



**SUGGESTED INSPECTION CHECK LIST-PROPERTY LEASED FOR HOMELESS USE**

- 1. Property Address: \_\_\_\_\_  
\_\_\_\_\_
- 2. Name and Address of Lessee: \_\_\_\_\_
- 3. Name of Inspector: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

**GENERAL**

**REMARKS:**

- 4. Is the property occupied? Y/N \_\_\_\_\_
- 5. Are there any apparent code violations? Y/N \_\_\_\_\_
- 6. Is the property clean and sanitary? Y/N \_\_\_\_\_
- 7. Is the property free of defective paint surfaces? Y/N \_\_\_\_\_
- 8. Are there any unsafe conditions present? Y/N \_\_\_\_\_
- 9. Has the property deteriorated since the last inspection? Y/N \_\_\_\_\_

**EXTERIOR**

- 10. Is the lawn cut/snow shovelled? Y/N \_\_\_\_\_
- 11. Is the yard free of debris? Y/N \_\_\_\_\_
- 12. Are the windows intact? Y/N \_\_\_\_\_
- 13. Do the front, back and/or side doors shut and lock properly? Y/N \_\_\_\_\_
- 14. Does the roof look okay? Y/N \_\_\_\_\_
- 15. Are rain gutters clear of debris? Y/N \_\_\_\_\_
- 16. Are the porch and garage structures safe and secure? Y/N \_\_\_\_\_
- 17. Is the siding in good condition? Y/N \_\_\_\_\_

## APPENDIX 76

- |     |   |     |       |
|-----|---|-----|-------|
| 18. | Is there evidence of structural problems?           | Y/N | <hr/> |
| 19. | Is the property's general exterior appearance good? | Y/N | <hr/> |
| 20. | Other   | Y/N | <hr/> |

INTERIORREMARKS

- |     |  |     |       |
|-----|--|-----|-------|
| 21. | Is there evidence of roof leaks or damage caused by leakage?                   | Y/N | <hr/> |
| 22. | Are the floors in good condition?  | Y/N | <hr/> |
| 23. | Is there evidence of structural damage?  | Y/N | <hr/> |
| 24. | Do the stove, refrigerator and/or any other such appliances function properly? | Y/N | <hr/> |
| 25. | Is there a smoke detector?   | Y/N | <hr/> |
| 26. | Is the heating/cooling system in working condition?                            | Y/N | <hr/> |
| 27. | Is plumbing in working condition?  | Y/N | <hr/> |
| 28. | Is the electrical system in working condition?                                 | Y/N | <hr/> |
| 29. | Do the light fixtures work?  | Y/N | <hr/> |
| 30. | Do the windows open and shut?  | Y/N | <hr/> |
| 31. | Are the walls in good condition?   | Y/N | <hr/> |
| 32. | Are the stairs and banisters safe and secure?                                  | Y/N | <hr/> |
| 33. | Is the property's general interior appearance good?                            | Y/N | <hr/> |
| 34. | Other:   |     | <hr/> |

Signature of Inspector

Title of Inspector