

Inspection Form

Housing Choice Voucher Program

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 9/30/2012)

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both the family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f).
a unit meets the housing quality standards of the section 8 rental assistance program.

The information is used to determine if

PHA		Tenant ID Number	Date of Request (mm/dd/yyyy)
Inspector	APPENDIX 3		Date Last Inspection (mm/dd/yyyy)
Neighborhood/Census Tract			Date of Inspection (mm/dd/yyyy)
A. General Information Street Address of Inspected Unit		Type of Inspection	
		<input type="checkbox"/> Initial	<input type="checkbox"/> Special
City		Housing Type (check as appropriate)	
County	State	Zip	<input type="checkbox"/> Single Family Detached
Name of Family		Current Telephone of Family	
Current Street Address of Family		<input type="checkbox"/> Duplex or Two Family Row	
City	County	State	Zip
Number of Children in Family Under 6		<input type="checkbox"/> House or Town House	
Name of Owner or Agent Authorized to Lease Unit Inspected		Telephone of Owner or Agent	
Address of Owner or Agent		<input type="checkbox"/> Low Rise: 3,4 Stories, Including Garden Apartment	
		<input type="checkbox"/> High Rise; 5 or More Stories	
		<input type="checkbox"/> Manufactured Home	
		<input type="checkbox"/> Congregate	
		<input type="checkbox"/> Cooperative	
		<input type="checkbox"/> Independent Group Residence	
		<input type="checkbox"/> Single Room Occupancy	
		<input type="checkbox"/> Shared Housing	
		<input type="checkbox"/> Other:(Specify)	

Inspection Form

Housing Choice Voucher Program

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 9/30/2012)

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both the family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f).

The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

PHA		Tenant ID Number		Date of Request (mm/dd/yyyy)	
Inspector		Date Last Inspection (mm/dd/yyyy)		Date of Inspection (mm/dd/yyyy)	
Neighborhood/Census Tract		Type of Inspection		Project Number	
		<input type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection			
A. General Information				Housing Type (check as appropriate)	
Street Address of Inspected Unit				<input type="checkbox"/> Single Family Detached	
City				<input type="checkbox"/> Duplex or Two Family Row	
County		State		<input type="checkbox"/> House or Town House	
Zip		<input type="checkbox"/> Low Rise: 3,4 Stories, Including Garden Apartment			
Name of Family		Current Telephone of Family			
Current Street Address of Family				<input type="checkbox"/> High Rise; 5 or More Stories	
City				<input type="checkbox"/> Manufactured Home	
County		State		<input type="checkbox"/> Congregate	
Zip		<input type="checkbox"/> Cooperative			
Number of Children in Family Under 6		<input type="checkbox"/> Independent Group Residence			
Name of Owner or Agent Authorized to Lease Unit Inspected		Telephone of Owner or Agent			
Address of Owner or Agent				<input type="checkbox"/> Single Room Occupancy	
				<input type="checkbox"/> Shared Housing	
				<input type="checkbox"/> Other:(Specify)	

1. Living Room

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
1.1 Living Room Present	Is there a living room?	<input type="checkbox"/>	<input type="checkbox"/>			
1.2 Electricity	Are there at least two working outlets or one working outlet and one working light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.3 Electrical Hazards	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
1.5 Window Condition	Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
1.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
1.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
1.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
1.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint?	<input type="checkbox"/>	<input type="checkbox"/>			
	If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable	

Additional Comments: (Give Item Number)

Comments continued on a separate page Yes No

2. Kitchen

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
2.1 Kitchen Area Present	Is there a kitchen?	<input type="checkbox"/>	<input type="checkbox"/>			
2.2 Electricity	Are there at least one working outlet and one working, permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.3 Electrical Hazards	Is the kitchen free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
2.5 Window Condition	Are all windows free of signs of deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
2.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
2.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
2.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
2.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or less than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
2.10 Stove or Range with Oven	Is there a working oven, and a stove (or range) with top burners that work? If no oven and stove (or range) are present, is there a microwave oven and, if microwave is owner-supplied, do other tenants have microwaves instead of an oven and stove (or range)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.11 Refrigerator	Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.12 Sink	Is there a kitchen sink that works with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.13 Space for Storage, Preparation, and Serving of Food	Is there space to store, prepare, and serve food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

3. Bathroom

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
3.1 Bathroom Present (See description)	Is there a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>			
3.2 Electricity	Is there at least one permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.3 Electrical Hazards	Is the bathroom free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
3.5 Window Condition	Are all windows free of signs of deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
3.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
3.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
3.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
3.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
3.10 Flush Toilet in Enclosed Room in Unit	Is there a working toilet in the unit for the exclusive private use of the tenant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.11 Fixed Wash Basin or Lavatory in Unit	Is there a working, permanently installed wash basin with hot and cold running water in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.12 Tub or Shower	Is there a working tub or shower with hot and cold running water in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.13 Ventilation	Are there operable windows or a working vent system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

4. Other Rooms Used for Living and Halls For each numbered item, check one box only.

4.1 Room Location

_____ right/left/center: the room is situated to the right, left, or center of the unit.
 _____ front/rear/center: the room is situated to the back, front or center of the unit.
 _____ floor level: the floor level on which the room is located.

Room Code

- 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
- 2 = Dining Room or Dining Area
- 3 = Second Living Room, Family Room, Den, Playroom, TV Room
- 4 = Entrance Halls, Corridors, Halls, Staircases
- 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2 Electricity/Illumination	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
4.5 Window Condition	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable	
4.10 Smoke Detectors	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

4. Supplemental for Other Rooms Used for Living and Halls For each numbered item, check one box only.

4.1 Room Location

_____ right/left/center: the room is situated to the right, left, or center of the unit.
 _____ front/rear/center: the room is situated to the back, front or center of the unit.
 _____ floor level: the floor level on which the room is located.

Room Code

- 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
- 2 = Dining Room or Dining Area
- 3 = Second Living Room, Family Room, Den, Playroom, TV Room
- 4 = Entrance Halls, Corridors, Halls, Staircases
- 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2 Electricity/Illumination	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
4.5 Window Condition	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable	
4.10 Smoke Detectors	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

4. Supplemental for Other Rooms Used for Living and Halls For each numbered item, check one box only.

4.1 Room Location

_____ right/left/center: the room is situated to the right, left, or center of the unit.
 _____ front/rear/center: the room is situated to the back, front or center of the unit.
 _____ floor level: the floor level on which the room is located.

Room Code

- 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
- 2 = Dining Room or Dining Area
- 3 = Second Living Room, Family Room, Den, Playroom, TV Room
- 4 = Entrance Halls, Corridors, Halls, Staircases
- 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2 Electricity/Illumination	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
4.5 Window Condition	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
4.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable	
4.10 Smoke Detectors	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

4. Supplemental for Other Rooms Used for Living and Halls For each numbered item, check one box only.

4.1 Room Location

_____ right/left/center: the room is situated to the right, left, or center of the unit.
 _____ front/rear/center: the room is situated to the back, front or center of the unit.
 _____ floor level: the floor level on which the room is located.

Room Code

- 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
- 2 = Dining Room or Dining Area
- 3 = Second Living Room, Family Room, Den, Playroom, TV Room
- 4 = Entrance Halls, Corridors, Halls, Staircases
- 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2 Electricity/Illumination	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
4.5 Window Condition	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable	
4.10 Smoke Detectors	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

5. All Secondary Rooms (Rooms not used for living) For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
5.1	None <input type="checkbox"/> Go to Part 6					
5.2	Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
5.3	Electrical Hazards Are all these rooms free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.4	Other Potentially Hazardous Features Are all of these rooms free of any other potentially hazardous features? For each room with an "other potentially hazardous feature," explain the hazard and the means of control of interior access to the room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.0 Building Exterior						
6.1	Condition of Foundation Is the foundation sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.2	Condition of Stairs, Rails, and Porches Are all the exterior stairs, rails, and porches sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.3	Condition of Roof and Gutters Are the roof, gutters, and downspouts sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.4	Condition of Exterior Surfaces Are exterior surfaces sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.5	Condition of Chimney Is the chimney sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.6	Lead-Based Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed 20 sq. ft. of total exterior surface area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
6.7	Manufactured Homes: Tie Downs If the unit is a manufactured home, is it properly placed and tied down? If not a manufactured home, check "Not Applicable."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

7. Heating and Plumbing

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
7.1 Adequacy of Heating Equipment	Is the heating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.2 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"/>	<input type="checkbox"/>		
7.3 Ventilation and Adequacy of Cooling	Does the unit have adequate ventilation and cooling by means of openable windows or a working cooling system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.4 Water Heater	Is the water heater located, equipped, and installed in a safe manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.5 Water Supply	Is the unit served by an approvable public or private sanitary water supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.6 Plumbing	Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.7 Sewer Connection	Is plumbing connected to an approvable public or private disposal system, and is it free from sewer back-up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)

Comments continued on a separate page Yes No

8. General Health and Safety

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
8.1 Access to Unit	Can the unit be entered without having to go through another unit?	<input type="checkbox"/>	<input type="checkbox"/>			
8.2 Exits	Is there an acceptable fire exit from this building that is not blocked?	<input type="checkbox"/>	<input type="checkbox"/>			
8.3 Evidence of Infestation	Is the unit free from rats or severe infestation by mice or vermin?	<input type="checkbox"/>	<input type="checkbox"/>			
8.4 Garbage and Debris	Is the unit free from heavy accumulation of garbage or debris inside and outside?	<input type="checkbox"/>	<input type="checkbox"/>			
8.5 Refuse Disposal	Are there adequate covered facilities for temporary storage and disposal of food wastes, and are they approvable by a local agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.6 Interior Stairs and Common Halls	Are interior stairs and common halls free from hazards to the occupant because of loose, broken, or missing steps on stairways; absent or insecure railings; inadequate lighting; or other hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.7 Other Interior Hazards	Is the interior of the unit free from any other hazard not specifically identified previously?	<input type="checkbox"/>	<input type="checkbox"/>			
8.8 Elevators	Where local practice requires, do all elevators have a current inspection certificate? If local practice does not require this, are they working and safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
8.9 Interior Air Quality	Is 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"/>			
8.10 Site and Neighborhood Conditions	Are the site and immediate neighborhood free from conditions which would seriously and continuously endanger the health or safety of the residents?	<input type="checkbox"/>	<input type="checkbox"/>			
8.11 Lead-Based Paint: Owner Certification	If the owner of the unit is required to correct any deteriorated paint or lead-based paint hazards at the property, has the Lead-Based Paint Owner's Certification been completed, and received by the PHA? If the owner was not required to correct any deteriorated paint or lead-based paint hazards, check NA.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	

Additional Comments: (Give Item Number)

Comments continued on a separate page Yes No

THE LEAD-SAFE CERTIFIED

RENO RIG

WARNING
LEAD ORK AR
ISON
NOOKING
OATING

CAUTION CAUTION CAUTION CAUTION CAUTION



U.S. ENVIRONMENTAL PROTECTION AGENCY
401 M ST. WASHINGTON, DC 20460



This document may be purchased through the U.S. Government Printing Office online at bookstore.gpo.gov or by phone (toll-free): 1-866-512-1800.

SAMPLE PRE-RENOVATION FORM

This sample form may be used by renovation firms to document compliance with the Federal pre-renovation education and renovation, repair, and painting regulations.

Occupant Confirmation

Pamphlet Receipt

- I have received a copy of the lead hazard information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Printed Name of Owner-occupant _____

Signature of Owner-occupant _____

Signature Date _____

Renovator's Self Certification Option (for tenant-occupied dwellings only)

Instructions to Renovator: If the lead hazard information pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

- Declined** – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below at the date and time indicated and that the occupant declined to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.
- Unavailable for signature** – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door or by (fill in how pamphlet was left).

Printed Name of Person Certifying Delivery _____ Attempted Delivery Date _____

Signature of Person Certifying Lead Pamphlet Delivery _____

Unit Address _____

Note Regarding Mailing Option — As an alternative to delivery in person, you may mail the lead hazard information pamphlet to the owner and/or tenant. Pamphlet must be mailed at least seven days before renovation. Mailing must be documented by a certificate of mailing from the post office.

APPENDIX 5

CITY OF LA CROSSE HOUSING REHABILITATION PROGRAM
ENVIRONMENTAL REVIEW

Applicant: _____ Address: _____

Project No. _____

Environmental Status Determination

1. Will the rehabilitation undertaken increase unit density more than 20 percent? _____ yes _____ no
2. Will the project involve changes in land use from residential to non-residential or from non-residential to residential; or from one class of residential to another (for example, from single family attached dwellings to high-rise multiple dwelling units?) _____ yes _____ no
3. Will the estimated cost of rehabilitation be more than 75 percent of the total estimated cost of replacement after rehabilitation? _____ yes _____ no

If any question is answered "yes", a full Environmental Assessment must be conducted as required by 24 CFR 58.36, and 24 CFR 50.31.

If all of the questions are answered "no", the activity is considered to be categorically excluded from the requirements of the National Environmental Policy Act (NEPA) and the provisions of 24 CFR 58.35 (a)(4), and 24 CFR 50.20.

Determination of Exempt Status

1. This activity has been initially determined to be categorically excluded under the provisions of 24 CFR 58.35 (a)(4).
2. This activity complies with all Federal laws and authorities listed in 24 CFR 58.5. No additional reviews or analyses are required to be undertaken.

Statutory Checklist

Checklist of applicable Statutes and Regulations

Project Name and Identification No. _____

Area of Statutory-Regulatory Compliance (Precise citations for applicable statutes and regulations are printed on the back of this Checklist. Full discussion of each is provided in Appendix B of this Guide.)	Not Applicable to This Project	Consultation Required	Review Required*	Permits Required*	Determination of Consistency Approvals, Permits Obtained	Conditions and/or Mitigation Actions Required*	Note Compliance Documentation
Historic Properties							Per Historical Survey ____ Per State Historical Society ____ / ____ / ____
Floodplain Management							Firm Panel 555562
Wetlands Protection							Per DNR Wetlands Map; Field Observe. ____ / ____ / ____
Coastal Areas Protection and Management	X						Per Dept. of Admin. Letter 8/21/1990
Water Quality: Sole Source Aquifers	X						Per EPA, Memo 6/1/89 No Sole Source Aquifers
Endangered Species	X						Fish & Wildlife Service 11/6/1990
Wild and Scenic Rivers	X						Per National Park Service Letter 9/12/1990
Air Quality	X						Per HUD Letter 3/9/1990
Farmland Protection							Per Zoning Map # ____; Field Observ. ____ / ____ / ____
Noise							____ Per "Noise Assess." Maps & Charts
Runway Clear Zones, Clear Zones and Accident Potential Zones							Per Runway Clear Zone Map
Thermal and Explosive Hazards							Field Observ. ____ / ____ / ____
Water Quality	X						Per La Crosse Water Utility 10/30/1990
Solid Waste Disposal							Per La Crosse County Letter 11/6/1990
Manmade Hazards							Per Cerclis List

*Attach Evidence that required actions have been taken

**APPENDIX 6
HOUSING REHABILITATION PROGRAM
PRE-APPLICATION FOR DEFERRED PAYMENT LOAN**

To the applicant: The information on this form will be used to determine eligibility for a Housing Rehabilitation Program Deferred Payment Loan. All information is kept confidential.

A. TOTAL NUMBER OF HOUSEHOLD RESIDENTS _____

"Resident" means any person living in the household for at least 9 months of the year. Owner must own and reside in the home for one year prior to application.

B. INCOME INFORMATION FOR ALL RESIDENTS

Include all income your household can reasonably expect to receive during the next 12 months, including, but not limited to, the following sources:

- a. Salaries including commissions, bonuses, overtime pay, and tips
- b. Public assistance: Social Security, SSI, SSD, AFDC, and Unemployment Compensation
- c. Maintenance, child support, or any other support program
- d. Business profit for self-employed individuals
- e. Pensions and Annuities
- f. Estate, Trust, or any other interest income
- g. Rental income
- h. Educational grants paid to grantee, not to the institution
- i. Gains from the sale of property or securities
- j. Payments received from properties sold on land contract

C. Complete the following table for all residents; include any income they may receive:

NAME	HOURLY RATE X HOURS WORKED X PAY PERIODS = YEARLY INCOME	SOURCE OF INCOME (EMPLOYER)
	X X =\$	
	X X =\$	
	X X =\$	
	X X =\$	
	X X =\$	
	X X =\$	
YOUR HOUSEHOLD TOTAL GROSS INCOME IS \$		

TO CHECK YOUR ELIGIBILITY, USE THE INCOME LIMIT NUMBERS IN THE ENCLOSED BROCHURE; THEN COMPLETE THE FOLLOWING BLANK SPACES. YOUR ANNUAL GROSS HOUSEHOLD INCOME FOR A HOUSEHOLD OF _____ MUST BE UNDER \$ _____ TO BE ELIGIBLE.

EXAMPLE: A HOUSEHOLD OF 4 MUST BE UNDER \$55,350.00 TO BE ELIGIBLE

D. LIQUID ASSET INFORMATION

List the cash value of assets held by all residents of your household.

1. Checking Accounts - Institution and Account Number

_____ \$ _____
_____ \$ _____

2. Savings Accounts - Institution and Account Number

_____ \$ _____
_____ \$ _____

3. Cash value of Securities or U.S. Savings Bonds

\$ _____

4. Net value of pensions or retirement funds for applicants who are at least 59 ½ years of age

\$ _____

5. Redemption value of whole life insurance policies (term life insurance not counted)

\$ _____

6. Current market value of any other real estate. If money is owed on any item, the value listed should equal the market value of the item minus the amount that is owed.

\$ _____

7. List any personal property such as a second vehicle, a motorcycle, motor home, _____ or recreational vehicle. Do not include household furnishings, clothing, and first vehicle. _____

\$ _____

\$ _____

ASSETS MUST BE UNDER \$70,000.00 TO BE ELIGIBLE: TOTAL ASSETS: \$ _____

E. LIABILITY INFORMATION - List all financial obligations that are recorded against the home property (mortgages, liens, delinquent taxes, other).

To Whom Indebted
(Mortgage Holders)

Address

Present Balance: \$ _____

F. NAME of APPLICANT(S): _____

PROPERTY ADDRESS: _____

PHONE NUMBER: _____

**APPENDIX 7
HOUSING REHABILITATION PROGRAM
APPLICATION FOR DEFERRED PAYMENT LOAN**

To the applicant: The information on this form will be used to determine eligibility for a Housing Rehabilitation Program Deferred Payment Loan Repayment Agreement. The undersigned applicant(s) first duly sworn on oath deposes and says:

A. HOUSEHOLD INFORMATION

Name of Applicant _____ Male _____ Female _____

Address _____ La Crosse, Wisconsin Zip _____

Social Security Number _____ Age _____

Home Phone _____ Work Phone _____

Name of Applicant _____ Age _____

Social Security Number _____ Work Phone _____

Marital Status: Married _____ Single _____ Widowed _____ Divorced _____

Are there any residents in the household with a disability? Yes _____ No _____
If Yes, what type of rehabilitation assistance is necessary to accommodate the disability? _____

Race: White (single) _____
Black/ African American (single) _____
Asian (single) _____
American Indian/Alaskan Native (single) _____
Native Hawaiian/Other Pacific Islander (single) _____
American Indian/Alaskan Native & White (multi) _____
Asian & White (multi) _____
Black/ African American & White (multi) _____
American Indian/Alaskan Native & Black/ African American (multi) _____
Other Multi-Racial (Multi) _____

Ethnicity: Hispanic _____ Non - Hispanic _____

	List All Other Residents	Age	Social Security Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

TOTAL HOUSEHOLD RESIDENTS _____

B. INCOME INFORMATION

1. "Income" means any amount received from, but not limited to, the following sources by any resident:

<p>Any Public Assistance including Social Security, SSI, SSD, AFDC, Unemployment Compensation, and Other Welfare Programs</p> <p>Salaries including Commissions, Bonuses, Overtime Pay, and Tips</p> <p>Rental Income</p> <p>Pensions and Annuities</p> <p>Alimony and Child Support</p>	<p>Estate or Trust Income</p> <p>Gains from the Sale of Property or Securities</p> <p>Business Profit for Self-Employed Individuals Including Farmers</p> <p>Payments Received from Properties Being Sold on Land Contract</p> <p>VA Educational Grants</p>
--	---
2. Income listed should include all income which your household can reasonably expect to receive during the next 12 months.
3. "Resident" means any person, other than a renter, living in the household for at least 9 months of the year.
4. List all residents and any income which they may receive:

RESIDENT'S NAME	GROSS INCOME x NUMBER OF PAY PERIODS = YEARLY INCOME	SOURCE OF INCOME (EMPLOYER)
	X =\$	
	X =\$	
	X =\$	
	X =\$	
	X =\$	
	X =\$	
	X =\$	
	X =\$	
YOUR HOUSEHOLD TOTAL GROSS INCOME IS \$		

THE VERIFIED ANNUAL GROSS HOUSEHOLD INCOME IS THE INCOME WHICH IS USED TO DETERMINE ELIGIBILITY FOR THE HOUSING REHABILITATION PROGRAM DEFERRED PAYMENT LOAN. AS A HOUSEHOLD OF _____, INCOME MUST BE UNDER \$_____ TO BE ELIGIBLE.

C. LIQUID ASSET INFORMATION

List the cash value of assets held by all residents of your household. If money is owed on any item, the value listed should equal the market value of the item minus the amount that is owed.

1. Checking Account - Institution and Account Number

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

2. Savings Account - Institution and Account Number

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

3. Cash value of Securities, U.S. Savings Bonds, or the net value of pensions or retirement funds for applicants who are 59 ½ years of age

\$ _____

4. Redemption value of life insurance policies

\$ _____

5. Current market value of any other real estate, excluding the property to be improved

\$ _____

6. Other personal property such as motorcycle, second vehicle, camper, motor home, recreational vehicle; excluding household furnishings, clothing, and first vehicle

\$ _____

TOTAL ASSETS

\$ _____

D. LIABILITY INFORMATION - List all financial obligations that are recorded against the property (mortgages, liens, delinquent taxes, other).

<u>To Whom Indebted (Mortgage Holder)</u>	<u>Address</u>	<u>Present Balance</u>	<u>Any Amount Past Due</u>
---	----------------	----------------------------	--------------------------------

TOTALS \$ _____ \$ _____

E. PROPERTY INFORMATION - Provide the following information about the property that you wish to improve with rehabilitation funds.

1. Assessed Value _____ Equalized Ratio

 Computer Number _____ Equalized Value

2. Single Family _____ Duplex _____ Triplex _____ Fourplex _____

3. Years in residence _____

4. Age of the House _____

5. Land Contract (Title Holder) _____

6. Life Estate (Title Holder) _____

7. Homeowner's Insurance Company _____

8. Agent _____

9. Is the property located in the flood plain as defined by the Department of Housing and Urban Development Federal Insurance Administration Map? _____ If so, do you have flood insurance? _____ If you answered yes to the first question, the following questionnaire (Section F) must be completed.

F. FLOOD PLAIN QUESTIONNAIRE

1. Have you had problems with flooding, not seepage, in this house? _____ If yes, when? _____
2. To the best of your knowledge, has there been flooding prior to your ownership? If yes, when? _____
3. Where does the electrical service enter the house? _____
4. Where are the meters, etc? _____
5. Where is the furnace located? _____
6. Is there a basement? _____ Cellar? _____ Crawlspace? _____
7. Does the basement have a sump pump? _____
8. Are the basement walls waterproofed? _____
9. Are the basement walls reinforced to resist water pressure? _____
10. Do you have watertight _____ doors, _____ bulkheads, _____ shutters in the basement and/or on the first floor?
11. Is the house elevated in relation to the immediate surroundings? _____ If yes, explain: _____
12. Are there man-made barriers in the area that would hinder flood waters? _____ If yes, explain: _____
13. Have measures been taken to resist flotation or lateral movement? _____ If yes, explain: _____

G. RESIDENT QUESTIONNAIRE

Children/Children's Habits

1. (a) Do you have any children who live in your home? Yes _____ No _____
 (b) If yes, how many? _____ Ages? _____
 (c) Record blood lead levels, if known _____

IF NO CHILDREN, SKIP TO QUESTION 5.

2. Locate the rooms/areas where each child sleeps, eats and plays.

Name of Child	Location of Bedroom	Location of All Rooms Where Child Eats	Primary Location Where Child Plays Indoors	Primary Location Where Child Plays Outdoors

3. Where are the toys stored/kept?
 4. Is there any visible evidence of chewed or peeling paint on the
 woodwork, furniture, or toys? Yes _____ No _____

Family Use Patterns

5. Which entrances are used most frequently? _____
 6. Which windows are opened most frequently? _____
 7. Do you use a window air conditioner? If yes, where? _____
 8. (a) Do any household members engage in gardening? Yes _____ No _____
 (b) Record the location of any vegetable garden _____
 (c) Are you planning any landscaping activities that will remove grass
 or ground covering? Yes _____ No _____
 9. (a) How often is the household cleaned? _____
 (b) What cleaning methods do you use? _____
 10. (a) Did you recently complete any building renovations? Yes _____ No _____
 (b) If yes, where? _____
 (c) Was the building debris stored in the yard? If yes, where? _____
 11. Are you planning any building renovations? Where? _____
 12. (a) Do any household members work in a lead-related industry? Yes _____
 No _____
 (b) If yes, where are dirty work clothes placed and cleaned? _____

13. I received a copy of the EPA lead based paint brochure.

 (Signature)

H. CERTIFICATION BY APPLICANT(S)

1. The applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a City of La Crosse Housing Rehabilitation Program 3% Deferred Payment Loan and is true and complete to the best of the applicant's knowledge and belief.
2. The applicant certifies that he/she is the owner of the property described in this application and that the loan proceeds will be used only for the work and materials necessary to meet the rehabilitation standards, as applicable, which are prescribed for the property described in this application. If the Rehabilitation Review Board determines that the rehabilitation loan proceeds will not or are not used for the purpose described, the applicant agrees that the proceeds shall be returned forthwith, in full, to the Government, and acknowledges that, with respect to such proceeds so returned, he/she shall have no further interest, right or claim.
3. The applicant agrees that he/she will comply with all the City of La Crosse Housing Rehabilitation Program terms and conditions described in the Housing Rehabilitation Program Guidelines. The applicant covenants and agrees that he/she has knowledge of the City of La Crosse Housing Rehabilitation Program Repayment Agreement and that he/she will sign the Repayment Agreement upon project approval. Verification of any of the information contained in this application may be obtained from any source named herein.
4. The applicant agrees to authorize the Housing Rehabilitation Program, after the giving of reasonable notice, to enter the improved property for determining that the proposed improvements have been completed. The solicitation and selection of a Contractor or Dealer, acceptance of materials used, and work performed is the applicant's responsibility. The Housing Rehabilitation Program does not guarantee the material or workmanship of the work performed.
5. The applicant agrees that he/she will purchase flood insurance to cover the amount of the Housing Rehabilitation loan for the life of the loan.

Any applicant who makes a false statement regarding his/her employment, assets, or any other relevant information in this application could be subject to prosecution for the crime of False Swearing and subject to a penalty of up to \$10,000.00 and up to five years imprisonment, or both.

Applicant Signature

Date of Application

Applicant Signature

Date of Application

Signature of Preparer if other than Applicant

Date of Application

I. CERTIFICATION OF LEAD BASE PAINT HAZARD

I. Date of Initial Inspection _____

Approximate Age of Building _____

II. Findings

A. Evidence of Lead Base Paint Hazard ____ Yes ____ No

B. Number of Samples Delivered to Lab _____

Date _____

Number of Reports Returned _____

Date _____

Location

**Lead Content
(Weight Percent)**

Remedy

1		
2		
3		
4		
5		
6		
7		

C. Comments _____

III. Date of Final Inspection

IV. The property now conforms to the requirements of the Department of Housing and Urban Developments lead based paint regulations.

V. Date _____ **Signature** _____

Title _____

J. APPROVAL OF APPLICATION

The undersigned has examined the application for Community Development Block Grant Rehabilitation Loan described herein, including supporting data, and finds that the application meets the requirements of the Community Development Block Grant Rehabilitation Program, as amended, and satisfies the rules and regulations issued by the City of La Crosse, Wisconsin, pertaining to the Community Development Block Grant Loan Program.

Accordingly, the Housing Rehabilitation Review Board has approved the application for Deferred Payment Loan in the amount of \$ _____, subject to the establishment of any required fund reservation by the City of La Crosse, Wisconsin.

Housing Rehabilitation Program

Date

K. DEFERRED PAYMENT LOAN WORK SHEET

Applicant _____

Address _____ Date _____

1.	Assessed Value Before Rehabilitation	_____	
	Divided by Equalized Ratio	_____	
	Equalized Value Before Rehabilitation	_____	_____
2.	First Mortgage Balance	_____	
	Second Mortgage Balance	_____	
	Balance Due on Contract for Deed (Land Contract)	_____	
	Liens	_____	
	Delinquent Taxes	_____	
	Any Other Liens or Judgments	_____	
	Total Indebtedness Against Property Before Rehabilitation	_____	_____
3.	Cost of Rehabilitation	_____	
	Multiplied by 0.5	_____	
	Value of Rehabilitation	_____	_____
4.	Equalized Value Before Rehabilitation	_____	
	Plus Value of Rehabilitation	_____	
	Equalized Value After Rehabilitation	_____	_____
5.	Existing Indebtedness Before Rehabilitation	_____	
	Plus Cost of Rehabilitation	_____	
	Total Indebtedness After Rehabilitation	_____	_____
6.	Indebtedness After Rehabilitation	_____	
	Divided By Equalized Value After Rehabilitation	_____	
	Debt Factor	_____	_____

A project which has a debt factor greater than 1.00 is not economically feasible.