Entry:</b> <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> No. of Lights <b>Paint/Stain Condition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <b>Hardware:</b>  <b>Closet:</b> <b>Paint/Stain Condition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <b>Hardware:</b>	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
<b>Windows:</b>	<input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Aluminum <b>No of: _____</b> <b>Paint/StainCondition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
<b>Electrical:</b>	<b>Ceiling Light Fixture:</b> <b>Replace</b> <b>Install</b> <b>Wall Light Fixture:</b> <b>Replace</b> <b>Install</b> <b>Switch:</b> <b>Replace</b> <b>Install</b> <b>Electrical Outlets:</b> <b>Replace</b> <b>Install</b> # of _____	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
	<b>Smoke Detector:</b> <b>OK</b> <b>Replace</b> <b>Install</b>	<input type="checkbox"/> Code
<b>Mechanical</b>	<b>Heat:</b> Y   N <b>Return Air:</b> Y   N <b>Grille Condition:</b> <input type="checkbox"/> OK <input type="checkbox"/> Replace <input type="checkbox"/> Install	<input type="checkbox"/> Code <input type="checkbox"/> OK

**Room Name:** \_\_\_\_\_

<b>Ceiling</b>	<input type="checkbox"/> Gypsum <input type="checkbox"/> Plaster <input type="checkbox"/> Drop Ceiling <input type="checkbox"/> Tile Ceiling <input type="checkbox"/> Wood Ceiling	<input type="checkbox"/> Code <input type="checkbox"/> Rehab <input type="checkbox"/> OK
<b>Height: _____</b>	<b>Ceiling Condition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

	Paint Condition: ___ Good ___ Fair ___ Poor	
Walls:	___ Gypsum ___ Plaster ___ Paneling ___ WoodT&G Wall Condition: ___ Good ___ Fair ___ Poor Paint Condition: ___ Good ___ Fair ___ Poor	___ Code ___ Rehab ___ OK
Floor:	___ Carpet ___ Wood ___ Vinyl ___ Ceramic Tile Condition:	___ Code ___ Rehab ___ OK
Trim/Base	___ Intact ___ Missing ___ Need Repair Paint/Stain Condition: ___ Good ___ Fair ___ Poor	
Doors:	Entry: ___ Wood ___ Steel ___ No. of Lights Paint/Stain Condition: ___ Good ___ Fair ___ Poor Hardware:  Closet: Paint/Stain Condition: ___ Good ___ Fair ___ Poor Hardware:	___ Code ___ Rehab ___ OK
Windows:	___ Wood ___ Vinyl ___ Aluminum	___ Code ___ Rehab ___ OK
No of: _____	Paint/StainCondition: ___ Good ___ Fair ___ Poor	___ OK
Electrical:	Ceiling Light Fixture: Replace Install Wall Light Fixture: Replace Install Switch: Replace Install Electrical Outlets: Replace Install # of _____	___ Code ___ Rehab ___ OK
	Smoke Detector: OK Replace Install	___ Code
Mechanical	Heat: Y N Return Air: Y N Grille Condition: ___ OK ___ Replace ___ Install	___ Code ___ OK

