



Acquired Property Inspection Report

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0306

Public Reporting Burden for this collection of information is estimated to average .5 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0306), Washington, D.C. 20503. Do not send this completed form to either of these addresses.

Part A—Identification

1 Name & Address of Property Requiring Inspection :		2 Name & Address of Contractor Performing Work		
3 Case or Project Number		4 Purchase Order or Contract Number		
5 Significant Dates	5a Date of Contract Award	5b Original Contract Completion Date	5c Revised Contract Completion Date	5d Date Work Inspected

Part B—Inspection and Repair

Type of Inspection		Repair Status	
1 <input type="checkbox"/> Repair (Note repair status)		1 <input type="checkbox"/> Repairs Acceptably Completed	
2 <input type="checkbox"/> Services (specify type)		2 <input type="checkbox"/> Repairs Incomplete—Work in progress	
3 <input type="checkbox"/> Supplies (specify type)		3 <input type="checkbox"/> Repairs Incomplete—Work not in progress	
4 <input type="checkbox"/> HUD Inspection of REAMP/PM Activity		4 <input type="checkbox"/> Correction Essential—see Part D	
5 <input type="checkbox"/> Reinspection of Previously Noted Deficiencies		5 <input type="checkbox"/> Unacceptable—see Part D	
6 <input type="checkbox"/> Post-Closing Complaints		6 <input type="checkbox"/> Unable to Inspect—see Part D	
7 <input type="checkbox"/> A/E Services			
Inspection Status (check applicable box): <input type="checkbox"/> Initial <input type="checkbox"/> Interim <input type="checkbox"/> Final		Estimated percent of completion : _____ %	

Part C—Performance Evaluation of Contract (check box)

Overall Evaluation
 Excellent Acceptable Unacceptable (explain)

Performance Elements	Excellent	Acceptable	Unacceptable
1. Quality of Work			
2. Timely Performance			
3. Effectiveness of Management			
4. Compliance With Labor Standards			
5. Compliance With Safety Standards			

Part D—Repair Items Unacceptable & Correction Required

Part E—Additional Work Recommended (To be accomplished only when authorized in writing by HUD.)

Part F—Certification and Approvals

Name & Address of Inspector

I certify that I have personally inspected this property (work requirement) on this date, and that to the best of my knowledge I have reported or taken the necessary action to correct, as appropriate, all items of noncompliance, work requiring correction, and unacceptable work. I further certify that I have no personal interest, present or prospective, in this property.

Signature of Inspector & Date of Inspection: _____

All Repairs Completed, Property Ready to List
 Yes No

X

Signature of Property Disposition Realty Specialist & Date of Review by Property Disposition Realty Specialist

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Previous Editions are Obsolete

Copy 1—Case binder/contract file
 Copy 2—REAMP/PM
 Copy 3—Contractor
 Copy 4—Inspector/binder file

Form HUD-0519
 ref Handbooks 4310.5, 4315.1, 4320.1