

# Rehab Funding

# Property Inspection Report

PROPERTY ADDRESS:	STREET	CITY	STATE	ZIP
PREPARER: _____	DATE: _____			

Condition	Poor	Fair	Good	Comments	Estimated Cost of Repairs
<b>1) Grounds</b>					
a) Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b) Patio/Deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
c) Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
d) Driveway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
e) _____ <small>(other)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<b>2) Exterior</b>					
a) Foundation <small>(cracks, separation, sealing)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b) Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
c) Wood Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
d) Siding <small>(indicate type)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
e) Porches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
f) Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
g) _____ <small>(other)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
h) _____ <small>(other)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<b>3) Interior</b>					
a) Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b) Carpeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
c) Hardwood Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
d) Walls and Ceilings <small>(cracks, signs of leakage)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
e) Bedroom #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
f) Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
g) Bathroom #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#3 <small>(1/2 Bath)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
h) Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
i) Family Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
j) Den	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
k) Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
l) Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

