

Property Inspection

Date: \_\_\_\_\_

Property Acceptable

Property Needs Attention

Critical Condition

Property Information		HUD Information	
Street Address		FHA-Number	
City		Date of Foreclosure	
State		Date Re-Keyed	
ZIP			
Occupancy Status:			
Mortgagee Information Initial Inspection		Inspection Information	
Loan Number		Date Assigned	
Mortgagee		Date Inspected/Start Time/Duration	
Street Address		<b>Type of Inspection:</b>	
City		Pre-Conveyance	
State		Initial Inspection	
ZIP		Routine	
Mortgagee Contact		SPI	
Toll-free #			
Commercial Number			

BASIC PROPERTY INFORMATION

Type Property:

Estimated Age/Year Built:

Property Assessment: (25 words or less)

I. Critical Property Conditions:

MOLD YES \_\_\_\_\_ NO \_\_\_\_\_ SQ FTG \_\_\_\_\_ LOCATION \_\_\_\_\_

II. Mortgagee Issues: Pre-Conveyance / Initial Inspection Only

III. Notes:

Contractors Certification: By signing and submitting this inspection, the contractor certifies that all services stipulated have been completed, as of the date shown, in accordance of the specification, and that all claims of laborers or others performing services or furnishing material in the performance of the service have been paid. In addition, furnished herewith are all manufacturer warranties with respect to material and equipment relative to performance hereunder.

Inspected By \_\_\_\_\_

Date of Completion \_\_\_\_\_

Telephone \_\_\_\_\_

PROPERTY NUMBER		ADDRESS				
SITE						
Inspectable Item	Yes	No	N/A	Observable Deficiency	Location	Comments
Fencing and Gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damaged/Falling/Leaning		
Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage/Debris-Outdoors		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overgrown/Penetrating Vegetation >6"		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Routine Lawn Maintenance Needed		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Erosion Areas		
Health & Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Quality - Sewer Odor Detected		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flammable Materials - Improperly Stored		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Hazards		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sharp Edges/Tripping		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infestation-Rats/Mice/Vermin/Insects		
Driveway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damaged/Obstructed/Loose Material		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Snow Removal Needed		
Retaining Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damaged/Falling#/Leaning		
Storm Drainage Gutters Downspouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damaged/Obstructed		
Walkways/Steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Snow Removal Needed		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broken/Missing Handrailing/Steps		
Sheds / Outbuildings Detached Garages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Secured / Debris / Demo Needed		
# = hazard						

PROPERTY NUMBER		ADDRESS				
EXTERIOR						
Inspectable Items	Yes	No	N/A	Observable Deficiency	Location	Comments
Exterior Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missing# / Damaged / Not Securable#		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Unlocked		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damaged Hardware/Locks		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damaged/Missing Screens/Storm/Security Door		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damaged Frames/Threshold/Lintels/Trim		
Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Major Structural Damage Evident		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cracks/Gaps		
Health and Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exposed Wires/Open Panels		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Leaks on/near Electrical Equipment		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missing Exterior outlets covers		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Hazards		
Patio/Porch/Balcony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baluster/Side Railings Damaged		
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broken Fixtures		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frayed/Uncapped wiring		
Pools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool/Spa is not properly secured/covered#		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fencing/Gates - Damaged/Not Intact		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fencing/Gates Allow Easy Access#		
Roofs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Active Roof Leaks Evident		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Damage Due to Roof Leaks Evident		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damaged Soffits/Fascia		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damaged Vents		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missing/Damaged Componets from Downspout/Gutter		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damaged Chimneys		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missing/Damaged Shingles		
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stained/Peeling		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cracks/Gaps/Missing pieces/Holes/Spalling		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Graffiti		
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broken/Missing Panes		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peeling/defective Paint		
Security Boarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Property is Boarded / Screened - Check Jurisdiction P&P Guide		
Manufactured Homes Skirting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damaged/Missing		

NOD=No; OD=Yes; NA=Lot

# = hazard

PROPERTY NUMBER		ADDRESS				
SYSTEMS						
Inspectable Item	Yes	No	N/A	Observable Deficiency	Location	Comments
Electrical System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blocked Access/Improper Storage		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burnt Breakers		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of Leaks/Corrosion		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frayed Wiring		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missing Breakers/Fuses		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFI - Inoperable		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missing Covers		
Exhaust System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Exhaust Fan Inoperable		
HVAC System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler/Pump Leaks		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Supply Leaks		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Misaligned Chimney/Ventilation		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inoperable		
Sanitary System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broken/Leaking/Clogged Pipes or Drains		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missing Drain/Cleanout/Manhole Covers		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a sump pump NA=Lot		
Hot Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inoperable Units/Componets		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Misaligned Chimney/Ventilation		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leaking Valves/Tanks/Pipes		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure Relief Valve Missing		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rust Corrosion		

PROPERTY NUMBER		ADDRESS				
INTERIOR						
Occupancy Status	<input type="checkbox"/> Vacant	Comment:				
	<input type="checkbox"/> Occupied					
Reason not accessible						
Number of Occupants						Comments
Utilities Turned On (NA = Lot)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electricity		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water		
Damage Due To (NA = Lot)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flood		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Earthquake		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tornado		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hurricane		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Explosion		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (Including Mortgagee Neglect)		
Inspectable Item	Yes	No	N/A	Observable Defeciency	Location	Comments
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lavatory Sink-Damaged/Missing/Dirty		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing - Clogged Drains*		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing - Leaking Faucet/Pipes*		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Faucets Missing/Damaged		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shower/Tub-Damaged/Missing/Dirty		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Closet/Toilet-Damaged/Clogged/Missing/Dirty		
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peeling/hole/missing tiles/cracks		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulging/Water Stains/Water Damage/Mold/Mildew		
Interior Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damaged Hardware/Locks		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damaged Surface-Hole/Paint/Rusting/Glass		
Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Covering Damaged/Dirty/missing tiles		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rotted/Buckling/deteriorated Subfloor		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Stains/Water Damage/Mold/Mildew		
Health & Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Quality-Mold and/or Mildew Observed		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Quality-Sewer Odor Detected		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exposed Wire/Open Panels		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Leaks On or Near Electrical Equipment		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flammable Materials - Improperly Stored		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infestation - Rats/Mice/Vermin/Insects		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Hazards		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sharp Edges/Tripping		
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage Disposal-Missing/Damaged/Inoperable/Dirty		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Range Hood/Exhaust Fans - Missing/Damaged/Inoperable/Dirty		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator-Missing/Damaged/Inoperable/Dirty		serial #
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Range/Stove-Missing/Damaged/Inoperable/Dirty		serial #
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cabinets - Missing/Damaged/Dirty		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Countertops - Missing/Damaged/Dirty		

# = hazard \* Not for SPI Inspection

PROPERTY NUMBER	ADDRESS
-----------------	---------

INTERIOR (continued)

Inspectable Item	Yes	No	N/A	Observable Defeciency	Location	Comments
Kitchen (continued)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher - Missing/Damaged/Inoperable/Dirty		serial#
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing - Clogged Drains		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Faucets - Missing/Damaged		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sink - Missing/Damaged/Dirty		
Laundry Area/Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washer - Missing/Damaged/Inoperable/Dirty		serial #
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dryer - Missing/Damaged/Inoperable/Dirty		serial #
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dryer Vent - Missing/Damaged/Dirty		
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fixtures- Missing/Damaged/Inoperable/Dirty		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Fans - Missing/Damaged/Inoperable/Dirty		
Outlets/Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missing/frayed uncapped wires		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missing/Broken Cover Plates		
Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broken/Damaged/Missing Steps #		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broken/Missing Hand Railing		
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peeling/Graffiti		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damaged/Water Stains/Water Damage/Mold/Mildew		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damaged/Deteriorated Trim		
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entry Accessible Window Left Unlocked		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Sills Peeling/Damaged		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inoperable / Not Lockable		
Winterization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Property is Winterized#		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damage Caused by Lack of Winterization		
Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Property Left in Vacant Unit		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash / Debris / Garbage - Indoors		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required Signs Posted		

# = Hazard \* Not for SPI Inspection