

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)

PROPERTY INSPECTION FORM

WARM, SAFE & DRY STANDARDS

Agency (CAA): _____ Technician Name: _____
 _____ Technician Phone: _____
 _____ Technician Email: _____

Applicant: _____ Co-Applicant: _____
 Property: _____ Inspection Date: _____

Part 1 – Building Exterior

Item	Task	Pass	Fail	N/A	Description of Repairs/ Comments
1.1	Condition of Foundation Foundation sound and free from hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	Stairs, Railings, and Porches Meet building code and is free from hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.3	Roof, Vent pipes, and Gutters Roof in good condition, Gutters have downspouts and directed away from foundation? Vent pipes higher than average snowfall in area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.4	Exterior Covering (Siding) Exterior covering in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.5	Chimney In good condition and has a Cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.6	Lead Paint Hazards (Pre 1978 Homes) All paint surface free of deteriorated paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.7	Manufactured Homes : Tie Downs Is the Unit properly placed and tied down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.8	Electrical Service Entrance In good condition and free of hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.9	Outlets and Lights Outlets are GFCI with exterior cover Lights have cover and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.10	Entrance Door In good condition, no air leaks and able to secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.11	Patio or Sliding Door In good condition, no air leaks and able to secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.12	Ventilation Adequate Ventilation in Soffit, Gable End and Ridge Cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.13	Grading Around Structure Is the grading around the home directing water away from structure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Part 2 – Kitchen

Item	Task	Pass	Fail	N/A	Description of Repairs/Comments
2.1	Kitchen Area Present Is there a kitchen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.2	Electricity There is at least one working outlet and one working permanently installed light fixture with switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.3	Electrical Hazards The kitchen is free of electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.4	Security All windows and doors that are accessible from outside lockable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.5	Window Condition All windows free of signs of deterioration or missing or broken out panes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.6	Ceiling Condition Ceiling is sound and free of hazardous defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.7	Wall Condition Walls in good condition no holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.8	Floor Condition The floor is sound, level, no trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.9	Stove or Range with Oven All top burners operating and stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.10	Refrigerator In good condition and keeping temperature of 40 degrees Fahrenheit or below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.11	Sink There is a kitchen sink that works with hot and cold running water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.12	Space for Food Storage There is a space to store food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Part 3 – Living Room

Item	Section/Item	Pass	Fail	N/A	Description of Repairs/Comments
3.1	Living Room Present Is there a living room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.2	Electricity There is at least one working outlet and one working permanently installed light fixture with switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.3	Electrical Hazards The living room is free of electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.4	Security All windows and doors that are accessible from outside lockable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.5	Window Condition All windows free of signs of deterioration or missing or broken out panes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.6	Ceiling Condition Ceiling is sound and free of hazardous defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.7	Wall Condition Walls in good condition no holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.8	Floor Condition The floor sound and no trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.9	Lead – Based Paint (Pre 1978 Homes) All paint surfaces are in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Part 4 – Bathroom

Item	Task	Pass	Fail	N/A	Description of Repairs/ Comments
4.1	Bathroom Room Present Is there a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.2	Electricity There is at least one working outlet and one working permanently installed light fixture with switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3	Electrical Hazards The bathroom is free of electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.4	Security All windows and doors that are accessible from outside are lockable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.5	Window Condition All windows free of signs of deterioration or missing or broken out panes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.6	Ceiling Condition The ceiling is sound and free of hazardous defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.7	Wall Condition Walls are in good condition with no holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.8	Floor Condition The floor is sound and no trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.9	Lead – Based Paint (Pre 1978 Homes) All paint surfaces are in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.10	Flush Toilet There is a working toilet in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.11	Vanity with Sink There is a working sink with hot and cold running water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.12	Tub or Shower There is a working tub or shower with hot and cold running water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.13	Ventilation There operable windows or a working vent system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Part 5 – Bedroom

For additional rooms please print extra copies.

Indicate if the room is located to the right, left or center of the home: **Right** **Left** **Center**

Indicate if the room is located to the back, front or center of the home: **Back** **Front** **Center**

Indicate the floor level on which the room is located: _____

Item	Task	Pass	Fail	N/A	Description of Repairs/ Comments
5.1	Bed Room Present - Is there a living room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.2	Electricity There is at least one working outlet and one working permanently installed light fixture with switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.3	Electrical Hazards The Bedroom free of electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.4	Security All windows and doors that are accessible from outside are lockable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.5	Window Condition All windows are free of signs of deterioration or missing or broken out panes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.6	Ceiling Condition The ceiling is sound and free of hazardous defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.7	Wall Condition Walls are in good condition no holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.8	Floor Condition The floor is sound with no trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.9	Lead – Based Paint (Pre 1978 Homes) All paint surfaces are in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Part 6 – Hallway, Stairs or Common Areas

For additional areas please print extra copies.

Item	Task	Pass	Fail	N/A	Description of Repairs/ Comments
6.1	Electricity There is at least one working outlet and one working permanently installed light fixture with switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.2	Electrical Hazards The area free of electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.3	Security All windows and doors that are accessible from outside are lockable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.4	Window Condition All windows are free of signs of deterioration or missing or broken out panes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.5	Ceiling Condition Ceiling is sound and free of hazardous defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.6	Wall Condition Walls are in good condition with no holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.7	Floor Condition The floor is sound with no trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.8	Lead – Based Paint (Pre 1978 Homes) All paint surfaces are in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.9	Smoke Detectors There is a working smoke detector on each floor and by all bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.10	Interior Stairs Stair treads in good condition with handrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Part 7 – Basement or Mechanical Room

Item	Task	Pass	Fail	N/A	Description of Repairs/ Comments
7.1	Electricity There is at least one working outlet and one working permanently installed light fixture with switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.2	Electrical Hazards The area is free of electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.3	Electrical Panel All breakers are labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.4	Security All windows and doors that are accessible from outside are lockable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.5	Window Condition All windows are free of signs of deterioration or missing or broken out panes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.6	Ceiling Condition The ceiling is sound and free of hazardous defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.7	Wall Condition Walls are in good condition with no holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.8	Floor Condition The floor is sound with no trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.9	Lead – Based Paint (Pre 1978 Homes) All paint surfaces are in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.10	Weatherization for Basement The box sill is insulated, dry and support post in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Part 8 – Heating and Plumbing

Item	Task	Pass	Fail	N/A	Description of Repairs/ Comments
8.1	Heating Unit (Furnace, Boiler or Heat pumps) In good condition and operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.2	Water Supply Is the home served by a public water system or private well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.3	Water Heater In good condition, installed correctly, and wired on a separate breaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.4	Septic System Working properly, no clogged drains, traps installed in kitchen, bath sink and shower.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.5	Well Pump and Tank Provides enough pressure and in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes