INSPECTION REPORT

Date:_____ Group Type: ☐ Group I ☐ Group II ☐ PBA

Result: ☐ Pass ☐ Fail ☐ Other:_____

Owner Requested Rent: _____ CHA Proposed Rent: _____(subject to RR Determination)

	Family Information	Owner Information
Name		
Address		
City, State, Zip		

Unit Information					
Inspection Type	**# of Bedrooms**	**# of Baths**	**Building Type**	**Condition Rating-Exterior**	**Condition Rating-Interior**
☐ Initial ☐ Annual ☐ Other:	☐ Studio/Efficiency ☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom ☐ 4 Bedroom ☐ 5 Bedroom ☐ 6 Bedroom ☐ 7 Bedroom	☐ 1 ☐ 1.5 ☐ 2 ☐ 2.5 ☐ 3 ☐ 3+	☐ Single Family/Detached ☐ Twin (2-unit) ☐ Triple Decker (3-unit) ☐ Semi-Detached (rowhouse corner) ☐ Inner Row (rowhouse) ☐ Low Rise (1 or 2 stories, 3+ units) ☐ Mid Rise (3 or 4 stories, 4+ units) ☐ High Rise (5+ stories)	☐ New/Excellent ☐ Good/Sound ☐ Average ☐ Poor ☐ Uninhabitable	☐ New/Excellent ☐ Good/Sound ☐ Average ☐ Poor ☐ Uninhabitable

Item No.	1. Living Room	Yes Pass	No Fail	Comment	Final Approval Date
1.1	# of Electrical Outlets				
1.2	Electrical Hazards				
1.3	Window Condition				
1.4	Ceiling Condition				
1.5	Wall Condition				
1.6	Floor Condition				

Item No.	2. Kitchen	Yes Pass	No Fail	Comment	Final Approval Date
2.1	Kitchen Area Present				
2.2	# of Electrical Outlets				
2.3	Electrical Hazards				
2.4	Window Condition				
2.5	Ceiling Condition				
2.6	Wall Condition				
2.7	Floor Condition				
2.8	Paint Condition				
2.9	Stove or Range with Oven				
2.10	Refrigerator				
2.11	Sink				
2.12	Food Storage & Preparation				
2.13	Smoke Detector				

Item No.	3. Bathroom	Yes Pass	No Fail	Comment	Final Approval Date
3.1	Bathroom Present				
3.2	# of Electrical Outlets				
3.3	Electrical Hazards				
3.4	Window Condition				
3.5	Ceiling Condition				
3.6	Wall Condition				
3.7	Floor Condition				
3.8	Defective Paint				
3.9	Flush Toilet Enclosed Bathroom in Unit				
3.10	Fixed Wash Basin				
3.11	Tub or Shower				
3.12	Ventilation				

ROOM CODES **1** = Bedroom or any other Room Used for Sleeping **2** = Dining Room or Dining Area **3** = 2nd Living Room, Family Room, Den, TV Room **4** = Entrance Halls, Corridors, Halls, Staircase **5** = Additional Bath **6** = Other

Item No.	4. Other Rooms Used for Living & Halls: Room Code [ ]	Yes Pass	No Fail	Comment	Final Approval Date
4.1	# of Electrical Outlets				
4.2	Electrical Hazards				
4.3	Window Condition				
4.4	Ceiling Condition				
4.5	Wall Condition				
4.6	Floor Condition				
4.7	Defective Paint				
4.8	Smoke Detector				
4.9	Carbon Monoxide Detector				

Item No.	4. Other Rooms Used for Living & Halls: Room Code [ ]	Yes Pass	No Fail	Comment	Final Approval Date
4.1	# of Electrical Outlets				
4.2	Electrical Hazards				
4.3	Window Condition				
4.4	Ceiling Condition				
4.5	Wall Condition				
4.6	Floor Condition				
4.7	Defective Paint				
4.8	Smoke Detector				
4.9	Carbon Monoxide Detector				

SAMPLE

ROOM CODES	1 = Bedroom or any other Room Used for Sleeping 4 = Entrance Halls, Corridors, Halls, Staircase	2 = Dining Room or Dining Area 5 = Additional Bath	3 = 2nd Living Room, Family Room, Den, TV Room 6 = Other

Item No.	4. Other Rooms Used for Living & Halls: Room Code [ ]	Yes Pass	No Fail	Comment	Final Approval Date
4.1	# of Electrical Outlets				
4.2	Electrical Hazards				
4.3	Window Condition				
4.4	Ceiling Condition				
4.5	Wall Condition				
4.6	Floor Condition				
4.7	Defective Paint				
4.8	Smoke Detector				
4.9	Carbon Monoxide Detector				

Item No.	4. Other Rooms Used for Living & Halls Room Code: [ ]	Yes Pass	No Fail	Comment	Final Approval Date
4.1	# of Electrical Outlets				
4.2	Electrical Hazards				
4.3	Window Condition				
4.4	Ceiling Condition				
4.5	Wall Condition				
4.6	Floor Condition				
4.7	Defective Paint				
4.8	Smoke Detector				
4.9	Carbon Monoxide Detector				

Item No.	5. Basement	Yes Pass	No Fail	Comment	Final Approval Date
5.1	None				
5.2	Electrical Hazards				
5.3	Other Potentially Hazardous Features				

Item No.	6. Building Exterior	Yes Pass	No Fail	Comment	Final Approval Date
6.1	Condition of Foundation				
6.2	Condition of Stairs, Rails & Porches				
6.3	Condition of Roof/Gutters				
6.4	Condition of Exterior Surfaces				
6.5	Condition of Chimney				
6.6	Defective Paint: Exterior Surfaces				
6.7	Manufactured Home: Tie Downs				

Item No.	7. Heating & Plumbing	Yes Pass	No Fail	Comment	Final Approval Date
7.1	Adequacy of Heating Equipment				
7.2	Safety of Heating Equipment				
7.3	Ventilation/Cooling				
7.4	Water Heater				
7.5	Approvable Water Supply				
7.6	Plumbing				
7.7	Sewer Connection				

Item No.	8. General Health & Safety	Yes Pass	No Fail	Comment	Final Approval Date
8.1	Access to Unit				
8.2	Fire Exits				
8.3	Evidence of Infestation				
8.4	Garbage and Debris				
8.5	Refuse Disposal				
8.6	Interior Stairs and Common Halls				
8.7	Elevators				
8.8	Interior Air Quality				
8.9	Site & Neighborhood Conditions				
8.10	Lead-Based Paint: Owner Certifications				
8.11	Visible Mold in the Unit				

Item No.	9. Other Requirements	Yes Pass	No Fail	Comment	Final Approval Date
9.1	Certificate of Fitness				
9.2	Asbestos Material				

SAMPLE

Landlord Signature Date Tenant Signature Date Inspector Signature Date

WHITE – Agency Copy **CANARY** – Landlord Copy **PINK** – Tenant Copy