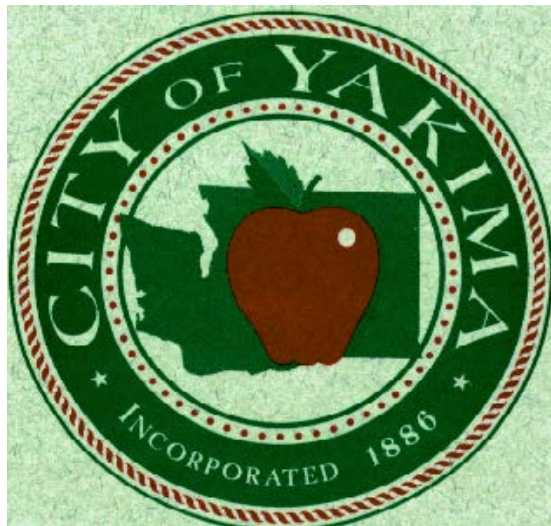


The City of Yakima

Office of Neighborhood Development Services
Consolidated Annual Performance Evaluation
Report

For Year of 2018



For further information, contact:

The Office of Neighborhood Development Services
112 S. Eighth Street
Yakima, WA 98901
509-575-6101

CR-05 - Goals and Outcomes

Progress the jurisdiction has made in carrying out its strategic plan and its action plan. 91.520(a)

This could be an overview that includes major initiatives and highlights that were proposed and executed throughout the program year.

The City of Yakima continues to receive both Community Development Block Group (CDBG) funds and HOME Investment funds from HUD.

The City continues to use the bulk of its CDBG funding to address "Single Family Rehabilitation" in the form of a "Senior/Disabled Emergency Repair Program" that assists qualified low to moderate income Senior and/or Disabled homeowners with emergency type repairs. These repairs include no heat, no power, no hot water, leaking pipes, leaking roof or other such emergency repairs. The Single Family Rehabilitation program also includes an Exterior Paint Program and a Wheel Chair Ramp program as funding and demand allow.

CDBG funds also assist other eligible activities in the Public Service category of National Objectives. The first is a funding of Public Service programs administered through the Henry Beauchamp Community Center for low to moderate income citizens. Another Public Service that was funded through 2018 was the Paint Out Graffiti program in addressing graffiti which directly affected lower income residential areas in Yakima.

CDBG funds were also used to support eligible activity of Code Compliance in order to enable the Yakima Code Department to further assist low to moderate income areas with the continued clean up efforts associated with Code Compliance through assisting the payroll of staff.

The HOME program continues to support local Community Housing Development Organizations (CHDO) such as Yakima Valley Habitat for Humanity in purchasing vacant lots or lots that have vacant/abandoned buildings that are substandard and in need of abatement. The qualified CHDO in partnership with the City of Yakima constructs a new single family dwelling which is then sold to a qualified low to moderate income first time homebuyer.

Comparison of the proposed versus actual outcomes for each outcome measure submitted with the consolidated plan and explain, if applicable, why progress was not made toward meeting goals and objectives. 91.520(g)

Categories, priority levels, funding sources and amounts, outcomes/objectives, goal outcome indicators, units of measure, targets, actual outcomes/outputs, and percentage completed for each of the grantee's program year goals.

Goal	Category	Source / Amount	Indicator	Unit of Measure	Expected – Strategic Plan	Actual – Strategic Plan	Percent Complete	Expected – Program Year	Actual – Program Year	Percent Complete

Table 1 - Accomplishments – Program Year & Strategic Plan to Date

Assess how the jurisdiction’s use of funds, particularly CDBG, addresses the priorities and specific objectives identified in the plan, giving special attention to the highest priority activities identified.

The City of Yakima assisted 82 low to moderate income Senior/Disabled homeowners with Emergency Repairs to their homes. This program aims at assisting this high risk group of elderly to remain in their home as long as possible by making emergency repairs that might otherwise displace these citizens from their homes and into assisted living facilities. The Wheel Chair ramp program as part of the Single Family Rehabilitation program also provides much needed "Accessability" for Senior/Disabled homeowners through the use of CDBG funds.

CR-10 - Racial and Ethnic composition of families assisted

Describe the families assisted (including the racial and ethnic status of families assisted).

91.520(a)

Table 2 – Table of assistance to racial and ethnic populations by source of funds

Narrative

The Single Family Rehabilitation program is the only program that tracks racial and ethnic status of families within the Senior/Disabled Emergency Home Repair program. This is a city wide program that assists low to moderate income homeowners with emergency home repairs.

12 African American

83 Caucasian

31 Hispanic

0 Russian

0 Native American

CR-15 - Resources and Investments 91.520(a)

Identify the resources made available

Source of Funds	Source	Resources Made Available	Amount Expended During Program Year
CDBG	public - federal	1,509,749	881,430
HOME	public - federal	1,916,949	110,659

Table 3 - Resources Made Available

Narrative

Identify the geographic distribution and location of investments

Target Area	Planned Percentage of Allocation	Actual Percentage of Allocation	Narrative Description
CITY OF YAKIMA	100	100	100% of the allocation was spent within the geographic location (Yakima City Limits)

Table 4 – Identify the geographic distribution and location of investments

Narrative

The City of Yakima does not limit either CDBG or HOME investment funds to any limited target area, but uses these funds to the best of it's ability to assist any and all low to moderate income applicants that qualify within the programs funded within the entire city limits of Yakima.

Leveraging

Explain how federal funds leveraged additional resources (private, state and local funds), including a description of how matching requirements were satisfied, as well as how any publicly owned land or property located within the jurisdiction that were used to address the needs identified in the plan.

CDBG funds are leveraged with partnerships with non-profits such as OIC of Washington in the continued operation of the Henry Beauchamp Center (formerly known as the South East Community Center) to provide community service programs to low and moderate income citizens.

HOME Investment funds are used in partnership with local Community Housing Development Organizations (CHDO)such as Habitat for Humanity, Next Step Housing and Catholic Charities Housing to construct affordable housing units for low to moderate income qualified renters and/or qualified first time homebuyers.

Fiscal Year Summary – HOME Match	
1. Excess match from prior Federal fiscal year	15,739,158
2. Match contributed during current Federal fiscal year	71,120
3. Total match available for current Federal fiscal year (Line 1 plus Line 2)	15,810,278
4. Match liability for current Federal fiscal year	0
5. Excess match carried over to next Federal fiscal year (Line 3 minus Line 4)	15,810,278

Table 5 – Fiscal Year Summary - HOME Match Report

Match Contribution for the Federal Fiscal Year								
Project No. or Other ID	Date of Contribution	Cash (non-Federal sources)	Foregone Taxes, Fees, Charges	Appraised Land/Real Property	Required Infrastructure	Site Preparation, Construction Materials, Donated labor	Bond Financing	Total Match
Volunteer Hours	12/31/2018	0	0	0	0	71,120	0	71,120

Table 6 – Match Contribution for the Federal Fiscal Year

HOME MBE/WBE report

Program Income – Enter the program amounts for the reporting period				
Balance on hand at beginning of reporting period \$	Amount received during reporting period \$	Total amount expended during reporting period \$	Amount expended for TBRA \$	Balance on hand at end of reporting period \$
549,444	145,340	63,103	0	631,681

Table 7 – Program Income

Minority Business Enterprises and Women Business Enterprises – Indicate the number and dollar value of contracts for HOME projects completed during the reporting period						
	Total	Minority Business Enterprises				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Contracts						
Dollar Amount	0	0	0	0	0	0
Number	0	0	0	0	0	0
Sub-Contracts						
Number	0	0	0	0	0	0
Dollar Amount	0	0	0	0	0	0
	Total	Women Business Enterprises	Male			
Contracts						
Dollar Amount	0	0	0			
Number	0	0	0			
Sub-Contracts						
Number	0	0	0			
Dollar Amount	0	0	0			

Table 8 - Minority Business and Women Business Enterprises

Minority Owners of Rental Property – Indicate the number of HOME assisted rental property owners and the total amount of HOME funds in these rental properties assisted						
	Total	Minority Property Owners				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Number	0	0	0	0	0	0
Dollar Amount	0	0	0	0	0	0

Table 9 – Minority Owners of Rental Property

Relocation and Real Property Acquisition – Indicate the number of persons displaced, the cost of relocation payments, the number of parcels acquired, and the cost of acquisition						
Parcels Acquired		0		0		
Businesses Displaced		0		0		
Nonprofit Organizations Displaced		0		0		
Households Temporarily Relocated, not Displaced		0		0		
Households Displaced	Total	Minority Property Enterprises				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Number	0	0	0	0	0	0
Cost	0	0	0	0	0	0

Table 10 – Relocation and Real Property Acquisition

CR-20 - Affordable Housing 91.520(b)

Evaluation of the jurisdiction's progress in providing affordable housing, including the number and types of families served, the number of extremely low-income, low-income, moderate-income, and middle-income persons served.

	One-Year Goal	Actual
Number of Homeless households to be provided affordable housing units	0	0
Number of Non-Homeless households to be provided affordable housing units	90	82
Number of Special-Needs households to be provided affordable housing units	25	8
Total	115	90

Table 11 – Number of Households

	One-Year Goal	Actual
Number of households supported through Rental Assistance	0	0
Number of households supported through The Production of New Units	4	3
Number of households supported through Rehab of Existing Units	90	82
Number of households supported through Acquisition of Existing Units	0	0
Total	94	85

Table 12 – Number of Households Supported

Discuss the difference between goals and outcomes and problems encountered in meeting these goals.

Due to the rising cost of material and construction costs associated with Rehabilitation, fewer dwellings could be addressed than anticipated.

The difference between the estimated production of new units resulting in one fewer new single family dwelling units was attributed to the limited capacity of the CHDO within the City limits in order to meet their prior building commitment in outlying areas.

Discuss how these outcomes will impact future annual action plans.

The limited amount of CDBG and dwindling amount of HOME Investment funds does not keep up with the escalating need associated with keeping a growing population of Senior/Disabled homeowners that continue to seek much needed emergency home repairs. Thus not only is the need growing for such services but the increasing cost of labor and material continues to out pace the allocations of both CDBG and HOME funds.

Include the number of extremely low-income, low-income, and moderate-income persons served by each activity where information on income by family size is required to determine the eligibility of the activity.

Table 13 – Number of Households Served

Narrative Information

CR-25 - Homeless and Other Special Needs 91.220(d, e); 91.320(d, e); 91.520(c)

Evaluate the jurisdiction's progress in meeting its specific objectives for reducing and ending homelessness through:

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

As in the past, the City of Yakima continues to struggle with increasing costs of living, construction and labor costs while our entitlement funds fail to keep pace. The city continues to use the majority of its limited CDBG funds in assisting low to moderate income Senior/Disabled homeowners with emergency repairs in order to keep them in their homes and thus keeping this fragile populace from becoming displaced and adding to the Homeless situation. The City of Yakima continues to work with the local Continuum of Care in assessing the numbers and needs of the unsheltered homeless.

Addressing the emergency shelter and transitional housing needs of homeless persons

The City of Yakima continues to work with the local Continuum of Care, Neighborhood Health and Transform Yakima in providing temporary emergency shelters to assist the homeless through severe weather conditions as well as transitional and more permanent housing.

Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: likely to become homeless after being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); and, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs

The City continues to work with local Community Housing Development Organizations (CHDO) in Multi-Family unit projects, such as the new partnership with Next Step Housing to develop and construct the 88 unit complex that will assist with housing and services to homeless families.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again

The City is working with local Community Housing Development Organizations, such as Next Step housing and the Yakima Housing Authority to develop permanent housing that assists Homeless and

Homeless veterans and their families.

The City is also working with Neighborhood Health Services with transitional housing to serve homeless.

CR-30 - Public Housing 91.220(h); 91.320(j)

Actions taken to address the needs of public housing

The Yakima Housing Authority (YHA) offers affordable housing through a variety of programs. Each program is designed to meet the need of our community.

- Housing for families; YHA offers two housing programs for low income families. The first is the family Housing/Low Rent Program which has a 150 units at scattered sites across Yakima. Rent is determined based on family income.
- The Housing Choice Vouchers-Section 8 program; Eligible families will receive rental assistance and can rent from any landlord that accepts Section 8 vouchers. Unit size and maximum rent limits apply.
- Housing for the Homeless; YHA offers a Section 8 voucher program specifically for Veterans who also qualify as homeless under the Veterans Affairs Supportive Housing Program (VASH).
- Housing for Farmworkers; YHA owns and manages 173 units throughout Yakima County which are set aside for Farmworkers and their families. Reduced rents and rental assistance may be available.
- Housing for the Elderly; YHA owns and manages a 38 unit apartment building in Yakima for the elderly. In order to qualify for the one-bedroom units, the individual and his or her spouse must be 62 or older.
- Housing for the Disabled; YHA offers a Section 8 Voucher Program specifically for Non-Elderly Disabled Individuals through the NED Voucher Program.

Actions taken to encourage public housing residents to become more involved in management and participate in homeownership

The Yakima Housing Authority encourages resident involvement with programs like the Resident Advisory Board (RAB). The (RAB) provides the YHA and residents with a forum for sharing information about the Agency's Annual Plan. RAB membership is comprised of individuals who reflect and represent the residents assisted by the PHA. The role of the RAB is to assist the PHA in developing the PHA Plan and making any significant amendment or modification to the Plan. In addition, Yakima Housing Authority is an active participant in crime free rental housing which allows our residents to be a part of the local block watch and we participate every year, inviting residents and local organizations in the National Night Out.

The YHA also participates in the Yakima County Asset Building coalition and they are establishing a partnership with YV-CAN for the Union Gap and Yakima area. YHA also works with Americorps VISTA Educational Project with the goal of every eligible resident signing up for the college bound scholarship.

YHA also administers the Family Self-Sufficiency (FFS) Program. This program enables families assisted through the HCV program to increase their earned income and reduce their dependency on welfare

assistance and rental subsidies.

Actions taken to provide assistance to troubled PHAs

The Yakima Housing Authority is not designated as "Troubled".

CR-35 - Other Actions 91.220(j)-(k); 91.320(i)-(j)

Actions taken to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment. 91.220 (j); 91.320 (i)

The Yakima City Council is an elected body chosen by the citizens of Yakima and as a governing body is able to direct the Yakima City Manager as to making changes, negative or otherwise concerning public policies that serve as barriers to affordable housing within the cities control concerning land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations and policies affecting the return on residential investment.

Actions taken to address obstacles to meeting underserved needs. 91.220(k); 91.320(j)

Due to the continued limitations of federal entitlements, the ability to take action to address ever growing obstacles to meet the need of underserved citizens continues to grow. The City of Yakima assists its citizens to the best of it's ability as directed by the Yakima City Council as the elected and governing body representing the citizens of Yakima through the programs described throughout this document. The Cities Annual Action Plan and Five Year Consolidated Plan as approved by HUD.

Actions taken to reduce lead-based paint hazards. 91.220(k); 91.320(j)

The Office of Neighborhood Development Services addresses Lead-Based paint hazards as required and outlined by HUD within it's individual programs.

Actions taken to reduce the number of poverty-level families. 91.220(k); 91.320(j)

The City continues to strive to increase it's Economic Development avenues to increase available local jobs that pay reasonable living wages. The City continues to seek to establish new businesses as well as commercial manufacturing and agricultural opportunities to broaden the employment avenues available to its poverty-level families.

Actions taken to develop institutional structure. 91.220(k); 91.320(j)

Institutional structure is expanded as needed and as funding allows.

Actions taken to enhance coordination between public and private housing and social service agencies. 91.220(k); 91.320(j)

The city continues to partner with both public and private housing agencies, such as Yakima Valley Habitat for Humanity, The Yakima Catholic Diocese Housing Services, Next Step Housing and the local

Yakima Housing Authority to address affordable housing issues within the city limits of Ykaima. The city also communicates with a large variety of social sercie agencies through seval committes in which both the City Council member and/or staff attend.

Identify actions taken to overcome the effects of any impediments identified in the jurisdictions analysis of impediments to fair housing choice. 91.520(a)

Any impediments identified by the City of Yakima are addressed on an idividual basis and then addressed by either the individual city department with the expertise to do so, or assigned by the Yakima City Manager as directed by the elected governing body, the Yakima City Council.

CR-40 - Monitoring 91.220 and 91.230

Describe the standards and procedures used to monitor activities carried out in furtherance of the plan and used to ensure long-term compliance with requirements of the programs involved, including minority business outreach and the comprehensive planning requirements

The City of Yakima's Office of Neighborhood Development Services is regularly monitored by both Region 10 HUD monitors and the Washington State Auditors Office as to program compliance and comprehensive planning requirements per mandated Federal HUD regulations. Both of these monitoring reports are available through HUD and the Washington State Auditors office through the "Public Disclosure Act".

Citizen Participation Plan 91.105(d); 91.115(d)

Describe the efforts to provide citizens with reasonable notice and an opportunity to comment on performance reports.

As outlined in the City of Yakima's adopted "Citizen Participation Plan", a Fifteen day written comment period is conducted as advertised in both the Yakima Herald newspaper and the El Sol newspaper, along with two public meetings which are advertised at least 15 days prior to the scheduled meetings. Those meetings are held before the Yakima City Council and held in order to provide the public the opportunity to comment on the Consolidated Annual Performance Evaluation Report, as mandated by HUD. The City also posts the CAPER on the city's website so that it can be easily downloaded and reviewed.

CR-45 - CDBG 91.520(c)

Specify the nature of, and reasons for, any changes in the jurisdiction's program objectives and indications of how the jurisdiction would change its programs as a result of its experiences.

The City of Yakima discontinued to fund the "Landlord Tenant Hotline" with CDBG and instead funds it through the general fund. Also the "Paint out Graffiti" program was removed from the "Public Service" national objective and is now being funded through general funds so that the Yakima Police Activity League youth activities programs could be funded through the Eligible National Objective category within the Public Service limit cap of 15%.

Does this Jurisdiction have any open Brownfields Economic Development Initiative (BEDI) grants?

No

[BEDI grantees] Describe accomplishments and program outcomes during the last year.

CR-50 - HOME 91.520(d)

Include the results of on-site inspections of affordable rental housing assisted under the program to determine compliance with housing codes and other applicable regulations

Please list those projects that should have been inspected on-site this program year based upon the schedule in §92.504(d). Indicate which of these were inspected and a summary of issues that were detected during the inspection. For those that were not inspected, please indicate the reason and how you will remedy the situation.

YWCA located at 818 W. Yakima Ave. consisting of 16 total housing units, 2 units that are monitored. The affordability period is 15 years, starting April of 2008 with a monitoring schedule of every two years and was monitored in 2018. Both monitored units were inspected on 9/27/2018 and passed inspection with no listed deficiencies.

Pear Tree Place (Next Step Housing) located at 2900 Powerhouse Road, consisting of 26 total housing units, 5 units that are monitored. The affordability period is 20 years, starting October 2007 with a monitoring schedule of every two years and was monitored in 2018. Five floating units were inspected on 9/2/2018 with all five passing inspection with no listed deficiencies.

Catholic Charities Housing Services located at 1423 Karr Ave. One housing unit (group home) which has an affordability period of 20 years, starting November of 2016 with a monitoring schedule of every two years and was monitored in 2018. The unit was inspected on 9/26/2018 and passed inspection with no deficiencies.

Provide an assessment of the jurisdiction's affirmative marketing actions for HOME units. 92.351(b)

The following actions are taken by the City of Yakima Office of Neighborhood Development Services to evaluate the success of its Affirmative Fair Housing Marketing Policy and that of its Grantees:

- ONDS assesses the results of its affirmative Fair Housing Marketing Plan annually with a summary of "Good Faith Efforts" taken by its Grantees in the CAPER.
- ONDS assesses the information compiled in the manner described under Section V and Section VII above and evaluates the degree to which statutory and policy objectives were met. If the required steps were taken, the office of Neighborhood Development Services will determine

Refer to IDIS reports to describe the amount and use of program income for projects, including the number of projects and owner and tenant characteristics

Describe other actions taken to foster and maintain affordable housing. 91.220(k) (STATES

ONLY: Including the coordination of LIHTC with the development of affordable housing).
91.320(j)

Attachment

2018 MBE Reports

Contract and Subcontract Activity

Public opinion has been the subject of extensive research, but the literature has been largely descriptive. This paper presents a new approach to the study of public opinion, based on the use of a new method of data collection. The paper discusses the advantages of this method and presents some preliminary results. The paper also discusses the implications of these results for the study of public opinion.

agencies, the child Psychology activity and the development of primary learning experience (Mullis, 2004). The Design model captures the information to provide guidance and feedback for progress (or the development of theory) through iterative and continuing learning throughout. The information is not collected, HLD activities are able to collect meaningful MSE, and not only the MSE performance system, these yield

received outside the United States Department of Housing and Urban Development without your consent, except as required or permitted by Law.

City of Atlanta, Neighborhood Development Services	Client #	2. Location (City, State, Zip Code)
	PR	Atlanta, GA 30309

III	
CPD	

Name of the Reporting Person		Reporting Period	
Dr. Peter N. ...	Dr. Peter N. ...	1. Program Code: ...	2. Date of ...

[illegible][illegible][illegible]

11-15, 30075, 000106	2	4	NA	ACT001 30075	1510 S. 4th Ave	W.A.	99112
11-15, 30075, 000106	2	4	NA	ACT001 30075	1510 S. 4th Ave	W.A.	99112
11-15, 30075, 000106	2	4	NA	ACT001 30075	1510 S. 4th Ave	W.A.	99112

3-18-M 51003	2	4	No	58-4161417	SAR Contours	(N) Res 40M	Vol 01	WA	40912
37,928.50	2	4	No	58-4161417	SAR Contours	(N) Res 40M	Vol 01 <td>WA <td>40912</td> </td>	WA <td>40912</td>	40912

[illegible]

DATE	DESCRIPTION	AMOUNT	BALANCE
10/1/00	OPENING BALANCE	100.00	100.00
10/15/00	PAYROLL	25.00	75.00
10/20/00	RENT	15.00	60.00
10/25/00	SALES	30.00	90.00
10/30/00	PAYROLL	25.00	65.00
11/5/00	RENT	15.00	50.00
11/10/00	SALES	30.00	80.00
11/15/00	PAYROLL	25.00	55.00
11/20/00	RENT	15.00	40.00
11/25/00	SALES	30.00	70.00
11/30/00	PAYROLL	25.00	45.00
12/5/00	RENT	15.00	30.00
12/10/00	SALES	30.00	60.00
12/15/00	PAYROLL	25.00	35.00
12/20/00	RENT	15.00	20.00
12/25/00	SALES	30.00	50.00
12/30/00	PAYROLL	25.00	25.00
1/5/01	RENT	15.00	10.00
1/10/01	SALES	30.00	40.00
1/15/01	PAYROLL	25.00	15.00
1/20/01	RENT	15.00	0.00
1/25/01	SALES	30.00	30.00
1/30/01	PAYROLL	25.00	5.00
2/5/01	RENT	15.00	(10.00)
2/10/01	SALES	30.00	20.00
2/15/01	PAYROLL	25.00	(5.00)
2/20/01	RENT	15.00	(20.00)
2/25/01	SALES	30.00	10.00
2/30/01	PAYROLL	25.00	(15.00)
3/5/01	RENT	15.00	(30.00)
3/10/01	SALES	30.00	0.00
3/15/01	PAYROLL	25.00	(25.00)
3/20/01	RENT	15.00	(40.00)
3/25/01	SALES	30.00	(10.00)
3/30/01	PAYROLL	25.00	(35.00)
4/5/01	RENT	15.00	(50.00)
4/10/01	SALES	30.00	(20.00)
4/15/01	PAYROLL	25.00	(45.00)
4/20/01	RENT	15.00	(60.00)
4/25/01	SALES	30.00	(30.00)
4/30/01	PAYROLL	25.00	(55.00)
5/5/01	RENT	15.00	(70.00)
5/10/01	SALES	30.00	(40.00)
5/15/01	PAYROLL	25.00	(65.00)
5/20/01	RENT	15.00	(80.00)
5/25/01	SALES	30.00	(50.00)
5/30/01	PAYROLL	25.00	(75.00)
6/5/01	RENT	15.00	(90.00)
6/10/01	SALES	30.00	(60.00)
6/15/01	PAYROLL	25.00	(85.00)
6/20/01	RENT	15.00	(100.00)
6/25/01	SALES	30.00	(70.00)
6/30/01	PAYROLL	25.00	(95.00)
7/5/01	RENT	15.00	(110.00)
7/10/01	SALES	30.00	(80.00)
7/15/01	PAYROLL	25.00	(105.00)
7/20/01	RENT	15.00	(120.00)
7/25/01	SALES	30.00	(90.00)
7/30/01	PAYROLL	25.00	(115.00)
8/5/01	RENT	15.00	(130.00)
8/10/01	SALES	30.00	(100.00)
8/15/01	PAYROLL	25.00	(125.00)
8/20/01	RENT	15.00	(140.00)
8/25/01	SALES	30.00	(110.00)
8/30/01	PAYROLL	25.00	(135.00)
9/5/01	RENT	15.00	(150.00)
9/10/01	SALES	30.00	(120.00)
9/15/01	PAYROLL	25.00	(145.00)
9/20/01	RENT	15.00	(160.00)
9/25/01	SALES	30.00	(130.00)
9/30/01	PAYROLL	25.00	(155.00)
10/5/01	RENT	15.00	(170.00)
10/10/01	SALES	30.00	(140.00)
10/15/01	PAYROLL	25.00	(165.00)
10/20/01	RENT	15.00	(180.00)
10/25/01	SALES	30.00	(150.00)
10/30/01	PAYROLL	25.00	(175.00)
11/5/01	RENT	15.00	(190.00)
11/10/01	SALES	30.00	(160.00)
11/15/01	PAYROLL	25.00	(185.00)

9-13-00-5100-8	52,716.50	2	No	68-260/467	S&B Calculator	P2 Box 9925	Yakima	WA	98429
10-18-MC-5100-1	59,024.66	2	No	68-0561/409					

[illegible]

B-I-E-N-C-Y-01018	\$6,663.91	2	4	No.		S&K COINTEGRATION	(N) 3071 9506	Yield (%)	WA	65902
B-I-E-M-C-10076	45,000.00	3	1			Indy A&S General Comm	601 Jarrin Dr	Stella	WA	69057

De-MCC200C	2	1	Mo	501 042 296	Heavy AGS (wood) Coarse	601 Bruce Dr	Sold	WA	\$50.02
De-MCC200C					Stumpw Boy (log)	628 N 27th Ave	Yahiro	WA	\$100.00

601 462 294	Superior flooring	603 N 22th Ave	Yakima	WA	98902
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Background

1 = New Construction
0 = Preexisting

1 = Water Treatment
2 = Other Treatment

1 = All Treated including both
2 = Private/Nonch

5 = Section 504
c = Section 504

1 = American (USA)
 2 = Asian
 3 = European
 4 = African
 5 = Latin American
 6 = Middle Eastern
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 8 = Unknown
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PAGE #2

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2018 HOME Inspection Reports

Office of Neighborhood Development Services HOME Assisted Rental Projects 2019

Owner	Project Address	No. of Units	HOME Funds & Affordability Period	Start Date/ Reporting Period	Inspections Requested	End of Affordability Period	Comments
Rose of Mary '06 Files	5301 Tieton Drive	40-total 9 monitored	\$400,000 / 20 Years	2009 Jan- Dec	Every 2 years 2011 2017 2023 2013- 2019 2025 2015 2021 2027	2027	
Triumph Treatment (Riel House) '01 Files	600 Superior Lane	1 monitored	\$50,000 / 20 Years	2001 Apr-Mar	Every 3 Years 2011 2013 2014 2020	2021	
YWCA '08 Files	818 W. Yakima Ave.	16- total 2 monitored	\$200,000/ 15 Years	2008 Apr-Mar	Every 2 years 2012 2018 2014 2020 2016 2022	2023	See attached contract for utility allowance exempt
Next Step Housing Pear Tree Place '07 Files	Power House Road	26 total 5 monitored	\$200,000 / 20 Years	2007 Oct-Sept	Every 2 Years 2011 2018 2024 2013- 2020 2026 2015 2022 2027	2027	15' inspect was done in 16' change req'd sched
Catholic Charities Housing Services	1423 Karr Ave	1 monitored	\$71,344/ 20 Years	2016 Nov-Dec	Every 2 Years 2018 2024 2030 2020 2026 2032 2022 2028 2034 2036	2036	
Pioneer Plaza (Yakima Housing Authority)		10 monitored	\$450,000/15 years	2017 Jan-Dec	Every 2 Years 2019 2025 2031 2021 2027 2032 2023 2029	2032	See file various addresses

Notes: Verification of Income/Rent is to be done annually (We send them the form with income and rent updates, and they return filled out)
Inspections are done according to year ex: Every 2-3 years (I will go out and do the inspections when needed)

1. Call and set-up appointment
2. Send letter confirming appointment
3. Go to appointment to do inspection and/or monitors



DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
Office of Neighborhood Development Services
112 South Eighth Street
Yakima, Washington 98901
Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 9/26/18
Time: 1:30 P.M.
Contact: Sylvia
Phone:

HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST

HOME BUYER: _____

PROPERTY ADDRESS: 1423 Karr Ave

PROPERTY AGE: 2 Years

SECTION ONE:

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffit, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SECTION TWO:

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

SECTION THREE:

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SECTION FOUR:

KITCHEN	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Sink condition	X		
6. Cabinet/Countertop conditions	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SECTION FIVE: X2

BATHROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower unit condition	X		
8. Ceiling condition	X		
9. Wall condition	X		
10. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

SECTION SIX:

LAUNDRY ROOM/UTILITY ROOM:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

SECTION SEVEN:

BEDROOM NO 1: location SW	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

SECTION EIGHT:

BEDROOM NO 2: location NW	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

SECTION NINE:

BEDROOM NO 3: location NE	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

SECTION TEN:

DINING ROOM OR DINING AREA	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

SECTION ELEVEN:

OTHER ROOM: location Family Room	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

SECTION TWELVE:

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Door condition	X		
3. Electrical fixtures	X		
4. Ceiling condition	X		
5. Wall condition	X		
6. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

SECTION THIRTEEN:

UNHABITABLE ROOMS: N/A	PASS	FAIL	COMMENTS
1. Electrical conditions	N/A		
2. Potentially hazardous features	N/A		
3. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION FOURTEEN:**SUMMARY OF INSPECTION**

VISUAL ASSESSMENT OF DETERIORATED PAINT:	PASS	FAIL
	X	

(If failed Visual Assessment of Deteriorated Paint see Section 15 on next page)


 INSPECTOR SIGNATURE

 9/26/2018
 DATE
SECTION FIFTEEN:

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:



DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
Office of Neighborhood Development Services
112 South Eighth Street
Yakima, Washington 98901
Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 9/26/2018
Time: 10:00 A.M.
Realtor: Diane McClaskey
Phone:

HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST

HOME BUYER: _____

Apartment #: 101 & 201 (1 Bedroom)

PROPERTY ADDRESS: Pear Tree Place 2900 Powerhouse Rd

PROPERTY AGE: 11 Years

SECTION ONE:

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffit, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	OX	<input type="checkbox"/>	
b) chipping or loose	OX	<input type="checkbox"/>	
c) adequately treated or covered	OX	<input type="checkbox"/>	

SECTION TWO:

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

SECTION THREE:

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	OX	<input type="checkbox"/>	
b) chipping or loose	OX	<input type="checkbox"/>	
c) adequately treated or covered	OX	<input type="checkbox"/>	

SECTION FOUR:

KITCHEN	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Sink condition	X		
6. Cabinet/Countertop conditions	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:	X		
a) cracking, scaling, or peeling	OX	<input type="checkbox"/>	
b) chipping or loose	OX	<input type="checkbox"/>	
c) adequately treated or covered	OX	<input type="checkbox"/>	

SECTION FIVE:

BATHROOM	PASS	FAIL	COMMENTS
1.Floor condition	X		
2.Window condition	X		
3.Door condition	X		
4.Electrical fixtures/Ventilation	X		
5.Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower unit condition	X		
7. Ceiling condition	X		
8. Wall condition	X		
9.Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION SIX:

LAUNDRY ROOM/UTILITY ROOM:	PASS	FAIL	COMMENTS
1.Floor condition	X		
2.Window condition	X		
3.Door condition	X		
4.Electrical fixtures/Ventilation	X		
5.Ceiling condition	X		
6.Wall condition	X		
7.Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION SEVEN:

BEDROOM NO 1: location	PASS	FAIL	COMMENTS
1.Floor condition	X		
2.Window condition	X		
3.Door condition	X		
4.Electrical fixtures	X		
5.Ceiling condition	X		
6.Wall condition	X		
7.Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION EIGHT:

BEDROOM NO 2: location N/A	PASS	FAIL	COMMENTS
1.Floor condition			
2.Window condition			
3.Door condition			
4.Electrical fixtures			
5.Ceiling condition			
6.Wall condition			
7.Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION NINE:

BEDROOM NO 3: location N/A	PASS	FAIL	COMMENTS
1.Floor condition			
2.Window condition			
3.Door condition			
4.Electrical fixtures			
5.Ceiling condition			
6.Wall condition			
7.Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION TEN:

DINING ROOM OR DINING AREA	PASS	FAIL	COMMENTS
1.Floor condition	X		

2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	

SECTION ELEVEN:

OTHER ROOM: location N/A	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION TWELVE:

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Door condition	X		
3. Electrical fixtures	X		
4. Ceiling condition	X		
5. Wall condition	X		
6. Condition of paint:	X		
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	

SECTION THIRTEEN:

UNHABITABLE ROOMS: N/A	PASS	FAIL	COMMENTS
1. Electrical conditions			
2. Potentially hazardous features			
3. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION FOURTEEN:

SUMMARY OF INSPECTION

VISUAL ASSESSMENT OF DETERIORATED PAINT:	PASS X	FAIL
(If failed Visual Assessment of Deteriorated Paint see Section 15 on next page)		



INSPECTOR SIGNATURE

9/26/2018

DATE

SECTION FIFTEEN:

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results:

Recommended Repairs Using Safe Work Practices:



DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
Office of Neighborhood Development Services
112 South Eighth Street
Yakima, Washington 98901
Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 9/26/2018
Time: 10:00 A.M.
Inspector: Diane McCluskey
Phone:

HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST

HOME BUYER: _____

Apartment #: 113 & 114 (3 Bedroom) _____

PROPERTY ADDRESS: Fear Tree Place 2900 Powerhouse Rd

PROPERTY AGE: 11 Years

SECTION ONE:

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffits, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	OX	<input type="checkbox"/>	
b) chipping or loose	OX	<input type="checkbox"/>	
c) adequately treated or covered	OX	<input type="checkbox"/>	

SECTION TWO:

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

SECTION THREE:

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	OX	<input type="checkbox"/>	
b) chipping or loose	OX	<input type="checkbox"/>	
c) adequately treated or covered	OX	<input type="checkbox"/>	

SECTION FOUR:

KITCHEN	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Sink condition	X		
6. Cabinet/Countertop conditions	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:	X		
a) cracking, scaling, or peeling	OX	<input type="checkbox"/>	
b) chipping or loose	OX	<input type="checkbox"/>	
c) adequately treated or covered	OX	<input type="checkbox"/>	

SECTION FIVE: X2

BATHROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower unit condition	X		
8. Ceiling condition	X		
9. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	OK	<input type="checkbox"/>	
b) chipping or loose	OK	<input type="checkbox"/>	
c) adequately treated or covered	OK	<input type="checkbox"/>	

SECTION SIX:

LAUNDRY ROOM/UTILITY ROOM:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	OK	<input type="checkbox"/>	
b) chipping or loose	OK	<input type="checkbox"/>	
c) adequately treated or covered	OK	<input type="checkbox"/>	

SECTION SEVEN:

BEDROOM NO 1: location	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	OK	<input type="checkbox"/>	
b) chipping or loose	OK	<input type="checkbox"/>	
c) adequately treated or covered	OK	<input type="checkbox"/>	

SECTION EIGHT:

BEDROOM NO 2: location	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	OK	<input type="checkbox"/>	
b) chipping or loose	OK	<input type="checkbox"/>	
c) adequately treated or covered	OK	<input type="checkbox"/>	

SECTION NINE:

BEDROOM NO 3: location	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	OK	<input type="checkbox"/>	
b) chipping or loose	OK	<input type="checkbox"/>	
c) adequately treated or covered	OK	<input type="checkbox"/>	

SECTION TEN:

DINING ROOM OR DINING AREA	PASS	FAIL	COMMENTS
1. Floor condition	X		

2.Window condition	X		
3.Door condition	X		
4.Electrical fixtures	X		
5.Ceiling condition	X		
6.Wall condition	X		
7.Condition of paint:	X		
a) cracking, scaling, or peeling	OK	<input type="checkbox"/>	
b) chipping or loose	OK	<input type="checkbox"/>	
c) adequately treated or covered	OK	<input type="checkbox"/>	

SECTION ELEVEN:

OTHER ROOM: location N/A	PASS	FAIL	COMMENTS
1.Floor condition			
2.Window condition			
3.Door condition			
4.Electrical fixtures			
5.Ceiling condition			
6.Wall condition			
7.Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION TWELVE:

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1.Floor condition	X		
2.Door condition	X		
3.Electrical fixtures	X		
4.Ceiling condition	X		
5.Wall condition	X		
6.Condition of paint:	X		
a) cracking, scaling, or peeling	OK	<input type="checkbox"/>	
b) chipping or loose	OK	<input type="checkbox"/>	
c) adequately treated or covered	OK	<input type="checkbox"/>	

SECTION THIRTEEN:

UNHABITABLE ROOMS: N/A	PASS	FAIL	COMMENTS
1.Electrical conditions			
2.Potentially hazardous features			
3.Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION FOURTEEN:

SUMMARY OF INSPECTION

VISUAL ASSESSMENT OF DETERIORATED PAINT:	PASS X	FAIL
(If failed Visual Assessment of Deteriorated Paint see Section 15 on next page)		


INSPECTOR SIGNATURE

9/26/2018
DATE

SECTION FIFTEEN:

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____



DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
Office of Neighborhood Development Services
112 South Eighth Street
Yakima, Washington 98901
Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 9/26/2018
Time: 10:00 A.M.
Realtor: Diane McClaskey
Phone:

HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST

HOME BUYER: _____

Apartment #: 206 (2 Bedroom) _____

PROPERTY ADDRESS: Pear Tree Place 2900 Powerhouse Rd

PROPERTY AGE: 11 Years

SECTION ONE:

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, railings, & porches	X		
4. Condition of exterior surfaces (siding, soffit, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	OX	<input type="checkbox"/>	
b) chipping or loose	OX	<input type="checkbox"/>	
c) adequately treated or covered	OX	<input type="checkbox"/>	

SECTION TWO:

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

SECTION THREE:

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	OX	<input type="checkbox"/>	
b) chipping or loose	OX	<input type="checkbox"/>	
c) adequately treated or covered	OX	<input type="checkbox"/>	

SECTION FOUR:

KITCHEN	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Sink condition	X		
6. Cabinets/Countertop conditions	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:	X		
a) cracking, scaling, or peeling	OX	<input type="checkbox"/>	
b) chipping or loose	OX	<input type="checkbox"/>	
c) adequately treated or covered	OX	<input type="checkbox"/>	

SECTION FIVE:

BATHROOM	PASS	FAIL	COMMENTS
1.Floor condition	X		
2.Window condition	X		
3.Door condition	X		
4.Electrical fixtures/Ventilation	X		
5.Toilet condition	X		
6.Wash basin/Laboratory conditions	X		
7.Tub or shower unit condition	X		
7.Ceiling condition	X		
8.Wall condition	X		
9.Condition of paint:			
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SECTION SIX:

LAUNDRY ROOM/UTILITY ROOM:	PASS	FAIL	COMMENTS
1.Floor condition	X		
2.Window condition	X		
3.Door condition	X		
4.Electrical fixtures/Ventilation	X		
5.Ceiling condition	X		
6.Wall condition	X		
7.Condition of paint:	X		
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SECTION SEVEN:

BEDROOM NO 1: location	PASS	FAIL	COMMENTS
1.Floor condition	X		
2.Window condition	X		
3.Door condition	X		
4.Electrical fixtures	X		
5.Ceiling condition	X		
6.Wall condition	X		
7.Condition of paint:	X		
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SECTION EIGHT:

BEDROOM NO 2: location	PASS	FAIL	COMMENTS
1.Floor condition	X		
2.Window condition	X		
3.Door condition	X		
4.Electrical fixtures	X		
5.Ceiling condition	X		
6.Wall condition	X		
7.Condition of paint:	X		
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SECTION NINE:

BEDROOM NO 3: location	PASS	FAIL	COMMENTS
1.Floor condition			
2.Window condition			
3.Door condition			
4.Electrical fixtures			
5.Ceiling condition			
6.Wall condition			
7.Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION TEN:

DINING ROOM OR DINING AREA	PASS	FAIL	COMMENTS
1.Floor condition	X		

2.Window condition	X		
3.Door condition	X		
4.Electrical fixtures	X		
5.Ceiling condition	X		
6.Wall condition	X		
7.Condition of paint:	X		
a) cracking, scaling, or peeling	OX	<input type="checkbox"/>	
b) chipping or loose	OX	<input type="checkbox"/>	
c) adequately treated or covered	OX	<input type="checkbox"/>	

SECTION ELEVEN:

OTHER ROOM: location N/A	PASS	FAIL	COMMENTS
1.Floor condition			
2.Window condition			
3.Door condition			
4.Electrical fixtures			
5.Ceiling condition			
6.Wall condition			
7.Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION TWELVE:

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1.Floor condition	X		
2.Door condition	X		
3.Electrical fixtures	X		
4.Ceiling condition	X		
5.Wall condition	X		
6.Condition of paint:	X		
a) cracking, scaling, or peeling	OX	<input type="checkbox"/>	
b) chipping or loose	OX	<input type="checkbox"/>	
c) adequately treated or covered	OX	<input type="checkbox"/>	


SECTION THIRTEEN:

UNHABITABLE ROOMS: N/A	PASS	FAIL	COMMENTS
1.Electrical conditions			
2.Potentially hazardous features			
3.Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION FOURTEEN:

SUMMARY OF INSPECTION

VISUAL ASSESSMENT OF DETERIORATED PAINT:	PASS X	FAIL
(If failed Visual Assessment of Deteriorated Paint see Section 15 on next page)		



INSPECTOR SIGNATURE

9/26/2018

DATE

SECTION FIFTEEN:

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results:

Recommended Repairs Using Safe Work Practices:



DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
Office of Neighborhood Development Services
112 South Eighth Street
Yakima, Washington 98901
Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 3/15/18
Time: 2:00 P.M.
Inspector: Charri Joe
Phone: 952-2755

HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST

HOME BUYER: Triumph Treatment Services
Apartment #: Riel House
PROPERTY ADDRESS: 613 Superior Lane
PROPERTY AGE: 17 Years

SECTION ONE:

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffit, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	CK	U	
b) chipping or loose	CK	U	
c) adequately treated or covered	CK	U	

SECTION TWO:

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

SECTION THREE:

COMMON AREA/ LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	CK	U	
b) chipping or loose	CK	U	
c) adequately treated or covered	CK	U	

SECTION FOUR:

KITCHEN	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Sink condition	X		
6. Cabinet/Countertop conditions	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	CK	U	
b) chipping or loose	CK	U	
c) adequately treated or covered	CK	U	

SECTION FIVE:

BATHROOM			
	PASS	FAIL	COMMENTS
1.Floor condition	X		
2.Window condition	X		
3.Door condition	X		
4.Electrical fixtures/Ventilation	X		
5.Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower unit condition	X		
8. Ceiling condition	X		
9. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION SIX:

LAUNDRY ROOM/UTILITY ROOM:			
	PASS	FAIL	COMMENTS
1.Floor condition	X		
2.Window condition	X		
3.Door condition	X		
4.Electrical fixtures/Ventilation	X		
5.Ceiling condition	X		
6.Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION SEVEN:

BEDROOM NO 1: location			
	PASS	FAIL	COMMENTS
1.Floor condition	X		
2.Window condition	X		
3.Door condition	X		
4.Electrical fixtures	X		
5.Ceiling condition	X		
6.Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION EIGHT:

BEDROOM NO 2: location N/A			
	PASS	FAIL	COMMENTS
1.Floor condition			
2.Window condition			
3.Door condition			
4.Electrical fixtures			
5.Ceiling condition			
6.Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION NINE:

BEDROOM NO 3: location N/A			
	PASS	FAIL	COMMENTS
1.Floor condition			
2.Window condition			
3.Door condition			
4.Electrical fixtures			
5.Ceiling condition			
6.Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION TEN:

DINING ROOM OR DINING AREA			
	PASS	FAIL	COMMENTS
1.Floor condition	X		
2.Window condition	X		
3.Door condition	X		

4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	OK	<input type="checkbox"/>	
b) chipping or loose	OK	<input type="checkbox"/>	
c) adequately treated or covered	OK	<input type="checkbox"/>	

SECTION ELEVEN:

OTHER ROOM: location N/A	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION TWELVE:

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Door condition	X		
3. Electrical fixtures	X		
4. Ceiling condition	X		
5. Wall condition	X		
6. Condition of paint:	X		
a) cracking, scaling, or peeling	OK	<input type="checkbox"/>	
b) chipping or loose	OK	<input type="checkbox"/>	
c) adequately treated or covered	OK	<input type="checkbox"/>	

SECTION THIRTEEN:

UNHABITABLE ROOMS: N/A	PASS	FAIL	COMMENTS
1. Electrical conditions			
2. Potentially hazardous features			
3. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION FOURTEEN:

SUMMARY OF INSPECTION

VISUAL ASSESSMENT OF DETERIORATED PAINT:	PASS	FAIL
	X	

(If failed Visual Assessment of Deteriorated Paint see Section 15 on next page)

INSPECTOR SIGNATURE

3/15/18
DATE

SECTION FIFTEEN:

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____



DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
Office of Neighborhood Development Services
112 South Eighth Street
Yakima, Washington 98901
Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 1/11/2018
Time: 10:00 PM
Inspector: Sylvia
Phone:

HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST

HOME BUYER: _____

Apartment #: 110, 206, 209, 210, 211, 307, 310, 309 & 314 (1 Bedroom)

PROPERTY ADDRESS: 5401 W. Walnut, Rose of Mary

PROPERTY AGE: 10 Years

SECTION ONE:

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffits, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SECTION TWO:

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

SECTION THREE:

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SECTION FOUR:

KITCHEN	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Sink condition	X		
6. Cabinet/Countertop conditions	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:	X		
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SECTION FIVE:

BATHROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower unit condition	X		
8. Ceiling condition	X		
9. Wall condition	X		
10. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION SIX:

LAUNDRY ROOM/UTILITY ROOM:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION SEVEN:

BEDROOM NO 1: location	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION EIGHT:

BEDROOM NO 2: location N/A	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION NINE:

BEDROOM NO 3: location N/A	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION TEN:

DINING ROOM OR DINING AREA	PASS	FAIL	COMMENTS
1. Floor condition	X		

2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	UX	<input type="checkbox"/>	
b) chipping or loose	UX	<input type="checkbox"/>	
c) adequately treated or covered	UX	<input type="checkbox"/>	

SECTION ELEVEN:

OTHER ROOM: location N/A	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION TWELVE:

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Door condition	X		
3. Electrical fixtures	X		
4. Ceiling condition	X		
5. Wall condition	X		
6. Condition of paint:	X		
a) cracking, scaling, or peeling	UX	<input type="checkbox"/>	
b) chipping or loose	UX	<input type="checkbox"/>	
c) adequately treated or covered	UX	<input type="checkbox"/>	

SECTION THIRTEEN:

UNHABITABLE ROOMS: N/A	PASS	FAIL	COMMENTS
1. Electrical conditions			
2. Potentially hazardous features			
3. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION FOURTEEN:

SUMMARY OF INSPECTION

VISUAL ASSESSMENT OF DETERIORATED PAINT:	PASS	FAIL
(If failed Visual Assessment of Deteriorated Paint see Section 15 on next page)	X	

INSPECTOR SIGNATURE

1/11/2018

DATE

SECTION FIFTEEN:

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____



DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
Office of Neighborhood Development Services
112 South Eighth Street
Yakima, Washington 98901
Phone (509) 575-5101 • Fax (509) 575-5176

Inspection Date: 9/27/18
Time: 9:30 A.M.
Contact: Joann Garcia
Phone:

HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST

HOME BUYER: _____

Apartment #: 6 (Studio)

PROPERTY ADDRESS: 818 W Yakima Ave

PROPERTY AGE: 7 Years

SECTION ONE:

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffits, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	OK	<input type="checkbox"/>	
b) chipping or loose	OK	<input type="checkbox"/>	
c) adequately treated or covered	OK	<input type="checkbox"/>	

SECTION TWO:

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

SECTION THREE:

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	OK	<input type="checkbox"/>	
b) chipping or loose	OK	<input type="checkbox"/>	
c) adequately treated or covered	OK	<input type="checkbox"/>	

SECTION FOUR:

KITCHEN	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Sink condition	X		
6. Cabinet/Countertop conditions	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:	X		
a) cracking, scaling, or peeling	OK	<input type="checkbox"/>	
b) chipping or loose	OK	<input type="checkbox"/>	
c) adequately treated or covered	OK	<input type="checkbox"/>	

SECTION FIVE:

BATHROOM		PASS	FAIL	COMMENTS
1. Floor condition		X		
2. Window condition		X		
3. Door condition		X		
4. Electrical fixtures/Ventilation		X		
5. Toilet condition		X		
6. Wash basin/Laboratory conditions		X		
7. Tub or shower unit condition		X		
8. Ceiling condition		X		
9. Wall condition		X		
10. Condition of paint:				
a) cracking, scaling, or peeling		<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose		<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered		<input type="checkbox"/>	<input type="checkbox"/>	

SECTION SIX:

LAUNDRY ROOM/UTILITY ROOM:		PASS	FAIL	COMMENTS
1. Floor condition		N/A		
2. Window condition		N/A		
3. Door condition		N/A		
4. Electrical fixtures/Ventilation		N/A		
5. Ceiling condition		N/A		
6. Wall condition		N/A		
7. Condition of paint:				
a) cracking, scaling, or peeling		<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose		<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered		<input type="checkbox"/>	<input type="checkbox"/>	

SECTION SEVEN:

BEDROOM NO 1: location		PASS	FAIL	COMMENTS
1. Floor condition		X		
2. Window condition		X		
3. Door condition		X		
4. Electrical fixtures		X		
5. Ceiling condition		X		
6. Wall condition		X		
7. Condition of paint:				
a) cracking, scaling, or peeling		<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose		<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered		<input type="checkbox"/>	<input type="checkbox"/>	

SECTION EIGHT:

BEDROOM NO 2: location N/A		PASS	FAIL	COMMENTS
1. Floor condition		N/A		
2. Window condition		N/A		
3. Door condition		N/A		
4. Electrical fixtures		N/A		
5. Ceiling condition		N/A		
6. Wall condition		N/A		
7. Condition of paint:				
a) cracking, scaling, or peeling		<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose		<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered		<input type="checkbox"/>	<input type="checkbox"/>	

SECTION NINE:

BEDROOM NO 3: location N/A		PASS	FAIL	COMMENTS
1. Floor condition		N/A		
2. Window condition		N/A		
3. Door condition		N/A		
4. Electrical fixtures		N/A		
5. Ceiling condition		N/A		
6. Wall condition		N/A		
7. Condition of paint:				
a) cracking, scaling, or peeling		<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose		<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered		<input type="checkbox"/>	<input type="checkbox"/>	

SECTION TEN:

DINING ROOM OR DINING AREA		PASS	FAIL	COMMENTS
1. Floor condition		X		

2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	OK	<input type="checkbox"/>	<input type="checkbox"/>
b) chipping or loose	OK	<input type="checkbox"/>	<input type="checkbox"/>
c) adequately treated or covered	OK	<input type="checkbox"/>	<input type="checkbox"/>

SECTION ELEVEN:

OTHER ROOM: location N/A	PASS	FAIL	COMMENTS
1. Floor condition	N/A		
2. Window condition	N/A		
3. Door condition	N/A		
4. Electrical fixtures	N/A		
5. Ceiling condition	N/A		
6. Wall condition	N/A		
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION TWELVE:

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Door condition	X		
3. Electrical fixtures	X		
4. Ceiling condition	X		
5. Wall condition	X		
6. Condition of paint:	X		
a) cracking, scaling, or peeling	OK	<input type="checkbox"/>	
b) chipping or loose	OK	<input type="checkbox"/>	
c) adequately treated or covered	OK	<input type="checkbox"/>	

SECTION THIRTEEN:

UNHABITABLE ROOMS: N/A	PASS	FAIL	COMMENTS
1. Electrical conditions	N/A		
2. Potentially hazardous features	N/A		
3. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION FOURTEEN:

SUMMARY OF INSPECTION

VISUAL ASSESSMENT OF DETERIORATED PAINT:	PASS	FAIL
(If failed Visual Assessment of Deteriorated Paint see Section 15 on next page)	X	


INSPECTOR SIGNATURE

9/27/2018
DATE

SECTION FIFTEEN:

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results:

Recommended Repairs Using Safe Work Practices:



DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
Office of Neighborhood Development Services
112 South Eighth Street
Yakima, Washington 98901
Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 9/27/18
Time: 9:30 A.M.
Contact: Joann Garcia
Phone:

HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST

HOME BUYER: _____

Apartment #: 5 Three Bedroom _____

PROPERTY ADDRESS: 818 W Yakima Ave _____

PROPERTY AGE: 7 Years _____

SECTION ONE:

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffit, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	OX	<input type="checkbox"/>	
b) chipping or loose	OX	<input type="checkbox"/>	
c) adequately treated or covered	OX	<input type="checkbox"/>	

SECTION TWO:

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

SECTION THREE:

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	OX	<input type="checkbox"/>	
b) chipping or loose	OX	<input type="checkbox"/>	
c) adequately treated or covered	OX	<input type="checkbox"/>	

SECTION FOUR:

KITCHEN	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Sink condition	X		
6. Cabinet/Countertop conditions	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:	X		
a) cracking, scaling, or peeling	OX	<input type="checkbox"/>	
b) chipping or loose	OX	<input type="checkbox"/>	
c) adequately treated or covered	OX	<input type="checkbox"/>	

SECTION FIVE:

BATHROOM			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower unit condition	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION SIX:

LAUNDRY ROOM/UTILITY ROOM:			
	PASS	FAIL	COMMENTS
1. Floor condition	N/A		
2. Window condition	N/A		
3. Door condition	N/A		
4. Electrical fixtures/Ventilation	N/A		
5. Ceiling condition	N/A		
6. Wall condition	N/A		
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION SEVEN:

BEDROOM NO 1: location			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SECTION EIGHT:

BEDROOM NO 2: location			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X <input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	X <input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	X <input type="checkbox"/>	<input type="checkbox"/>	

SECTION NINE:

BEDROOM NO 3: location			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X <input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	X <input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	X <input type="checkbox"/>	<input type="checkbox"/>	

SECTION TEN:

DINING ROOM OR DINING AREA	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SECTION ELEVEN:

OTHER ROOM: location N/A	PASS	FAIL	COMMENTS
1. Floor condition	N/A		
2. Window condition	N/A		
3. Door condition	N/A		
4. Electrical fixtures	N/A		
5. Ceiling condition	N/A		
6. Wall condition	N/A		
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION TWELVE:

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Wall condition	X		
3. Electrical fixtures	X		
4. Ceiling condition	X		
5. Wall condition	X		
6. Condition of paint:	X		
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SECTION THIRTEEN:

UNHABITABLE ROOMS: N/A	PASS	FAIL	COMMENTS
1. Electrical conditions	N/A		
2. Potentially hazardous features	N/A		
3. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION FOURTEEN:

SUMMARY OF INSPECTION

VISUAL ASSESSMENT OF DETERIORATED PAINT:	PASS	FAIL
(If failed Visual Assessment of Deteriorated Paint see Section 15 on next page)	X	


INSPECTOR SIGNATURE

9/27/2018
DATE

SECTION FIFTEEN:

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: _____



DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
Office of Neighborhood Development Services
112 South Eighth Street
Yakima, Washington 98901
Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 9/27/18
Time: 9:30 A.M.
Contact Joann Garcia
Phone:

HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST

HOMEBUYER: _____

Apartment #: 4 Two Bedroom

PROPERTY ADDRESS: 818 W Yakima Ave

PROPERTY AGE: 7 Years

SECTION ONE:

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, mills, & porches	X		
4. Condition of exterior surfaces (siding, soffit, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	OX	<input type="checkbox"/>	
b) chipping or loose	OX	<input type="checkbox"/>	
c) adequately treated or covered	OX	<input type="checkbox"/>	

SECTION TWO:

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

SECTION THREE:

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	OX	<input type="checkbox"/>	
b) chipping or loose	OX	<input type="checkbox"/>	
c) adequately treated or covered	OX	<input type="checkbox"/>	

SECTION FOUR:

KITCHEN	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Sink condition	X		
6. Cabinet/Countertop conditions	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	OX	<input type="checkbox"/>	
b) chipping or loose	OX	<input type="checkbox"/>	
c) adequately treated or covered	OX	<input type="checkbox"/>	

SECTION FIVE:

BATHROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower unit condition	X		
8. Ceiling condition	X		
9. Wall condition	X		
10. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION SIX:

LAUNDRY ROOM/UTILITY ROOM:	PASS	FAIL	COMMENTS
1. Floor condition	N/A		
2. Window condition	N/A		
3. Door condition	N/A		
4. Electrical fixtures/Ventilation	N/A		
5. Ceiling condition	N/A		
6. Wall condition	N/A		
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION SEVEN:

BEDROOM NO 1: location	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SECTION EIGHT:

BEDROOM NO 2: location	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X <input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	X <input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	X <input type="checkbox"/>	<input type="checkbox"/>	

SECTION NINE:

BEDROOM NO 3: location	PASS	FAIL	COMMENTS
1. Floor condition	N/A		
2. Window condition	N/A		
3. Door condition	N/A		
4. Electrical fixtures	N/A		
5. Ceiling condition	N/A		
6. Wall condition	N/A		
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION TEN:

DINING ROOM OR DINING AREA	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SECTION ELEVEN:

OTHER ROOM: location N/A	PASS	FAIL	COMMENTS
1. Floor condition	N/A		
2. Window condition	N/A		
3. Door condition	N/A		
4. Electrical fixtures	N/A		
5. Ceiling condition	N/A		
6. Wall condition	N/A		
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION TWELVE:

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Door condition	X		
3. Electrical fixtures	X		
4. Ceiling condition	X		
5. Wall condition	X		
6. Condition of paint:	X		
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SECTION THIRTEEN:

UNHABITABLE ROOMS: N/A	PASS	FAIL	COMMENTS
1. Electrical conditions	N/A		
2. Potentially hazardous features	N/A		
3. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION FOURTEEN:
SUMMARY OF INSPECTION

VISUAL ASSESSMENT OF DETERIORATED PAINT:	PASS	FAIL
(If failed Visual Assessment of Deteriorated Paint see Section 15 on next page)	<input checked="" type="checkbox"/>	<input type="checkbox"/>


INSPECTOR SIGNATURE

9/27/2018
DATE

SECTION FIFTEEN:

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: