

The City of Yakima

DRAFT

Office of Neighborhood Development Services
Consolidated Annual Performance Evaluation Report
For Year 2021



For further information, contact:

The Office of Neighborhood
Development Services
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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.

Our 2021 program year was successful, below is a detailed summary of each goal accomplishment for the program year.

The City of Yakima continues to receive both Community Development Block Group (CDBG) funds and HOME Investment funds. Additionally, in 2020 the City received CDBG-CV1 and CDBG-CV3 funds to prepare, prevent, and respond to the Covid 19 Pandemic that was utilized for projects in 2021.

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 assists three 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. The second is a funding of public service programs administered through the Washington Fruit Community Center for low to moderate income citizens. The second eligible activity is an emergency heating program that assists low to moderate income Senior/Disabled homeowners with a "Gap" heating assistance payment that brings them current with their heating bill.

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 cleanup efforts associated with Code Compliance through assisting the payroll of staff.

The HOME Investment funds continues to support local Community Partners and Community Housing Development Organizations (CHDO) such as Habitat for Humanity, Yakima Housing Authority, and Catholic Charities Gensis Housing with New Construction of affordable housing. Constructing either Single Family dwellings or Multi-family dwellings. The Single family dwellings are then sold to qualified low to moderate income first time homebuyers, while the rental units in the Multi-family residential units are tracked for a set affordability period, inspected regularly and required to be rented to qualified low to moderate income individuals or families.

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
Administrative HOME Investment costs	HOME Investment Administrative costs	HOME: \$	Other	Other	1	1	100.00%			
CDBG-CV "Cares Act"	CDBG-CV	CDBG-CV: \$	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit	Persons Assisted	0	1				
CDBG-CV "Cares Act"	CDBG-CV	CDBG-CV: \$	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	0	602				
CDBG-CV "Cares Act"	CDBG-CV	CDBG-CV: \$	Businesses assisted	Businesses Assisted	40	53	132.50%			
Code Compliance	Non-Housing Community Development	CDBG: \$	Housing Code Enforcement/Foreclosed Property Care	Household Housing Unit	100	361	361.00%	350	361	103.14%

Community Development Block Grant Administration	Non-Housing Community Development	CDBG: \$	Other	Other	1	1	100.00%			
Community Housing Development Organization	Affordable Housing	HOME: \$	Homeowner Housing Added	Household Housing Unit	2	0	0.00%	2	0	0.00%
Economic Development	Economic Development	CDBG: \$	Businesses assisted	Businesses Assisted	0	0				
First Time Homeownership Program	Affordable Housing	HOME: \$	Homeowner Housing Added	Household Housing Unit	1	0	0.00%			
First Time Homeownership Program	Affordable Housing	HOME: \$	Direct Financial Assistance to Homebuyers	Households Assisted	0	0		2	0	0.00%
New Construction	Affordable Housing	HOME: \$	Rental units constructed	Household Housing Unit	3	41	1,366.67%	16	41	256.25%
New Construction	Affordable Housing	HOME: \$	Homeowner Housing Added	Household Housing Unit	0	0				
Public Facilities and Infrastructure	Non-Housing Community Development	CDBG: \$	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit	Persons Assisted	0	0				

Public Service	Non-Housing Community Development	CDBG: \$	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	3500	5091	145.46%	3522	5693	161.64%
Single Family Rehabilitation Program	Affordable Housing	CDBG: \$	Homeowner Housing Rehabilitated	Household Housing Unit	80	87	108.75%	85	87	102.35%

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 continues to focus on needs and goals outlined in the 2020-2024 Consolidated Plan. During the 2021 program year the City of Yakima assisted 87 low to moderate Senior/Disabled homeowners with Emergency Repairs. This program assists elderly and or disabled homeowners to remain in their home as long as possible by making emergency repairs that might otherwise displace these citizens from their homes and becoming homeless.

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)

	CDBG	HOME
White	84	4
Black or African American	0	0
Asian	1	0
American Indian or American Native	2	1
Native Hawaiian or Other Pacific Islander	0	0
Total	87	5
Hispanic	22	0
Not Hispanic	65	5

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

Narrative

The CDBG Single Family Rehabilitation program assisted 87 families with an average of \$5,400.73 spent per household with an average monthly income of \$1,655.41 per household.

The HOME program partnered with the Yakima Housing Authority with construction of a 41 unit Multi-family project 5 of the unit where HOME assisted in 2021.

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	1,060,372	1,161,327
HOME	public - federal	561,746	878,379
Other	public - federal	983,539	595,150

Table 3 - Resources Made Available

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 its ability to assist any and all low to moderate income applicants that qualify within the programs funded within the entire City Limits of Yakima.

Identify the geographic distribution and location of investments

Target Area	Planned Percentage of Allocation	Actual Percentage of Allocation	Narrative Description

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 its 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 Partnerships and Community Housing Development Organizations (CHDO) to construct affordable housing units for low to moderate income qualified renters and/or qualified first time homebuyers.

Matching Contribution requires all HOME PJs to contribute throughout the fiscal year to housing that qualifies as affordable housing under the HOME program. The City of Yakima Match reduction is zero due to fiscal distress, severe fiscal distress, Presidential disaster declarations, and reductions requested by HOME Participating Jurisdictions (PJs) due to the COVID-19 pandemic

This match reduction applies to funds expended by a PJ located in Presidentially declared-disaster area between October 1, 2020 and September 30, 2021.

Fiscal Year Summary – HOME Match	
1. Excess match from prior Federal fiscal year	15,845,116
2. Match contributed during current Federal fiscal year	0
3. Total match available for current Federal fiscal year (Line 1 plus Line 2)	15,845,116
4. Match liability for current Federal fiscal year	0
5. Excess match carried over to next Federal fiscal year (Line 3 minus Line 4)	15,845,116

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

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 begin-ning 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 \$
282,645	222,179	147,434	0	357,390

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	407,820	0	0	0	217,731	190,089
Number	54	0	0	0	28	26
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	407,820	0	407,820			
Number	54	0	54			
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	41	41
Number of Non-Homeless households to be provided affordable housing units	103	87
Number of Special-Needs households to be provided affordable housing units	0	0
Total	144	128

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	59	41
Number of households supported through Rehab of Existing Units	85	87
Number of households supported through Acquisition of Existing Units	0	0
Total	144	128

Table 12 – Number of Households Supported

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

The City of Yakima was successful in creating new affordable housing units during program year 2021 working with partners and staff to meet our goals. Problems encountered in meeting goals are the rising costs of construction and continued barriers caused by the COVID 19 pandemic.

The following activities contributed to the success of meeting, or exceeding one-year goals:

- Single Family Rehab Program- assisted 87 Families
- New Construction- Completion of a 41 Unit Homeless Veteran Housing.

Goals are set with the lack of knowledge by entitlements as to availability of future funding in both the Five Year Consolidated Plan and individual Annual Action Plans. The City of Yakima continues to try to meet the goals as stated in the current Five Year Consolidated Plan.

Discuss how these outcomes will impact future annual action plans.

Future plans are set with an estimate amount of entitlement. Every year entitlement amounts dwindle thus impacting future plans. The surge of homelessness, rising costs, the need of affordable housing, does not keep allow us to keep up with the need. Additionally, the growing population of Senior/Disabled homeowners that continue to seek much needed emergency home repairs. Not only is the need growing for such services but the increasing cost of labor and material continues to outpace 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.

Number of Households Served	CDBG Actual	HOME Actual
Extremely Low-income	35	5
Low-income	34	0
Moderate-income	18	0
Total	87	5

Table 13 – Number of Households Served

Narrative Information

All programs funded through the City of Yakima continue to assist low income citizens that are 80% or below of the 2021 Federal Median Income guidelines as established by HUD.

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

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 adding to the Homeless situation. The City continues to partner with local organizations to assist with affordable housing projects to help reduce homelessness. 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 partners to assist in Multi-Family unit projects. Our local Housing Authority completed construction of a 41 unit Multi-Family project that assists homeless veterans. The City of Yakima has also partnered in 2021 with Catholic Charities Genesis Housing to construct a 16 Unit multifamily Farmworker housing project.

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 continues to work our local partners in addressing the need of affordable housing. The City partnered with the Yakima Housing Authority and completed construction of a 41 unit multifamily Veteran housing project for homeless veterans. This project was completed in 2021 and is fully occupied thus assisting 41 homeless persons with affordable housing.

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 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 subsidizes 75 units located throughout Yakima County specifically set aside for individuals and families that qualify as homeless. YHA has partnered with several not-for profit organizations which allow eligible tenants to receive assistance with health care, substance abuse and job training.
- Housing for Veterans; 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 172 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 inviting residents and local organizations to 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 managing 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 its 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 its individual programs.

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

The City of Yakima was able to assist 53 microenterprise businesses so that they can continue to prosper during the Covid 19 pandemic, thus having the ability to continue to have employees. The City continues to strive to increase its 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 Yakima. The city also communicates with a large variety of social service agencies through several committees in which both a 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 individual 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".

The City of Yakima monitors all Subrecipients and Developers per HUD regulations.

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. 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.

There are no program changes in the reporting year of 2021.

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.

Due to the COVID 19 pandemic HUD issued a waiver for HOME onsite inspections for 2020 and was extended through September 30, 2021. The following HOME onsite inspections were performed during the 2021 program year.

- Rose of Mary-9 HOME Units
- Triumph Treatment- 1 HOME unit (for 2020)
- YWCA- 2 HOME units (for 2020)
- Next Step Housing- 5 HOME units (for 2020)
- Catholic Charities Karr- 1 HOME unit (for 2020)
- Pioneer Plaza- 10 HOME units
- Mapleleaf- 1 HOME unit

Yakima Housing Authority Chuck Austin Place initial inspection for project completion, 41 units inspected.

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

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

In the 2021 program year the following program income was utilized for the Yakima Opportunity Housing Phase 1 project that the City of Yakima contracted with in November of 2021. Program income

in the amount of \$128,021.00 was utilized for this ongoing project of a 16 unit multifamily project for farmworkers.

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)

The City continues to work with housing partners to continue to bring more affordable housing to Yakima. Collectively we continue to work together to understand the need of affordable housing and how we can work together to assist with the barriers that we come across to be more affective in creation of affordable housing in Yakima.

CR-58 – Section 3

Identify the number of individuals assisted and the types of assistance provided

Total Labor Hours	CDBG	HOME	ESG	HOPWA	HTF
Total Number of Activities	0	0	0	0	0
Total Labor Hours					
Total Section 3 Worker Hours					
Total Targeted Section 3 Worker Hours					

Table 14 – Total Labor Hours

Qualitative Efforts - Number of Activities by Program	CDBG	HOME	ESG	HOPWA	HTF
Outreach efforts to generate job applicants who are Public Housing Targeted Workers					
Outreach efforts to generate job applicants who are Other Funding Targeted Workers.					
Direct, on-the job training (including apprenticeships).					
Indirect training such as arranging for, contracting for, or paying tuition for, off-site training.					
Technical assistance to help Section 3 workers compete for jobs (e.g., resume assistance, coaching).					
Outreach efforts to identify and secure bids from Section 3 business concerns.					
Technical assistance to help Section 3 business concerns understand and bid on contracts.					
Division of contracts into smaller jobs to facilitate participation by Section 3 business concerns.					
Provided or connected residents with assistance in seeking employment including: drafting resumes, preparing for interviews, finding job opportunities, connecting residents to job placement services.					
Held one or more job fairs.					
Provided or connected residents with supportive services that can provide direct services or referrals.					
Provided or connected residents with supportive services that provide one or more of the following: work readiness health screenings, interview clothing, uniforms, test fees, transportation.					
Assisted residents with finding child care.					
Assisted residents to apply for, or attend community college or a four year educational institution.					
Assisted residents to apply for, or attend vocational/technical training.					
Assisted residents to obtain financial literacy training and/or coaching.					
Bonding assistance, guaranties, or other efforts to support viable bids from Section 3 business concerns.					
Provided or connected residents with training on computer use or online technologies.					
Promoting the use of a business registry designed to create opportunities for disadvantaged and small businesses.					
Outreach, engagement, or referrals with the state one-stop system, as designed in Section 121(e)(2) of the Workforce Innovation and Opportunity Act.					

Other.					
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Table 15 – Qualitative Efforts - Number of Activities by Program

Narrative

Attachment

2021 MBE Report

Contract and Subcontract Activity

U.S. Department of Housing and Urban Development

OMB Approval No. 2577-0088

Approval No. 2502-0073

Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments on this burden estimate and any aspects of this collection of information, including suggestions for reducing the burden, to Washington Headquarters Service, Paperwork Project (0182-0001), Washington, DC 20503.

Executive Order 12813, dated July 14, 1993, directed that Agency Information Collection Activities be reviewed by the Office of Management and Budget (OMB). The Department requires this information to provide guidance and oversight for programs for the development of rural housing, including the collection of information. The information is used by HUD to monitor and evaluate SBR activities against the rural program goals and the current funding levels. The Department requires this information to provide guidance and oversight for programs for the development of rural housing, including the collection of information. The information is used by HUD to monitor and evaluate SBR activities against the rural program goals and the current funding levels.

Priority Mail Notice - The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to collect the information requested in this form by virtue of Title 12, United States Code, Section 1701, et seq., and regulation. It will not be disclosed or released outside the United States Department of Housing and Urban Development without your consent, except as required or permitted by law.

1. **Contract/Program Order/Development/Development Services**
 2. **Line of Yields, Subcontract/Development Services**

3. **Check if:** 1. Location (In, State Zip Code)
 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 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623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847. 848. 849. 850. 851. 852. 853. 854. 855. 856. 857. 858. 859. 860. 861. 862. 863. 864. 865. 866. 867. 868. 869. 870. 871. 872. 873. 874. 875. 876. 877. 878. 879. 880. 881. 882. 883. 884. 885. 886. 887. 888. 889. 890. 891. 892. 893. 894. 895. 896. 897. 898. 899. 900. 901. 902. 903. 904. 905. 906. 907. 908. 909. 910. 911. 912. 913. 914. 915. 916. 917. 918. 919. 920. 921. 922. 923. 924. 925. 926. 927. 928. 929. 930. 931. 932. 933. 934. 935. 936. 937. 938. 939. 940. 941. 942. 943. 944. 945. 946. 947. 948. 949. 950. 951. 952. 953. 954. 955. 956. 957. 958. 959. 960. 961. 962. 963. 964. 965. 966. 967. 968. 969. 970. 971. 972. 973. 974. 975. 976. 977. 978. 979. 980. 981. 982. 983. 984. 985. 986. 987. 988. 989. 990. 991. 992. 993. 994. 995. 996. 997. 998. 999. 1000. 1001. 1002. 1003. 1004. 1005. 1006. 1007. 1008. 1009. 1010. 1011. 1012. 1013. 1014. 1015. 1016. 1017. 1018. 1019. 1020. 1021. 1022. 1023. 1024. 1025. 1026. 1027. 1028. 1029. 1030. 1031. 1032. 1033. 1034. 1035. 1036. 1037. 1038. 1039. 1040. 1041. 1042. 1043. 1044. 1045. 1046. 1047. 1048. 1049. 1050. 1051. 1052. 1053. 1054. 1055. 1056. 1057. 1058. 1059. 1060. 1061. 1062. 1063. 1064. <

Contract and Subcontract Activity

Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including instructions, data sources, gathering and maintaining the data needed, and reviewing the collection of information, to Washington Headquarters Service, Paperwork Project (0182-0001), Washington, DC 20503.

OMB Agency Use: 2506-0117

1. Federal Agency Name: **U.S. Department of Housing and Urban Development**

2. Contract Number: **1583-0001-0001-0001**

3. Contract Title: **Contract for the purchase of information technology services**

4. Contract Start Date: **01/01/2011**

5. Contract End Date: **12/31/2011**

6. Contract Status: **Active**

7. Contract Type: **Information Technology**

8. Contract Location: **Washington, DC**

9. Contract Value: **\$8,750,000**

10. Contract Description: **Contract for the purchase of information technology services, including the purchase of software licenses, hardware, and other information technology services.**

| Contract Line Item | Contract Line Item Description | Contract Line Item Amount | Contract Line Item Start Date | Contract Line Item End Date | Contract Line Item Status | Contract Line Item Location | Contract Line Item Agency Use Code | Contract Line Item Agency Use Description |
|--------------------|---|---------------------------|-------------------------------|-----------------------------|---------------------------|-----------------------------|------------------------------------|---|
| 1 | Contract for the purchase of information technology services, including the purchase of software licenses, hardware, and other information technology services. | \$8,750,000 | 01/01/2011 | 12/31/2011 | Active | Washington, DC | 2506-0117 | OMB Agency Use: 2506-0117 |

11. Contract Award Date: **01/01/2011**

12. Contract Award Amount: **\$8,750,000**

13. Contract Award Agency Use Code: **2506-0117**

14. Contract Award Agency Use Description: **OMB Agency Use: 2506-0117**

15. Contract Award Agency Use Description: **OMB Agency Use: 2506-0117**

16. Contract Award Agency Use Description: **OMB Agency Use: 2506-0117**

17. Contract Award Agency Use Description: **OMB Agency Use: 2506-0117**

18. Contract Award Agency Use Description: **OMB Agency Use: 2506-0117**

19. Contract Award Agency Use Description: **OMB Agency Use: 2506-0117**

20. Contract Award Agency Use Description: **OMB Agency Use: 2506-0117**

21. Contract Award Agency Use Description: **OMB Agency Use: 2506-0117**

22. Contract Award Agency Use Description: **OMB Agency Use: 2506-0117**

23. Contract Award Agency Use Description: **OMB Agency Use: 2506-0117**

2021 HOME Monitoring

Office of Neighborhood Development Services HOME Assisted Rental Projects 2021

| 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 Teton Drive | 40 total
9 monitored | \$400,000 / 20 Years | 2009
Jan-Dec | Every 2 years
2011 2015 2019-2023
2013 2017 2021 2025 | 2027 | |
| Triumph Treatment (Riel House)'01 Files | 600 Superior Lane | 16 total
1 monitored | \$50,000 / 20 Years | 2001
Apr-Mar | Every 3 Years
2011 2014 2017 2020 2027 | 2021 | 2020 Inspection done in 2021 Covid waiver |
| YWCA '08 Files | 818 W. Yakima Ave. | 16 total
2 monitored | \$200,000/ 15 Years | 2008
Apr-Mar | Every 2 years
2012 2014 2020
2014 2020
2016 2022 | 2023 | See attached for allow exemp
2020 Inspection done in 2021 Covid Waiver |
| 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 | 2020 Inspection done in 2021 Covid waiver |
| Catholic Charities Housing Services | 1423 Karr Ave | 3 total
1 monitored | \$71,344/ 20 Years | 2016
Nov-Dec | Every 2 Years
2018 2021 2030 2036
2020 2026 2032
2022 2028 2034 | 2036 | 2020 Inspection done in 2021 Covid waiver |
| Pioneer Plaza (Yakima Housing Authority) | Various Addresses | 10 total
10 monitored | \$450,000/15 years | 2017
Jan-Dec | Every 2 Years
2019 2023 2029 2032
2021 2025 2031 | 2032 | See file various addresses |
| Spokane Housing Ventures/Mapleleaf | 1205 N. 2nd St | 26 total
1 monitored | \$5,000/5 years | 2019
Jan-Dec | Every 2 years
2019 2021 2023 | 2023 | |
| Vaughnby's Stonewood Apartments | 1205 E. Spruce St | 60 total
1 monitored | \$50,000/20 year | 2020
June-May | Every 2 Years
2020 2026 2032 2038
2022 2028 2034 2040
2024 2030 2036 | 2040 | 20 th inspection completed-new construction. |
| Bicycle Apartments | 118 N 50th Ave | 80 total
10 monitored | \$1,000,000/ 20 years | 2020
Nov - Sept | Every 2 Years
2020 2026 2032 2038
2022 2028 2034 2040
2024 2030 2036 | 2040 | 20 th inspection completed-new construction. |
| YHA - Army/Veterans Supportive Housing & Service Center | 1702 Takoma Ave/1620 & 1630 S. 16th Ave | 41 total
5 monitored | \$1,100,000/ 20 years | 2021
Oct - Sept | Every 2 Years
2021 2027 2031 2040
2023 2030 2036
2025 2032 2038 | 2041 | |

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 99901
 Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 10/6/2021
 Time: 1:30 PM
 Manager: Genesis
 Phone:

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

HOME BUYER: _____

Apartment #: 110, 113, 208, 209, 211, 308, 309, 310 & 315 (1 Bedroom) _____

PROPERTY ADDRESS: 5401 W. Walnut, Rose of Mary _____

PROPERTY AGE: 13 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 | CX | <input type="checkbox"/> | |
| b) chipping or loose | CX | <input type="checkbox"/> | |
| c) adequately treated or covered | CX | <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 | CX | <input type="checkbox"/> | |
| b) chipping or loose | CX | <input type="checkbox"/> | |
| c) adequately treated or covered | CX | <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 | CX | <input type="checkbox"/> | |
| b) chipping or loose | CX | <input type="checkbox"/> | |
| c) adequately treated or covered | CX | <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 | | |
| 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: | | | |
| 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: | | | |
| 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 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 | X | <input type="checkbox"/> | |
| b) chipping or loose | FX | <input type="checkbox"/> | |
| c) adequately treated or covered | DX | <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 | FX | <input type="checkbox"/> | |
| b) chipping or loose | FX | <input type="checkbox"/> | |
| c) adequately treated or covered | FX | <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

10/6/2021

 DATE

SECTION FIFTEEN:

Failed Visual Assessment of Deteriorated Paint: _____

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

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: 11/8/21
 Time: 10:00 A.M.
 Realtor: 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: 20 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:

| 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 | <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:

| 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 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 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"/> | <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 | | | |
| 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"/> | <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 | | | |
| 2. Potentially hazardous fixtures | | | |
| 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

11/8/21

 DATE

SECTION FIFTEEN:

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

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: 11/3/21
 Time: 10 A.M.
 Contact: Joana Garcia
 Phone:

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

HOME BUYER: _____

Apartment #: 7 & 13 (1 BR) _____

PROPERTY ADDRESS: 818 W Yakima Ave

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, 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:

| 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 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"/> | |
| b) chipping or loose | OK | <input type="checkbox"/> | |
| c) adequately treated or covered | OK | <input type="checkbox"/> | |

SECTION ELEVEN:

| OTHER ROOM: 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 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

11/3/2021

 DATE

SECTION FIFTEEN:

Failed Visual Assessment of Deteriorated Paint: _____

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

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: 10/21/2021
 Time: 10:00 A.M.
 Realtor:
 Photo:

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

HOMEBUYER: _____

Apartment #: 206 (2 Bedroom / 1 Bath)

PROPERTY ADDRESS: Pear Tree 2900 Powerhouse Rd

PROPERTY AGE: 14 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. Cabinets/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:

| 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 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: | | | |
| 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: | | | |
| 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 | <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: | | | |
| 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 | | | |
| 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: | | | |
| 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 | | | |
| 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

10/21/2021

 DATE

SECTION FIFTEEN:

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

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 High Street
 Yakima, Washington 98901
 Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 10/21/2021
 Time: 10:00 A.M.
 Realtor:
 Photo:

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

HOMEBUYER: _____

Apartment #: 113 & 110 (3 Bedroom) _____

PROPERTY ADDRESS: Pear Tree Place 2900 Powerhouse Rd

PROPERTY AGE: 14 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 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 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 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 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 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 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 | | |
| 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: | | | |
| 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: | | | |
| 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 | <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 | 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 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 | | | |
| 1. Floor condition | PASS | FAIL | COMMENTS |
| 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: | | | |
| 1. Floor condition | PASS | FAIL | COMMENTS |
| 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 | | | |
| 1. Electrical conditions | PASS | FAIL | COMMENTS |
| 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 | |

[Signature]
INSPECTOR SIGNATURE

10/21/2021
DATE

SECTION FIFTEEN:

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

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: 10/21/2021
 Time: 10:00 A.M.
 Realtor:
 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: 14 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| b) chipping or loose | <input 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:

| 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: | | | |
| 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: | | | |
| 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 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"/> | <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 | | | |
| 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"/> | <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 | | | |
| 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

10/21/2021

 DATE

SECTION FIFTEEN:

Failed Visual Assessment of Deteriorated Paint: _____

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

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: 11/16/21
 Time: 10:00 P.M.
 Contact: Vanessa
 Phone:

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

HOMEBUYER: _____
 PROPERTY ADDRESS: 1423 Karr Ave
 PROPERTY AGE: 5 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/splurgey 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 | 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 | Xc | <input type="checkbox"/> | |
| b) chipping or loose | Xc | <input type="checkbox"/> | |
| c) adequately treated or covered | Xc | <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 | Xc | <input type="checkbox"/> | |
| b) chipping or loose | Xc | <input type="checkbox"/> | |
| c) adequately treated or covered | Xc | <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 | Xc | <input type="checkbox"/> | |
| b) chipping or loose | Xc | <input type="checkbox"/> | |
| c) adequately treated or covered | Xc | <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

11/16/2021

 DATE

SECTION FIFTEEN:

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

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: 12/16/21
 Time: 1:00 pm
 Realtor: Manuel YCHA
 Phone:

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

HOMEBUYER: Rental
SELLER: YCHA
PROPERTY ADDRESS: 1408 Willow
PROPERTY AGE: 39 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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <input type="checkbox"/> | |

SECTION FIVE:

| BATHROOM X2 | 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 | 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 | N/A | | |
| 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 Master | 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 Child X3 | 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 | 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: | | | |
| 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 | 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: | | | |
| 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: | 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 | PASS | FAIL |
| (If failed Visual Assessment see Section 15 on next page) | X | |



 INSPECTOR SIGNATURE

12/16/21

 DATE

SECTION FIFTEEN:

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment:

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: 12/16/21
 Time: 1:00 pm
 Realtor: Nene/YCHA
 Phone:

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

HOME BUYER: Rental
SELLER: YCHA
PROPERTY ADDRESS: 1410 Willow
PROPERTY AGE: 39 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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <input type="checkbox"/> | |

SECTION FIVE:

| BATHROOM X2 | 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 | 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 | N/A | | |
| 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 Master | 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 Child X3 | 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 | 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: | | | |
| 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 | 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: | | | |
| a) cracking, scaling, or peeling | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) inadequately treated or covered | X | <input type="checkbox"/> | |

SECTION THIRTEEN:

| UNHABITABLE ROOMS: | 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 | PASS
X | FAIL |
| (If failed Visual Assessment see Section 15 on next page) | | |



 INSPECTOR SIGNATURE

12/16/21

 DATE

SECTION FIFTEEN:

Failed Visual Assessment: _____

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment:

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: 12/16/21
 Time: 1:00 pm
 Realtor: Marisol YCHA
 Print:

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

HOME BUYER: Rental
SELLER: YCHA
PROPERTY ADDRESS: 1412 Willow
PROPERTY AGE: 39 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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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/Coumtertop conditions | X | | |
| 7. Ceiling condition | X | | |
| 8. Wall condition | X | | |
| 9. 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 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 | 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 | N/A | | |
| 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 Master | 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 Child X2 | 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 | 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: | | | |
| 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 | 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: | | | |
| 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: | 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 | PASS | FAIL |
| (If failed Visual Assessment see Section 15 on next page) | X | |



 INSPECTOR SIGNATURE

12/16/21

 DATE

SECTION FIFTEEN:

Failed Visual Assessment: _____

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment:

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: 12/16/21
 Time: 1:00 pm
 Reflector: Manal/YCHA
 Phone:

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

HOME BUYER: Rental
SELLER: YCHA
PROPERTY ADDRESS: 507 N 6th Ave
PROPERTY AGE: 39 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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | 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 | N/A | | |
| 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 Master | 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 Child | 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 | 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: | N/A | | |
| a) cracking, scaling, or peeling | | <input type="checkbox"/> | |
| b) chipping or loose | | <input type="checkbox"/> | |
| c) adequately treated or covered | | <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: | | | |
| 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 | 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: | | | |
| 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: | 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
(If failed Visual Assessment see Section 15 on next page) | PASS
X | FAIL |
|---|------------------|-------------|

[Signature]
INSPECTOR SIGNATURE

12/16/21
DATE

SECTION FIFTEEN:

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment:

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: 12/16/21
 Time: 1:00 pm
 Realtor: Maria YCHA
 Phone:

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

HOMEBUYER: Rental
SELLER: YCHA
PROPERTY ADDRESS: 509 N 6th Ave
PROPERTY AGE: 39 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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | 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 | N/A | | |
| 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 Master | 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 Child X2 | 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 | 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: | | | |
| 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 | 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: | | | |
| 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: | 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 | PASS | FAIL |
| (If failed Visual Assessment see Section 15 on next page) | X | |



 INSPECTOR SIGNATURE

12/16/21

 DATE

SECTION FIFTEEN:

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment:

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: 12/16/21
 Time: 1:00 pm
 Resher: Marisol YCHA
 Photo:

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

HOME BUYER: Rental
SELLER: YCHA
PROPERTY ADDRESS: 510 Cherry Ave
PROPERTY AGE: 39 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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <input type="checkbox"/> | |

SECTION FIVE:

| BATHROOM X2 | 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 | 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 | | | |
| 3. Door condition | N/A | | |
| 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 Master | 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 Child X3 | 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 | 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: | | | |
| 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 | 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: | | | |
| 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: | 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 | PASS | FAIL |
| (If failed Visual Assessment see Section 15 on next page) | X | |



 INSPECTOR SIGNATURE

12/16/21

 DATE

SECTION FIFTEEN:

Failed Visual Assessment: _____

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment:

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: 12/16/21
 Time: 1:00 pm
 Realtor: Maria VCHA
 Phone:

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

HOMEBUYER: Rental
SELLER: YCHA
PROPERTY ADDRESS: 512 Cherry Ave
PROPERTY AGE: 39 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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <input type="checkbox"/> | |

SECTION FIVE:

| BATHROOM X2 | 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 | 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 | N/A | | |
| 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 Master | 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 Child X3 | 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 | 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: | | | |
| 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 | 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: | | | |
| 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: | 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 | PASS | FAIL |
|---|------|------|
| (If failed Visual Assessment see Section 15 on next page) | X | |



 INSPECTOR SIGNATURE

12/16/21

 DATE

SECTION FIFTEEN:

Failed Visual Assessment: _____

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment:

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: 12/16/21
 Time: 1:00 pm
 Realtor: Muzael YCHA
 Photo:

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

HOMEBUYER: Rental
SELLER: YCHA
PROPERTY ADDRESS: 902 East Beech
PROPERTY AGE: 39 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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | 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 | N/A | | |
| 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 Master | 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 Child | 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 | 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: | N/A | | |
| a) cracking, scaling, or peeling | | <input type="checkbox"/> | |
| b) chipping or loose | | <input type="checkbox"/> | |
| c) adequately treated or covered | | <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: | | | |
| 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 | 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: | | | |
| 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:

| INHABITABLE ROOMS: | 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 | PASS | FAIL |
| (If failed Visual Assessment see Section 15 on next page) | X | |

[Signature]
INSPECTOR SIGNATURE

12/16/21
DATE

SECTION FIFTEEN:

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment:

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: 12/16/21
 Time: 1:00 pm
 Resistor: Manuel YCHA
 Phone:

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

HOMEBUYER: Rental
SELLER: YCHA
PROPERTY ADDRESS: 904 East Beech
PROPERTY AGE: 39 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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | 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 | N/A | | |
| 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 Master | 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 Child X2 | 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 | 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: | | | |
| 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 | 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: | | | |
| 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: | 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 | PASS
X | FAIL |
|------------------------------|-----------|------|

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

[Signature]
INSPECTOR SIGNATURE

12/16/21
DATE

SECTION FIFTEEN:

Failed Visual Assessment: _____

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment: _____

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment: _____

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: 12/16/21
 Time: 1:00 pm
 Realtor: Mwanishi YCHA
 Photo:

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

HOMEBUYER: Rental
 SELLER: YCHA
 PROPERTY ADDRESS: 906 East Beech
 PROPERTY AGE: 39 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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | 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 | N/A | | |
| 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 Master | 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 Child X2 | 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 | 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: | | | |
| 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 | 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: | | | |
| 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:

| UNINHABITABLE ROOMS: | 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 | PASS | FAIL |
| (If failed Visual Assessment see Section 15 on next page) | X | |

[Signature]
INSPECTOR SIGNATURE

12/16/21
DATE

SECTION FIFTEEN:

Failed Visual Assessment: _____

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment:

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: 10/19/2021
 Time: 10:00 A.M.
 Realtor: Manager
 Phone:

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

HOMEBUYER: _____

Apartment #: Maple Leaf Townhouses #1/ 4BR, 2 Bath _____

PROPERTY ADDRESS: 1205 N. 2nd St. _____

PROPERTY AGE: 42 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:

| BATHROOM X2 / Back Bath Remodeled | 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: | | | |
| 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 Master | 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 | <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 & 4: 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 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 | rx | <input type="checkbox"/> | |
| b) chipping or loose | rx | <input type="checkbox"/> | |
| c) adequately treated or covered | rx | <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 | rx | <input type="checkbox"/> | |
| b) chipping or loose | rx | <input type="checkbox"/> | |
| c) adequately treated or covered | rx | <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 _____

10/19/2021
DATE

SECTION FIFTEEN:

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: The rear bathroom off the Master bedroom was remodeled to meet ADA Standards, walk-in shower, wall mount sink and ADA toilet.

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

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
 Yuma, Washington 98901
 Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 11/4/21
 Time: 2:00 pm
 Realtor: YUMA
 Photo:

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

HOME BUYER: Rental
SELLER: YCHA
PROPERTY ADDRESS: 1630 S. 16th Ave, Apartments #105, 106, 109, 208 (All 1 BR)
PROPERTY AGE: Initial _____

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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 services/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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | 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 | 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: | N/A | | |
| a) cracking, scaling, or peeling | | <input type="checkbox"/> | |
| b) chipping or loose | | <input type="checkbox"/> | |
| c) adequately treated or covered | | <input type="checkbox"/> | |

SECTION SEVEN:

| BEDROOM NO 1: location Master | 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 | 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: | N/A | | |
| a) cracking, scaling, or peeling | | <input type="checkbox"/> | |
| b) chipping or loose | | <input type="checkbox"/> | |
| c) adequately treated or covered | | <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: | N/A | | |
| a) cracking, scaling, or peeling | | <input type="checkbox"/> | |
| b) chipping or loose | | <input type="checkbox"/> | |
| c) adequately treated or covered | | <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: | | | |
| 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 | 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: | | | |
| 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:

| UNINHABITABLE ROOMS: | 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 | PASS | FAIL |
| (If failed Visual Assessment see Section 15 on next page) | X | |



 INSPECTOR SIGNATURE

11/4/21

 DATE

SECTION FIFTEEN:

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment:

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: 11/4/21
 Time: 2:00 pm
 Realtor: YCHA
 Photo:

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

HOMEBUYER: Rental
 SELLER: YCHA
 PROPERTY ADDRESS: 1630 S. 16th Ave, Studio Apartment #105
 PROPERTY AGR: Initial

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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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 | X | <input type="checkbox"/> | |
| b) chipping or loose | X | <input type="checkbox"/> | |
| c) adequately treated or covered | X | <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: | | | |
| 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 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 | 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 | 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: | N/A | | |
| a) cracking, scaling, or peeling | | <input type="checkbox"/> | |
| b) chipping or loose | | <input type="checkbox"/> | |
| c) adequately treated or covered | | <input type="checkbox"/> | |

SECTION SEVEN:

| BEDROOM NO 1: 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: | N/A | | |
| a) cracking, scaling, or peeling | | <input type="checkbox"/> | |
| b) chipping or loose | | <input type="checkbox"/> | |
| c) adequately treated or covered | | <input type="checkbox"/> | |

SECTION EIGHT:

| BEDROOM NO 2: 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: | N/A | | |
| a) cracking, scaling, or peeling | | <input type="checkbox"/> | |
| b) chipping or loose | | <input type="checkbox"/> | |
| c) adequately treated or covered | | <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: | N/A | | |
| a) cracking, scaling, or peeling | | <input type="checkbox"/> | |
| b) chipping or loose | | <input type="checkbox"/> | |
| c) adequately treated or covered | | <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: | | | |
| 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 | 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: | | | |
| 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: | 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 | PASS | FAIL |
| (If failed Visual Assessment see Section 15 on next page) | X | |



INSPECTOR SIGNATURE

11/4/21

DATE

SECTION FIFTEEN:

Failed Visual Assessment: _____

Failed Inspection Section number:

Evaluation Results: _____

Recommended Repairs Using Safe Work Practices: _____

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results:

Recommended Repairs Using Safe Work Practices:

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results:

Recommended Repairs Using Safe Work Practices:
