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| --- | --- |
| **Start Date/Time** |  |
| **End Date/Time** |  |
| **Location Inspected** |  |
| **PMA Surveyor** |  |
| **Housing Representative** |  |

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| --- | --- | --- |
| **Housing Status** | * **Occupied**
 | * **Unoccupied**
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| --- | --- | --- | --- |
| Family Housing Assessment  | Yes | No | N/A |
| Is there any condensation on surfaces visible inside home? |  |  |  |
| Any water, moisture problems or concerns? |  |  |  |
| Are there any visible mold or musty odors? |  |  |  |
| Any signs of past water intrusion or mold remediation? |  |  |  |
| HVAC system in working order and odor free with filters replaced on a periodic schedule? |  |  |  |
| Any problems, concerns, or visible pests in the home? |  |  |  |
| Any conditions contributing to pests in the home? |  |  |  |
| \*Are integrated pest management (IPM) methods used to maintain every dwelling free of infestation, openings that allow pest entry, conditions that harbor pests or provide them with food or water, and visible pest residue or debris? |  |  |  |
| \*Has the home been tested for lead by housing if required? |  |  |  |
| \*Has the home been tested for radon by housing if required? |  |  |  |
| \*Has the home been tested for asbestos by housing if required? |  |  |  |
| \*Are carbon monoxide and smoke detectors installed and working as required by housing? |  |  |  |
| Any visible cracks, holes or leaks in interior/exterior of structure? |  |  |  |
| Any cracks, bulging, buckling in the foundation or floors? |  |  |  |
| Does the building’s drainage system, such as footing or foundation drains, gutters, downspouts, rainwater collection containers, or other elements, direct water away from the structure? |  |  |  |
| Any slope to yard noted that would cause pooling of water or water intrusion to home? |  |  |  |
| Home has adequate supply of potable water that meets the standards for drinking water? Resident aware of installation consumer confidence report (CCR) for drinking water? |  |  |  |
| Home has adequate, safe sewage disposal system? |  |  |  |
| Plumbing and fixtures in good working order with no leaks? |  |  |  |
| Is resident aware of the dispute resolution process with the local Housing Service Center? |  |  |  |

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| --- | --- | --- |
| **Overall Facility Rating** | * **Satisfactory**
 | * **Unsatisfactory**
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**Overall Remarks:**