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:

Number of rooms that could be used for sleeping: _____

- ☐ Pre-Inspection
- ☐ New — Lease in Place
- ☐ New — Move In
- ☐ Re-Exam — Lease in Place
- ☐ Re-Exam — Move In
- ☐ Other (Specify) _____
- ☐ Certificate
- ☐ Voucher
- ☐ Mod Rehab
- ☐ MAX 200
- ☐ Bridges
- ☐ Shelter Plus Care
- ☐ RAFS
- ☐ Other (Specify) _____

Type Housing:

Year Constructed _____

- ☐ Manufactured Home
- ☐ Single Family
- ☐ Duplex / 2 Family
- ☐ Apartment Building
- ☐ Town / Row House
- ☐ Condominium
- ☐ Congregate
- ☐ Cooperative
- ☐ Individual Group Residence
- ☐ Single Room Occupancy

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
1.1 Living Room Present?			
1.2 Electricity			
1.3 Electrical Hazards			
1.4 Security			
1.5 Window Condition			
1.6 Ceiling Condition			
1.7 Wall Condition			
1.8 Floor Condition			
1.9 Lead Paint			

2. KITCHEN	P	F	I
2.1 Kitchen Area Present?			
2.2 Electricity			
2.3 Electrical Hazards			
2.4 Security			
2.5 Window Condition			
2.6 Ceiling Condition			
2.7 Wall Condition			
2.8 Floor Condition			
2.9 Lead Paint			
2.10a Stove / Range--Oven ( )			
2.10b Microwave			
2.11 Refrigerator			
2.12 Sink			
2.13 Food Storage / Prep Area			

3. BATHROOM	P	F	I
3.1 Bathroom Present?			
3.2 Electricity			
3.3 Electrical Hazards			
3.4 Security			
3.5 Window Condition			
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			

4. OTHER ROOMS	ROOM CODES:	LOCATION					
	1 — Bedroom 2 — Dining Room 3 — Second Living Room 4 — Entrance Hall/Corridor 5 — Additional Bath 6 — Other Room (Specify)						
4.1 Room Code							
4.2 Electricity							
4.3 Electrical Hazards							
4.4 Security							
4.5 Window Condition							
5.6 Ceiling Condition							
4.7 Wall Condition							
4.8 Floor Condition							
4.9 Lead Paint							

5. SECONDARY	P	F	I
5.1 None (Go To 6)			
5.2 Security			
5.3 Electrical Hazards			
5.4 Other Hazards			

6. BUILDING	P	F	I
6.1 Foundation Condition			
6.2 Stairs / Rails / Porches			
6.3 Roof / Gutters			
6.4 Exterior Surfaces			
6.5 Chimney			
6.6 Lead Paint Exterior			
6.7 Tie Downs N/A( )			

7. HEATING / PLUMBING	P	F	I
7.1 Heating Equipment ( )			
7.2 Safety			
7.3 Ventilation / Cooling			
7.4 Water Heater ( )			
7.5 Water Supply			
7.6 Plumbing			
7.7 Sewer Connection			

8. HEALTH AND SAFETY	P	F	I
8.1 Access To Unit			
8.2 Exits (Fire)			
8.3 Infestation — Evidence			
8.4 Garbage / Debris			
8.5 Refuse Disposal			
8.6 Stairs / Halls — Common			
8.7 Interior Hazards			
8.8 Elevators N/A( )			
8.9 Air Quality Interior			
8.10 Site and Neighborhood			
8.11 Lead Paint Certification			
8.12 Smoke Detector(s)			
A. Each Level? N/A( )			
B. Hearing Impaired? N/A( )			

SUMMARY DECISION ON UNIT
(Circle One)
PASS INCONCLUSIVE FAIL

EXPLANATION OF FAIL RATING OR COMMENTS:

CDA INSPECTOR: INSPECTION DATE:

d _____ —*Immediately when repairs are complete.* PASS DATE _____