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| **LIHTC Project #** | **HOME Agreement #:** | |
| **Project Name:** | | **UNIT#** |
| **LIHTC BIN#** | **BIN Address:** | |
| **#of Bedrooms:** | | **# of Bathrooms:** |

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| **Name of Inspector:** | **Date:** |
| **Company:** | **Phone:** |

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| **Description of Physical Deficiency** | | | | | | |
| **Check if applicable** | **FRONT Entry Door** (locks, frames, seals) | **PIC** | **L1** | **L2** | **L3** | **Critical** |
| No deficiencies observed |  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Check if applicable** | **LIVING ROOM** (ceiling, floors, doors, walls, windows, electrical, lights, stairs, other) | **PIC** | **L1** | **L2** | **L3** | **Critical** |
| No deficiencies |  |  |  |  |  |  |
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| **Check if applicable** | **Porch/Patio/Balcony** (Railing loose/damaged/missing, other) | **PIC** | **L1** | **L2** | **L3** | **Critical** |
| No deficiencies  N/A |  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Check if applicable** | **Kitchen** (cabinets, countertops, garbage disposal, sink, exhaust fan, range, refrigerator, **GFI’s**, ceiling, floors, doors, walls, windows, electrical, lights, other) | **PIC** | **L1** | **L2** | **L3** | **Critical** |
| No deficiencies |  |  |  |  |  |  |
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| **Check if applicable** | **FIRE EXTINGUISHER** (tagged and accessible)  MAY NOT APPLY IF EXTINGUISHERS ARE KEPT IN COMMON AREAS ACCESSIBLE TO ALL RESIDENTS OUTSIDE THE UNIT. | **PIC** | **L1** | **L2** | **L3** | **Critical** |
| No deficiencies  N/A |  |  |  |  |  |  |
| **Check if applicable** | **rear Entry Door** (locks, frames, seals) | **PIC** | **L1** | **L2** | **L3** | **Critical** |
| No deficiencies  N/A |  |  |  |  |  |  |
| **Check if applicable** | **LAUNDRY AREA** (if located in the unit - dryer vent missing or blocked, other hazard) | **PIC** | **L1** | **L2** | **L3** | **Critical** |
| No deficiencies  N/A |  |  |  |  |  |  |

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| **Check if applicable** | **HALLWAY/STAIRWAY** (floors, walls, ceilings, doors, lights, handrails and steps, other) | **PIC** | **L1** | **L2** | **L3** | **Critical** |
| No deficiencies  N/A |  |  |  |  |  |  |
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| **Check if applicable** | **SMOKE DETECTOR(s)** (list location & description - if at list one detector is not working on each level of the unit mark as critical) | **PIC** | **L1** | **L2** | **L3** | **Critical** |
| No deficiencies |  |  |  |  |  |  |
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| **Check if applicable** | **BATHROOM #1 -** (vanity/medicine cabinet, sink, shower/tub, exhaust fan, toilet, **GFI(s),** ceiling, floors, doors [must be lockable unless handicapped unit], walls, windows, electrical, lights, other) | **PIC** | **L1** | **L2** | **L3** | **Critical** |
| No deficiencies |  |  |  |  |  |  |
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| **Check if applicable** | **BATHROOM #2 -** (vanity/medicine cabinet, sink, shower/tub, exhaust fan, toilet, **GFI(s),** ceiling, floors, doors [must be lockable unless handicapped unit], walls, windows, electrical, lights, other) | **PIC** | **L1** | **L2** | **L3** | **Critical** |
| No deficiencies  N/A |  |  |  |  |  |  |
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| **Check if applicable** | **BATHROOM #3 -** (vanity/medicine cabinet, sink, shower/tub, exhaust fan, toilet, **GFI(s),** ceiling, floors, doors [must be lockable unless handicapped unit], walls, windows, electrical, lights, other) | **PIC** | **L1** | **L2** | **L3** | **Critical** |
| No deficiencies  N/A |  |  |  |  |  |  |
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| **Check if applicable** | **BEDROOM #1** (Ceiling, room door, closet door, floors, walls, windows, lights, electrical, other) | **PIC** | **L1** | **L2** | **L3** | **Critical** |
| No deficiencies  N/A |  |  |  |  |  |  |
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| **Check if applicable** | **BEDROOM #2** (Ceiling, room door, closet door, floors, walls, windows, lights, electrical, other) | **PIC** | **L1** | **L2** | **L3** | **Critical** |
| No deficiencies  N/A |  |  |  |  |  |  |
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| **Check if applicable** | **BEDROOM #3** (Ceiling, room door, closet door, floors, walls, windows, lights, electrical, other) | **PIC** | **L1** | **L2** | **L3** | **Critical** |
| No deficiencies  N/A |  |  |  |  |  |  |
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| **Check if applicable** | **BEDROOM #4** (Ceiling, room door, closet door, floors, walls, windows, lights, electrical, other) | **PIC** | **L1** | **L2** | **L3** | **Critical** |
| No deficiencies  N/A |  |  |  |  |  |  |
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| **Check if applicable** | **BASEMENT** (walls, floors, ceiling, doors, other) | **PIC** | **L1** | **L2** | **L3** | **Critical** |
| No deficiencies  N/A |  |  |  |  |  |  |
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| **Check if applicable** | **HVAC** (noisy, leaking, vibrating when in use. Rust/corrosion, Gas - disconnected improper angle on flue, missing radiator covers, doesn’t work) | **PIC** | **L1** | **L2** | **L3** | **Critical** |
| No deficiencies  N/A |  |  |  |  |  |  |
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| **Check if applicable** | **HOT WATER TANK** (rust, corrosion, hole in piping, ducting, no hot water in faucets, leaking tank/valves/fittings, extension tube not within 18” of floor, Gas – disconnected/improper angle on flue) | **PIC** | **L1** | **L2** | **L3** | **Critical** |
| No deficiencies  N/A |  |  |  |  |  |  |
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| **Check if applicable** | **HEALTH & SAFTEY** (AIR QUALITY, EMERGENCY FIRE/EXITS, FLAMMABLE MATERIALS, GARBAGE & DEBRIS, TRIPPING, INFESTATION; INSECTS, RAT/MICE/VERMIN, OTHER HAZARDS) | **PIC** | **L1** | **L2** | **L3** | **Critical** |
| No deficiencies |  |  |  |  |  |  |
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| **COMMENTS:** |
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