



SUBJECT DETAILS:

Client Name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State/Zip	<input type="text"/>
Eval Date	<input type="text"/>

Company	<input type="text"/>
Inspector Name	<input type="text"/>
Inspector Phone	<input type="text"/>

FHA

MINIMUM PROPERTY STANDARDS

EVALUATION REPORT

MINIMUM PROPERTY STANDARDS EVALUATION

Name:		Address:		City:		State/Zip:	
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EVALUATION DETAILS

Date of Evaluation:	
Inspector Name:	
Inspector Telephone Number:	
Email:	

CLIENT INFORMATION

Name:					
Street:		City:		State/Zip:	
Cell Phone:					
Home/Alt Phone:					
Email:					

SUBJECT PROPERTY INFORMATION

Street:		City:		State/Zip:	
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PROPERTY DETAILS

Property Type:		Number of units:	
Age of Property:		Inhabited:	
Residential/Commercial:		Commercial % of Space:	
Utilities On/Off:		Water Type:	
Sewage Type:		Gas Service:	
Public Water Available:		Public Sewer Available:	

Company phone number:		Eval Date:	
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MINIMUM PROPERTY STANDARDS EVALUATION

Name:	Address:	City:	State/Zip:
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MINIMUM PROPERTY STANDARDS EVALUATION CLIENT AGREEMENT

Prepared for: _____ (client)

Property Address: _____
 _____ (City) _____ (State/Zip)

This agreement is entered on _____, between _____

BUILDING INSPECTOR/CONSULTANT) and _____ (Client)

regarding the subject property:

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

FEES:

FHA MPS Evaluation:	\$ _____
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Client Print Name:	_____
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Date:	_____
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Signature:	_____
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Name:	_____
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Date:	_____
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Signature:	_____
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Company phone number:	_____	Eval Date:	_____
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MINIMUM PROPERTY STANDARDS EVALUATION

Name:	Address:	City:	State/Zip:
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GENERAL HEALTH AND SAFETY

Inspection Item	Pass	Fail	Comments
1. Does the property appear to be a marketable single-family residence?	<input 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 type="checkbox"/>	<input type="checkbox"/>	
3. Can living units be maintained without trespassing onto adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are private streets (if applicable) protected by permanent easement?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Building Usage: Unit used for Residential /Mixed Non-Residential with non-residential subordinate to residential usage	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is Non-residential usage less than 49% of gross dwelling area?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Access to Unit: Can the unit be accessed without having to enter through another unit?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does adequate space exist between buildings to permit access to rear and maintenance of exterior walls?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Exits: Is there an adequate fire exit from this building that is not blocked?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do all rooms that are used for living have fire exits?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Evidence of Infestation: Is the unit free from severe infestations of rats, mice, or vermin?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Is there any kind of insect infestation apparent?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Is there evidence of termite infestation?	<input type="checkbox"/>	<input type="checkbox"/>	
14. 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 type="checkbox"/>	<input type="checkbox"/>	
15. 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 type="checkbox"/>	<input type="checkbox"/>	
16. Other Interior Hazards: Is the unit free from any general hazards not specifically identified in this list?	<input type="checkbox"/>	<input type="checkbox"/>	
17. 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 type="checkbox"/>	<input type="checkbox"/>	

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MINIMUM PROPERTY STANDARDS EVALUATION

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BUILDING EXTERIOR

Inspection Item	Pass	Fail	Comments
1. Condition of Foundation: Is foundation is sound and free from hazards?	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	
4. All beams, sills, joist, blocks are properly supported, and free from significant damage from termites or rot, settlement?	<input type="checkbox"/>	<input type="checkbox"/>	
5. 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 type="checkbox"/>	<input type="checkbox"/>	
6. Does the grade slope away from foundation with no voids or depressions apparent?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there any standing water beneath or adjacent to the foundation?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Condition of Stairs, Rails, and Porches: Are exterior stairs, rails, and porches free from significant hazards and/or structural defects.	<input type="checkbox"/>	<input type="checkbox"/>	
9. Is the porch floor (if applicable) sound and free from rot or other deterioration?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are all private and public walkways should be free from major tripping hazards and other serious defects. Note repairs needed.	<input type="checkbox"/>	<input type="checkbox"/>	
11. Condition of Roof/Gutters: Are the roof, gutters, and down spouts sound and free from hazards as visible from the ground?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Are all vent jacks, leads, turbines, skylights and caps in good condition as visible from the ground?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Note the type of decking and the number of layers of shingles. Is there fewer than 3 layers of roofing present?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Is the roof free from incipient deficiencies. Can it be expected to last at least 3 more years given normal conditions?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Are additional gutters required? Gutters should only be required where water needs to be pulled away from the house or walkways?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Condition of Exterior Surfaces: Are exterior surfaces sound and free from significant hazards not otherwise noted?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Are all surfaces free from holes, gaps, open seams and incursions allowing thermal or water leaks into the interior?	<input type="checkbox"/>	<input type="checkbox"/>	
18. Is any rot or termite damage evident? Check all surfaces including soffit, fascia, eaves, siding, water tables, decks, porch floors, etc?	<input type="checkbox"/>	<input type="checkbox"/>	
19. 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 type="checkbox"/>	<input type="checkbox"/>	

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MINIMUM PROPERTY STANDARDS EVALUATION

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BUILDING EXTERIOR (CONT)

Inspection Item	Pass	Fail	Comments
20. Is there significant damage to exterior trim including all window sills and door jambs from rot or water penetration? Are they proper sealing?	<input type="checkbox"/>	<input type="checkbox"/>	
21. Are any exterior masonry repairs required?	<input type="checkbox"/>	<input type="checkbox"/>	
22. Is the unit free from any exterior hazards not specifically identified in this list?	<input type="checkbox"/>	<input type="checkbox"/>	
23. If overhead, is the electric service of three-wire type with weather-head located at least 12' from grade?	<input type="checkbox"/>	<input type="checkbox"/>	
24. Does service panel have a service rating and a disconnect present for at least 60 amps?	<input type="checkbox"/>	<input type="checkbox"/>	
25. Is there a disconnect for HVAC condensing units located within reach of unit?	<input type="checkbox"/>	<input type="checkbox"/>	
26. Condition of Chimney: Is chimney sound and free from hazards? As viewed from ground level.	<input type="checkbox"/>	<input type="checkbox"/>	
27. Lead-Based Paint Exterior Surfaces: In homes built before 1978, are all exterior surfaces free from cracked, peeling, and chipping paint?	<input type="checkbox"/>	<input type="checkbox"/>	
28. If not, are deteriorated surfaces less than 20 square feet of total exterior surface area or less than 20% of component/s?	<input type="checkbox"/>	<input type="checkbox"/>	
29. Manufactured Housing Unit: If the unit is a manufactured housing unit, is it properly tied down and placed?	<input type="checkbox"/>	<input type="checkbox"/>	
30. Has a qualified engineer certified the manufactured home as secured to a fixed foundation?	<input type="checkbox"/>	<input type="checkbox"/>	
31. Is the HUD data tag visible and legible on the exterior of the unit?	<input type="checkbox"/>	<input type="checkbox"/>	

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ATTIC

Inspection Item	Pass	Fail	Comments
1. Inspection of attic interior required. Can the attic be accessed?	<input type="checkbox"/>	<input type="checkbox"/>	
2. When possible, attic should include R30 insulation. Is there insulation in attic?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is there exposed wiring including knob-and-tube?. Is all wiring properly shielded or covered in conduit? Are all connections in approved j-boxes?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is there any significant leaks, structural or termite damage visible?	<input type="checkbox"/>	<input type="checkbox"/>	

LIVING ROOM

Inspection Item	Pass	Fail	Comments
1. Living Room Present: Is there a living room?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Electricity: Are there at least 2 working outlets or at least 1 working outlet and 1 light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Electrical Hazards: Are any shorts, overloaded circuits, or frayed wires present?	<input 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 type="checkbox"/>	<input type="checkbox"/>	
5. Are all outlet covers and switch plate covers properly installed and free from cracks or gaps?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are there any other conditions not mentioned which would constitute an electrical hazard?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Security: Are all windows in open-able, operable, and lockable condition?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are all exterior doors in open-able, operable and lockable condition?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Window Condition: Are all windows and doors properly weather-stripped and sealed?	<input 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 type="checkbox"/>	<input type="checkbox"/>	
11. Ceiling Condition: Is the ceiling sound and free from hazardous defects	<input type="checkbox"/>	<input type="checkbox"/>	
12. Is the ceiling paint free from chipping or peeling in homes built before 1978?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Is the ceiling sagging indicating roof leaks or significant structural repairs?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Is the ceiling free from significant water stains, popped seams and/or cracking?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Wall Condition: Are all walls framed and drywall-ed?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Are all walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is the paint free from chipping or peeling in homes built before 1978?	<input type="checkbox"/>	<input type="checkbox"/>	

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MINIMUM PROPERTY STANDARDS EVALUATION

Name:	Address:	City:	State/Zip:
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LIVING ROOM (CONT)

Inspection Item	Pass	Fail	Comments
18. Are the walls leaning?	<input type="checkbox"/>	<input type="checkbox"/>	
19. Are the walls free from significant water stains, popped seams and cracking?	<input type="checkbox"/>	<input type="checkbox"/>	
20. Floor Condition: Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	
21. Is there any evidence of sub-floor rot or termite damage?	<input type="checkbox"/>	<input type="checkbox"/>	
22. Are any major tripping hazards present?	<input type="checkbox"/>	<input type="checkbox"/>	
23. Is the floor generally level?	<input type="checkbox"/>	<input type="checkbox"/>	
24. Lead-Based Paint: Is there evidence of lead-based paint in homes built before 1978?	<input type="checkbox"/>	<input type="checkbox"/>	
25. Other: Are there any other unusual features present? (I.e., low ceilings, angled or narrow spaces, cantilevered loads, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	

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KITCHEN

Inspection Item	Pass	Fail	Comments
1. Kitchen Area Present: Is there a kitchen (area with minimum 6 ft sink base, cooking appliance)	<input 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 type="checkbox"/>	<input type="checkbox"/>	
3. Is there at least 1 working outlet and at least 1 working and permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Electrical Hazard: Are all outlets properly grounded and in working order (Open-grounded 3-prong outlets in kitchens require repair)?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are any shorts, overloaded circuits, or frayed wires present?	<input 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 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 type="checkbox"/>	
8. Are there any other conditions not mentioned which would constitute an electrical hazard?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Security: Are all windows in open-able, operable, and lockable condition?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are all exterior doors in open-able, operable and lockable (where required) condition?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Window Condition: Are all windows and doors properly weather-stripped and sealed?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Ceiling Condition: Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Is the ceiling paint free from chipping or peeling in homes built before 1978?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Is the ceiling sagging roof leaks or significant structural repairs?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Is the ceiling free from significant water stains, popped seams and/or cracking?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Wall Condition: Are all walls framed and drywall-ed?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Are all walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	
18. Is the paint free from chipping or peeling in homes built before 1978?	<input type="checkbox"/>	<input type="checkbox"/>	
19. Are the walls leaning?	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are the walls free from significant water stains, popped seams and /or cracking?	<input type="checkbox"/>	<input type="checkbox"/>	
21. Floor Condition: Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	
22. Is there any evidence of sub-floor rot or termite damage?	<input type="checkbox"/>	<input type="checkbox"/>	

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KITCHEN (CONT)

Inspection Item	Pass	Fail	Comments
23. Are any tripping hazards present?	<input type="checkbox"/>	<input type="checkbox"/>	
24. Is the floor generally level?	<input type="checkbox"/>	<input type="checkbox"/>	
25. Lead-Based Paint: Is there evidence of lead-based paint in homes built before 1978?	<input type="checkbox"/>	<input type="checkbox"/>	
26. Other: Are there any other unusual features present? (I.e. low ceilings, angled or narrow spaces, cantilevered loads, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
27. 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"/>	
28. Sink: Is there a sink that works and provides hot and cold running water ?	<input type="checkbox"/>	<input type="checkbox"/>	
29. Is the sink attached to a minimum 6 ft sink base/cabinet. Is it sealed properly to prevent movement or leaks? Is it free from holes, rust, or cracks?	<input type="checkbox"/>	<input type="checkbox"/>	
30. Do the faucets work properly? Are there leaks, restricted operation, improper water mixing, or do not shut off completely.	<input type="checkbox"/>	<input type="checkbox"/>	
31. Are the drain lines properly installed with working, un-deteriorated p- traps (are there leaks, slow or clogged draining), and is the system properly vented?	<input type="checkbox"/>	<input type="checkbox"/>	
32. Are supply lines properly installed and not leaking?	<input type="checkbox"/>	<input type="checkbox"/>	
33. Are hot and cold water shut off valves present and working properly?	<input type="checkbox"/>	<input type="checkbox"/>	
34. Are all counter surfaces level, properly fastened, free from de- lamination, washable and free from deterioration?	<input type="checkbox"/>	<input type="checkbox"/>	
35. Are all cabinet doors in working order, properly hinged, closable, and free from deterioration?	<input type="checkbox"/>	<input type="checkbox"/>	
36. Are all cabinet shelves and backs level, usable and free from deterioration?	<input type="checkbox"/>	<input type="checkbox"/>	
37. In general, are the cabinets properly fastened to the walls and in good usable condition?	<input type="checkbox"/>	<input type="checkbox"/>	
38. Other: Are there any other unusual features present? (I.e. low ceilings, angled or narrow spaces, cantilevered loads, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	

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BATHROOM

Inspection Item	Pass	Fail	Comments
1. Bathroom: Is there a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Electricity: Is there at least 1 permanently installed and light fixture?	<input 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 type="checkbox"/>	<input type="checkbox"/>	
4. Are all outlets properly grounded and in working order? (Open-grounded 3-prong outlets in bath require repair)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Electrical Hazards: Are any shorts, overloaded circuits, or frayed wires present?	<input 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 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 type="checkbox"/>	
8. Are there any other conditions not mentioned which would constitute an electrical hazard?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Security: Are all windows in open-able, operable, and lockable condition?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are all doors in open-able, operable and lockable condition?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Window Condition: Are all windows and doors properly weather-stripped and sealed?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Ceiling Condition: Is the ceiling sound and free from hazardous defects	<input type="checkbox"/>	<input type="checkbox"/>	
13. Is the ceiling paint free from chipping or peeling in homes built before 1978?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Is the ceiling sagging indicating roof leaks or significant structural repairs?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Is the ceiling free from significant water stains, popped seams and/or cracking?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Wall Condition: Are all walls framed and drywall-ed?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Are all walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	
18. Is the paint free from chipping or peeling in homes built before 1978?	<input type="checkbox"/>	<input type="checkbox"/>	
19. Are the walls leaning?	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are the walls free from significant water stains, popped seams and cracking?	<input type="checkbox"/>	<input type="checkbox"/>	
21. Floor ConditionCondition: Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	
22. Is there any evidence of sub-floor rot or termite damage?	<input type="checkbox"/>	<input type="checkbox"/>	

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BATHROOM (CONT)

Inspection Item	Pass	Fail	Comments
23. Are any tripping hazards present?	<input type="checkbox"/>	<input type="checkbox"/>	
24. Is the floor generally level?	<input type="checkbox"/>	<input type="checkbox"/>	
25. Lead-Based Paint: Is there evidence of lead-based paint in homes built before 1978?	<input type="checkbox"/>	<input type="checkbox"/>	
26. Flush Toilet in Enclosed Room in Unit: Is there a working toilet in the unit in an enclosed room with a lockable door for the exclusive use of the resident/s?	<input type="checkbox"/>	<input type="checkbox"/>	
27. Does toilet flush freely and completely?	<input type="checkbox"/>	<input type="checkbox"/>	
28. Is the supply line working properly and is it free from leaks?	<input type="checkbox"/>	<input type="checkbox"/>	
29. Is the toilet properly secured to the floor?	<input type="checkbox"/>	<input type="checkbox"/>	
30. Is there evidence of water damage to the floor?	<input type="checkbox"/>	<input type="checkbox"/>	

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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 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 type="checkbox"/>	<input type="checkbox"/>	
3. Are fuel supply lines in good non-leaking condition?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are all unused interior shut offs removed and capped beneath the floor?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are all heat exchangers, burners, and plenums free from excessive rust or corrosion and in serviceable and safe condition?	<input 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 type="checkbox"/>	<input type="checkbox"/>	
7. If individual electric baseboard heating units are present, does each have a thermostatic control (on the unit or wall nearby)?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Water Heater: Is the water heater located, equipped, and installed in a safe manner?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Is a TPV valve properly installed with a drain line extending 6" from floor?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the water heater providing adequate hot water to the unit?	<input type="checkbox"/>	<input type="checkbox"/>	
11. 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 type="checkbox"/>	<input type="checkbox"/>	
12. If the water heater is located in an exterior closet, is it sealed to prevent freezing of lines?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Is a working water shut-off valve installed?	<input type="checkbox"/>	<input type="checkbox"/>	

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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 type="checkbox"/>	<input type="checkbox"/>	
2. Electrical Hazards: Are any shorts, overloaded circuits, or frayed wires present?	<input type="checkbox"/>	<input type="checkbox"/>	
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 type="checkbox"/>	<input type="checkbox"/>	
4. Are all outlet covers and switch plate covers properly installed and free from cracks or gaps?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are there any other conditions not mentioned which would constitute an electrical hazard?	<input type="checkbox"/>	<input type="checkbox"/>	
6. SecuritySecurity: Are all windows in open-able, operable, and lockable condition?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are all doors in open-able, operable, and lockable condition?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Door Condition: Is there at least one interior entry door to all bedrooms?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Window Condition: Are all windows and doors properly weather- stripped and sealed?	<input 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 type="checkbox"/>	<input type="checkbox"/>	
11. Is there one properly sized and located egress window in all bedrooms?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Ceiling Condition: Is the ceiling sound and free from hazardous defects	<input type="checkbox"/>	<input type="checkbox"/>	
13. Is the ceiling paint free from chipping or peeling in homes built before 1978?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Is the ceiling sagging indicating need for roof leaks or structural repairs?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Is the ceiling free from significant water stains, popped seams and/or cracking?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Wall Condition: Are all walls framed and drywall-ed?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Are all walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	
18. Is the paint free from chipping or peeling in homes built before 1978?	<input type="checkbox"/>	<input type="checkbox"/>	
19. Are the walls leaning?	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are the walls free from significant water stains, popped seams and cracking?	<input type="checkbox"/>	<input type="checkbox"/>	
21. Floor Condition: Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	
22. Is there any evidence of sub-floor rot or termite damage?	<input type="checkbox"/>	<input type="checkbox"/>	

Company phone number:	Eval Date:
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MINIMUM PROPERTY STANDARDS EVALUATION

Name:	Address:	City:	State/Zip:
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OTHER ROOM USED FOR LIVING AND HALLS (INCLUDE BEDROOMS) (CONT)

(Reference Room Location/type in comments if needed)

Inspection Item	Pass	Fail	Comments
23. Are any tripping hazards present?	<input type="checkbox"/>	<input type="checkbox"/>	
24. Is the floor generally level?	<input type="checkbox"/>	<input type="checkbox"/>	
25. Lead-Based Paint: Is there evidence of lead-based paint in homes built before 1978?	<input type="checkbox"/>	<input type="checkbox"/>	
26. Smoke Alarm: Is there a working smoke alarm in every sleeping area and on each floor level?	<input type="checkbox"/>	<input type="checkbox"/>	
27. Does the smoke detector appear to meet the requirements of NFPA 74?	<input type="checkbox"/>	<input type="checkbox"/>	
28. Other: Are there any other unusual features present? (i.e. low ceilings, angled or narrow spaces, cantilevered loads, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	

Company phone number:	Eval Date:
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MINIMUM PROPERTY STANDARDS EVALUATION

Name:		Address:		City:		State/Zip:	
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ADDITIONAL COMMENTS

Company phone number:		Eval Date:	
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MINIMUM PROPERTY STANDARDS EVALUATION

Name:		Address:		City:		State/Zip:	
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MINIMUM PROPERTY STANDARDS EVALUATION

Name:		Address:		City:		State/Zip:	
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