

HUD Property Inspection Report (HPIR)

HUD PROPERTY INSPECTION REPORT			
1. Date of Assignment	2. Date of Inspection:	3. FHA Case No.	4. Is property Vacant? [] Yes [] No
5. Inspector's Name:		6. Property Type: [] S/Family [] PUD [] M'frd Hsng [] Duplex [] Condo [] Other	
7. PROPERTY ADDRESS (Include Zip Code):		@ \$ [] Bedrooms: [] Baths: [] Attached Garage: [] # [] Detached Garage: [] # Foundation: Slab [] Basement [] Crawl Space [] Other []	
8. If Lock box is installed, provide code here:		9a. Name & address of Condominium/Subdivision: (If applicable): 9b. Name & address of HOA (If applicable): HOA Contact: Telephone:	
10. Pre-Conveyance Activities by Mortgagee			
a) Did Lender complete initial Securing of the property?	[] Yes /[] No	c) Is lawn maintenance acceptable?	[] Yes/[] No
b) Did Lender properly and adequately winterize the property? (Refer to 15(0 for details).	[] Yes /[] No	d) Is property in broom-swept condition?	[] Yes/[] No
PART I :		11. CONDITIONS FOR CONVEYANCE	
Item Conveyance Condition Questionnaire		Repair/Replace estimate for items	
		Item Description	Item Condition
a) Is Heating or Air-conditioning required per local occupancy/code standards?	[] Yes /[] No	Cooling/Air-Conditioner	[] Missing/[] Damaged/[] N/A \$
		-Heating/Furnace	[] Missing/[] Damaged/[] N/A \$
		-HVAC System duct	[] Missing/[] Damaged/[] N/A \$
b) Is there physical evidence of adequate electrical supply for lighting & appliances?	[] Yes /[]	Electrical Wirings	[] Missing/[] Damaged/[] N/A \$
		-Other	[] Missing/[] Damaged/[] N/A \$
c) Are all built-in appliances (range/oven, dishwasher) missing or severely damaged?	[] Yes /[] No	Stove/Range/Oven	[] Missing/[] Damaged/[] N/A \$
		-Kitchen Cabinets	[] Missing/[] Damaged/[] N/A \$
		-Other	[] Missing/[] Damaged/[] N/A \$
d) Is there physical evidence of adequate water supply?	[] Yes /[] No	Plumbing	[] Missing/[] Damaged/[] N/A \$
		-Sink	[] Missing/[] Damaged/[] N/A \$
		-Other	[] Missing/[] Damaged/[] N/A \$
- Is Hot water heater missing or severely damaged?	[] Yes	Water Heater	[] Missing/[] Damaged/[] N/A \$

	/ [] No			
e) Do sanitary facilities (i.e toilet, septic system) appear operational?	] Yes /[] No	Sewer/Septic system	[] Missing/[] Damaged/[] N/A	\$
		-Toilet	[] Missing/[] Damaged/[] N/A	
		-Other	[] Missing/[] Damaged/[] N/A	\$
f) Does roof have active roof leaks?	] Yes /[] No	Roof	[] Missing/[] Damaged/[] N/A	\$
- if "Yes" did you find damage resulting from roof leaks?	] Yes /[] No	Roof Leak damage locations:		\$
-- Is property structurally sound?	] Yes /[] No	If "No" Explain/Describe & estimate cost of repair:		\$
g) Is structure free from hazards that may adversely affect health and safety	] Yes /[] No	List Int. hazard Location & Removal cost:		\$
		List Ext. hazard Location & Removal cost:		\$
12. Did you provide date-stamped photos? [] Yes / [] No		Total Cure Cost		\$0.00
13. ADDITIONAL CONVEYANCE CONDITION (Please provide additional comments if necessary)				
a) Is property damaged? (Refer to Section 11 above for details)	] Yes /[] No	c) Is property damaged by Fire, Flood, Hurricane, Tornado, earthquake or Boiler Explosion?	[] Yes / [] No	
b) Evidence of Mortgagee neglect resulting in property damage? (please provide details)	] Yes /[] No	d) Do you observe visible evidence of Mold, excessive wetness or standing water?	[] Yes / [] No	
14. Post-Conveyance Activities by FSM				
a) New locks installation ordered?	] Yes /[] No	d) Window locks ordered to be replaced?	[] Yes No / []	
b) Existing locks ordered to be keyed?	] Yes /[] No	e) Lawn & Shrubs ordered to be cut & trimmed?	No	
c) Glass panes ordered to be replaced?	] Yes /[] No	f) Is exterior ordered to be cleaned up?	[] Yes No / []	
PART II: 15. INITIAL INSPECTION REPORT (Please provide additional comment if necessary)				
SECURING PROPERTY (INCL. POOL & SPA)		FLOORING		
a) Is property located in a Hot Zone?	] Yes / [] No / []] N/A	x) Any Stained Carpet with feces or urine:		[] Yes / [] No / [] N/A

- Approved Boarding?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A	- Buckle, hole or trip hazard on floor?]N/A	<input type="checkbox"/> Yes/[]No / []N/A
- Non-Approved Boarding?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A	-- If yes, photos & locations provided?]N/A	<input type="checkbox"/> Yes/[]No / []N/A
b) All locks changed to proper HUD key?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A	WINTERIZATION	
- House secured (All doors & windows)?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A	l) Is property winterization acceptable?	<input type="checkbox"/> Yes/[]No / []N/A
- Garage secured?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A	- Water lines/Distribution piping drained?	<input type="checkbox"/> Yes/[]No / []N/A
- Outbuildings secured?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A	-- Is Meter disconnected?	<input type="checkbox"/> Yes/[]No / []N/A
- How many lock boxes installed?] Count		- Is Water turned off at curb (mandatory)	<input type="checkbox"/> Yes/[]No / []N/A
- How many door knob sets installed?		- Is main water feed line plugged?	<input type="checkbox"/> Yes/[]No / []N/A
- How many deadbolts installed?		- Is Well and Well tank drained?	<input type="checkbox"/> Yes/[]No / []N/A
c) Is there a pool (In / Above grnd) on site?	<input type="checkbox"/> Yes/[]No / <input type="checkbox"/> N/A	- Are toilets taped down?	<input type="checkbox"/> Yes/[]No / []N/A
- Is pool secured per HUD's specs?	<input type="checkbox"/> Yes/[]No / <input type="checkbox"/> N/A	- Are dated winterization signs posted?	<input type="checkbox"/> Yes/[]No / []N/A
- Is pool fencing intact?	<input type="checkbox"/> Yes/[]No / <input type="checkbox"/> N/A	-- Are any visible problems noted?	<input type="checkbox"/> Yes/[]No / []N/A
-- Are pool gates secured?	<input type="checkbox"/> Yes/[]No / <input type="checkbox"/> N/A	- If reqd (local code), is RPZ vlv installed?	<input type="checkbox"/> Yes/[]No / []N/A
- Is there a hot tub/Spa?	<input type="checkbox"/> Yes/[]No / <input type="checkbox"/> N/A	- Heating Syst filled w/non-toxic anti-frz?	<input type="checkbox"/> Yes/[]No / []N/A
- If Yes, is it secured?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No /	-- Is Heat on and running?	<input type="checkbox"/> Yes/[]No / []N/A

	[]N/A		
- Is the pool drained?	[]Yes/[]No / []N/A	-- Is Water heater drained?	[]Yes/[]No / []N/A
BOARDING UP		ROOF	
d) Any broken windows or window panes?	[]Yes / []No / []N/A	m) Is roof surface damaged?	[]Yes/[]No / []N/A
- If Yes, how many?] Count		- Has roof been tarped/patched/repared?	[]Yes/[]No / []N/A
- List location & size of broken windows?		-- Needed emergency/preventative repairs?	[]Yes/[]No / []N/A
		- Any damages resulting from roof leak?	[]Yes/[]No / []N/A
-- Are Windows boarded per HUD Regulations?	[]Yes / []No / []N/A	- State condition of downspouts: [] Poor [] Fair [] Good [] Excellent	[] Damaged
- Has all broken glass been removed?	[]Yes / []No / []N/A		
- How many doors are boarded?] Count	[]	-- State Overall condition of the roof: Damaged [] Poor [] Fair [] Good [] Excellent	[]
- Are Hatchway/Cellar area boarded?	[]Yes / []No / []N/A		
- Are there any cracked windows?	[]Yes / []No / []N/A		[]Yes/[]No / []N/A
		- Damages/defects to deck/patio?	
DEBRIS REMOVAL		- Visible damages/defects to chimney?	[]Yes/[]No / []N/A
e) Is debris or other hazard in interior of property?	[]Yes / []No / []N/A	SUMP PUMPS (FLOODING?)	
- If Yes, describe items & list locations:		n) Is sump pump on site?	[]Yes/[]No / []N/A
		- If Yes, is the power on?	[]Yes/[]No / []N/A
f) Any personal property in interior of property?	[]Yes / []No / []N/A	- If Yes, is sump pump operational?	[]Yes/[]No / []N/A
- If Yes, describe items & list locations:		- If No, is basement/crawl sp. flooded?	[]Yes/[]No / []N/A
		- If "Yes" how much water in bsmt/crawl spc.? inches	
g) Is debris/other hazard in exterior of property?	[]Yes / []No / []N/A	- Where did the water come from? [] Rainfall [] Leaks	

- If Yes, describe items & list locations:		- List damages, if any, due to flooding:	
h) Any abandoned vehicle/s on site?	]Yes / [] No / []] N/A		
- If Yes, describe items & list locations:		INITIAL YARD MAINTENANCE	
INTERIOR & EXTERIOR WALLS		o) Landscape/yard properly maintained?	[]Yes/[]No / []N/A
l) Are there any interior wall covering damages?	[]Yes / [] No / []] N/A	- Is the lawn cut (typically 5. 6")?	[]Yes/[]No / []N/A
- Is graffiti painted anywhere on property?	]Yes / [] No / []] N/A	- Tree limbs trimmed away from house?]N/A	[]Yes/[]No / []
j) Any "VIOLATION" notice posted on site?	[]Yes / [] No / []] N/A	- All hazardous dead trees removed?	[]Yes/[]No / []N/A
16. Lead-Based paint consideration			
16a) Property built before 1978? [] Yes [] No	16b) If "Yes", is there evidence of paint surface peeling, cracking, scaling or chipping?" [] Yes [] No		
16c) If "yes", list location/description:			
PART III: 17. PROPERTY CONDITION REPORT (Please provide photos, comments and/or add'l sheet/s if necessary)			
Item Description	Item Condition	Item Functionality (for PCR use only)	Describe how functionality is Determined/Test Notes (Use add'l shts. if regd.):
Cooling/Air-Conditioner	[] Missing/[] Damaged/[] N/A	Is HVAC tested and functional? []Yes / [] No / [] N/A	
-Heating/Furnace	[] Missing/[] Damaged/[] N/A		
-HVAC System duct	[] Missing/[] Damaged/[] N/A		
Electrical Wirings	[] Missing/[] Damaged/[] N/A	Is Electric supply tested and functional? []Yes / [] No / [] N/A	
-Other	[] Missing/[] Damaged/[] N/A		
-Other	[] Missing/[] Damaged/[] N/A		
Stove/Range/Oven	[] Missing/[] Damaged/[] N/A	Are built-in appliances tested and functional? []Yes / [] No / [] N/A	
-Kitchen Cabinets	[] Missing/[] Damaged/[] N/A		
-Other	[] Missing/[] Damaged/[] N/A		
Plumbing	[] Missing/[] Damaged/[] N/A	Is water supply tested and functional? []Yes / [] No / [] N/A	
-Sink	[] Missing/[] Damaged/[] N/A		
-Other	[] Missing/[] Damaged/[] N/A		
Water Heater	[] Missing/[] Damaged/[] N/A	Water Heater functional? []Yes / [] No / [] N/A	

