

Date Available For Inspection (Move-ins Only) _____

Control # _____

INSPECTION FORM: SECTION 8 EXISTING HOUSING
(Used in conjunction with: OMB 2577-0169, HUD 52580-A)

1st Scheduled Inspection Date: _____ 2nd Scheduled Inspection Date: _____ 3rd Scheduled Inspection Date: _____

A. GENERAL INFORMATION:		Requested By: _____	Size (BR): 0 1 2 3 4 5	Rent: \$ _____	Util.: \$ _____
Type Inspection:			Type Housing:		
Number of rooms that could be used for sleeping: _____			Year Constructed _____		
<input type="checkbox"/> Pre-Inspection	<input type="checkbox"/> Certificate	<input type="checkbox"/> Shelter Plus Care	<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Condominium	
<input type="checkbox"/> New — Lease in Place	<input type="checkbox"/> Voucher	<input type="checkbox"/> RAFS	<input type="checkbox"/> Single Family	<input type="checkbox"/> Congregate	
<input type="checkbox"/> New — Move In	<input type="checkbox"/> Mod Rehab	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Duplex / 2 Family	<input type="checkbox"/> Cooperative	
<input type="checkbox"/> Re-Exam — Lease in Place	<input type="checkbox"/> MAX 200		<input type="checkbox"/> Apartment Building	<input type="checkbox"/> Individual Group Residence	
<input type="checkbox"/> Re-Exam — Move In	<input type="checkbox"/> Bridges		<input type="checkbox"/> Town / Row House	<input type="checkbox"/> Single Room Occupancy	
<input type="checkbox"/> Other (Specify) _____					
Tenant Information:			TENANT CODE: 01 03 06 09 00		
Number of children in family under age of 6: _____			Number of children in family with Elevated Blood Lead Level: _____		
Tenant: _____		# of Adults _____	Owner: _____		
Address: _____		Apt # _____	Address: _____		
City: _____		Zip _____	City: _____		Zip _____
Phone: _____	Work: _____		Phone: _____	Work: _____	
Date of Request: _____			Date of Lease: _____		

B. CHECK LIST				P — PASS F — FAIL I — INCONCLUSIVE											
1. LIVING ROOM		P	F	I	4. OTHER ROOMS		P	F	I	7. HEATING / PLUMBING		P	F	I	
1.1	Living Room Present?				ROOM CODES:		LOCATION				7.1	Heating Equipment ()			
1.2	Electricity				1 — Bedroom						7.2	Safety			
1.3	Electrical Hazards				2 — Dining Room						7.3	Ventilation / Cooling			
1.4	Security				3 — Second Living Room						7.4	Water Heater ()			
1.5	Window Condition				4 — Entrance Hall/Corridor						7.5	Water Supply			
1.6	Ceiling Condition				5 — Additional Bath						7.6	Plumbing			
1.7	Wall Condition				6 — Other Room (Specify)						7.7	Sewer Connection			
1.8	Floor Condition				4.1	Room Code					8. HEALTH AND SAFETY				
1.9	Lead Paint				4.2	Electricity					8.1	Access To Unit			
2. KITCHEN		P	F	I	4.3	Electrical Hazards					8.2	Exits (Fire)			
2.1	Kitchen Area Present?				4.4	Security					8.3	Infestation — Evidence			
2.2	Electricity				4.5	Window Condition					8.4	Garbage / Debris			
2.3	Electrical Hazards				4.6	Ceiling Condition					8.5	Refuse Disposal			
2.4	Security				4.7	Wall Condition					8.6	Stairs / Halls — Common			
2.5	Window Condition				4.8	Floor Condition					8.7	Interior Hazards			
2.6	Ceiling Condition				4.9	Lead Paint					8.8	Elevators N/A()			
2.7	Wall Condition				5. SECONDARY		P	F	I		8.9	Air Quality Interior			
2.8	Floor Condition				5.1	None (Go To 6)					8.10	Site and Neighborhood			
2.9	Lead Paint				5.2	Security					8.11	Lead Paint Certification			
2.10a	Stove / Range-Oven ()				5.3	Electrical Hazards					8.12	Smoke Detector(s)			
2.10b	Microwave				5.4	Other Hazards					A.	Each Level? N/A()			
2.11	Refrigerator				6. BUILDING		P	F	I		B.	Hearing Impaired? N/A()			
2.12	Sink				6.1	Foundation Condition				SUMMARY DECISION ON UNIT					
2.13	Food Storage / Prep Area				6.2	Stairs / Rails / Porches				(Circle One)					
3. BATHROOM		P	F	I	6.3	Roof / Gutters				PASS INCONCLUSIVE FAIL					
3.1	Bathroom Present?				6.4	Exterior Surfaces									
3.2	Electricity				6.5	Chimney									
3.3	Electrical Hazards				6.6	Lead Paint Exterior									
3.4	Security				6.7	Tie Downs N/A()									
3.5	Window Condition				EXPLANATION OF FAIL RATING OR COMMENTS:										
3.6	Ceiling Condition														
3.7	Wall Condition														
3.8	Floor Condition														
3.9	Lead Paint														
3.10	Flush Toilet (In Unit)														
3.11	Wash Basin														
3.12	Tub / Shower (In Unit)														
3.13	Ventilation														

UDA INSPECTOR: _____

INSPECTION DATE: _____

il _____ —Immediately when repairs are complete.

PASS DATE _____

Control Number _____

SECAINS