

KENTUCKY HOUSING CORPORATION HOUSING QUALITY STANDARD INSPECTION FORM

Date of Inspection: _____

Property Address:
Property City/State/Zip:

Borrower Name(s):

Reservation #:

Lender:

A **Housing Quality Standards (HQS)** inspection of the above-property has been conducted. The status of this inspection is:

Property Passed HQS

Property Failed HQS (note items below)

PROPERTY VIOLATIONS

The following items have failed HQS inspection: _____

DETERIORATED PAINT VIOLATIONS (Only required if property was built prior to 1978)

Chipped and peeling paint on interior or exterior surfaces is present. Areas of concern on:

Interior surfaces: _____

Exterior surfaces: _____

Exceeds Does Not Exceed **The de minimis levels of the Lead-Based Paint Regulations.****

- **• 20 ft.² (2m²) on exterior surfaces;
- 2 ft.² (0.2 m²) in any one interior room or space; or
- 10 percent of the total surface area, like window sills, baseboards and trim.

Fee Charged for Inspection: \$200

Inspector Signature

FINAL INSPECTION

I certify that the above repair items have been repaired and the property now passes inspection.

Date of Final Inspection _____

Inspector's Initials _____

Property Address:

1. Living Room **For each numbered item, check only one box per questions**

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
1.1 Living Room Present? Is there a living room?	<input type="checkbox"/>	<input type="checkbox"/>		
1.2 Electricity Are there at least two working outlets or one working outlet and one working light fixture?	<input type="checkbox"/>	<input type="checkbox"/>		
1.3 Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
1.4 Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>		
1.5 Window Condition Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken panes?	<input type="checkbox"/>	<input type="checkbox"/>		
1.6 Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
1.7 Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
1.8 Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
1.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If no, does the deteriorated surfaces exceed 2 square feet of entire room or more than 10% of a component of the interior room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

Additional Comments (give item number)

2. Kitchen**For each numbered item, check only one box per questions**

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
2.1 Kitchen Present? Is there a kitchen?	<input type="checkbox"/>	<input type="checkbox"/>		
2.2 Electricity Are there at least two working outlets or one working outlet and one working light fixture?	<input type="checkbox"/>	<input type="checkbox"/>		
2.3 Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
2.4 Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>		
2.5 Window Condition Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken panes?	<input type="checkbox"/>	<input type="checkbox"/>		
2.6 Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
2.7 Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
2.8 Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
2.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If no, does the deteriorated surfaces exceed 2 square feet of entire room or more than 10% of a component of the interior room?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
2.10 Stove or Range with Oven <u>If the sales contract states the stove will remain then answer the following:</u> Is there a working oven and a stove (or range) with top burners that work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
2.11 Refrigerator <u>If the sales contract states the refrigerator will remain then answer the following:</u> Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
2.12 Sink Is there a kitchen sink that works with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>		
2.13 Space for Storage, Preparation, and Serving of Food Is there a space to store, prepare, and serve food?	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments (give item number)

If additional space is needed for comments, go to Inspection Summary page at the end of the form.

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3. Bathroom For each numbered item, check only one box per questions

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
3.1 Bathroom Present? Is there a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>		
3.2 Electricity Are there at least two working outlets or one working outlet and one working light fixture?	<input type="checkbox"/>	<input type="checkbox"/>		
3.3 Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
3.4 Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>		
3.5 Window Condition Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken panes? Are the windows openable or a working vent system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
3.6 Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
3.7 Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
3.8 Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
3.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If no, does the deteriorated surfaces exceed 2 square feet of entire room or more than 10% of a component of the interior room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
3.10 Flush Toilet in Enclosed Room Is there a working toilet?	<input type="checkbox"/>	<input type="checkbox"/>		
3.11 Fixed Wash Basin or Lavatory Is there a working, permanently installed wash basin with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>		
3.12 Tub or Shower Is there a working tub or shower with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments (give item number)

If additional space is needed for comments, go to Inspection Summary page at the end of the form.

4. All Other Rooms Used for Living For each numbered item, check only one box per questions

4.1 Room Location	Room Code <input style="width: 50px;" type="text"/>	
<input type="checkbox"/> right/left/center: the room is situated to the right, left, or center of home	1=Bedroom or any other room used for sleeping (regardless of room)	
<input type="checkbox"/> front/rear/center: the room is situated to the back, front, or center of home	2=Dining Room or Dining Area	
<input type="checkbox"/> floor level: the floor level on which the room is located	3=Second Living Room, Family Room, Den, Playroom, TV Room	
	4=Entrance Halls, Corridors, Halls, Staircases	
	5=Additional Bathroom (also check presence of sink trap and clogged toilet)	
	6=Other (specify): _____	

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
4.2 Electricity If Room Code is a 1, are there at least two working outlets or one working outlet and one working light fixture or a switched outlet receptacle? If Room Code is not 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>		
4.5 Window Condition If room is a 1, is there at least one window? Regardless of room code, are all windows free of signs of severe deterioration or missing or broken panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
4.6 Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.7 Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.8 Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If no, does the deteriorated surfaces exceed 2 square feet of entire room or more than 10% of a component of the interior room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

Additional Comments (give item number)

If additional space is needed for comments, go to Inspection Summary page at the end of the form.

4. All Other Rooms Used for Living For each numbered item, check only one box per questions

4.1 Room Location **Room Code**

right/left/center: the room is situated to the right, left, or center of home

front/rear/center: the room is situated to the back, front, or center of home

floor level: the floor level on which the room is located _____

1=Bedroom or any other room used for sleeping (regardless of room)
 2=Dining Room or Dining Area
 3=Second Living Room, Family Room, Den, Playroom, TV Room
 4=Entrance Halls, Corridors, Halls, Staircases
 5=Additional Bathroom (also check presence of sink trap and clogged toilet)
 6=Other (specify): _____

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
4.2 Electricity If Room Code is a 1, are there at least two working outlets or one working outlet and one working light fixture or a switched outlet receptacle? If Room Code is not 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>		
4.5 Window Condition If room is a 1, is there at least one window? Regardless of room code, are all windows free of signs of severe deterioration or missing or broken panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
4.6 Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.7 Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.8 Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If no, does the deteriorated surfaces exceed 2 square feet of entire room or more than 10% of a component of the interior room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

Additional Comments (give item number)

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4. All Other Rooms Used for Living For each numbered item, check only one box per questions

4.1 Room Location	Room Code <input style="width: 40px;" type="text"/>	
<input type="checkbox"/> right/left/center: the room is situated to the right, left, or center of home		1=Bedroom or any other room used for sleeping (regardless of room 2=Dining Room or Dining Area
<input type="checkbox"/> front/rear/center: the room is situated to the back, front, or center of home		3=Second Living Room, Family Room, Den, Playroom, TV Room 4=Entrance Halls, Corridors, Halls, Staircases
<input type="checkbox"/> floor level: the floor level on which the room is located		5=Additional Bathroom (also check presence of sink trap and clogged toilet) 6=Other (specify): _____

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
4.2 Electricity If Room Code is a 1, are there at least two working outlets or one working outlet and one working light fixture or a switched outlet receptacle? If Room Code is not 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>		
4.5 Window Condition If room is a 1, is there at least one window? Regardless of room code, are all windows free of signs of severe deterioration or missing or broken panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
4.6 Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.7 Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.8 Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>		
4.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If no, does the deteriorated surfaces exceed 2 square feet of entire room or more than 10% of a component of the interior room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

Additional Comments (give item number)

If additional space is needed for comments, go to Inspection Summary page at the end of the form.

5. All Secondary Rooms Not Used for Living For each numbered item, check only one box per questions

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
5.1 None <input type="checkbox"/> Go to part 6				
5.2 Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>		
5.3 Electrical Hazards Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
5.4 Other Potentially Hazardous Items Are all of these rooms free of any other potentially hazardous items? For each room with an "other hazardous item", explain the hazard and means of control of interior access to the room.	<input type="checkbox"/>	<input type="checkbox"/>		

6. Building Exterior For each numbered item, check only one box per questions

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
6.1 Condition of Foundation Is the foundation sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
6.2 Condition of Stairs, Rails, and Porches Are all exterior stairs, rails, and porches sound and free from hazard?	<input type="checkbox"/>	<input type="checkbox"/>		
6.3 Condition of Roofs and Gutters Are the roof, gutters, and downspouts sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
6.4 Condition of Exterior Surfaces Are exterior surfaces sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
6.5 Condition of Chimney Is the chimney sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
6.6 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If no, does the deteriorated surface exceed 20 square feet of entire exterior surface or more than 10% of a component of the exterior surface?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
6.6 Manufactured Home Is manufactured home on a permanent foundation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

Additional Comments (give item number)

If additional space is needed for comments, go to Inspection Summary page at the end of the form.

7. Heating and Plumbing

For each numbered item, check only one box per questions

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
7.1 Adequacy of Heating Equipment ** Is the heating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living?	<input type="checkbox"/>	<input type="checkbox"/>		
7.2 Safety of Heating Equipment ** Is the home free from unvented fuel burning space heaters or any other types of unsafe heating conditions?	<input type="checkbox"/>	<input type="checkbox"/>		
7.3 Ventilation and Adequacy of Cooling ** Does the home have adequate ventilation and cooling by means of openable windows or a working cooling system?	<input type="checkbox"/>	<input type="checkbox"/>		
7.4 Water Heater Is the water heater located, equipped, and installed in a safe manner?	<input type="checkbox"/>	<input type="checkbox"/>		
7.5 Water Supply Is the home served by an approvable public or private sanitary water supply?	<input type="checkbox"/>	<input type="checkbox"/>		
7.6 Plumbing Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?	<input type="checkbox"/>	<input type="checkbox"/>		
7.7 Sewer Connection Is plumbing connected to an approvable public or private disposal system, and is it free from sewer backup?	<input type="checkbox"/>	<input type="checkbox"/>		

- 7.1 Adequacy of Heating Equipment**
 7.2 Safety of Heating Equipment**
 7.3 Ventilation and Adequacy of Cooling**

HQS regulation, at CFR 982.401(a)(4)(ii)(B), allows for variations on acceptability criteria due to local climatic and geographic conditions. It is not generally feasible to adequately test a heating system in the summer or a cooling system in the winter. Therefore do not “fail” the home due to noncompliance with HQS at the time of inspection. If the home is equipped w/ both heating and A/C, one of them must be tested at the time of the inspection, dependent on the time of year. Require a seller certification at closing that the other system was in working order.

Additional Comments (give item number)

If additional space is needed for comments, go to Inspection Summary page at the end of the form.

8. General Health and Safety

For each numbered item, check only one box per questions

Item No. Description	Pass	Fail	If Fail, what repairs are necessary? If Pass with comments, give details.	If Fail, Date of Final Approval.
8.1 Access to Unit Can home be entered without having to go through another home?	<input type="checkbox"/>	<input type="checkbox"/>		
8.2 Exits Is there an acceptable fire exit from this home that is not blocked?	<input type="checkbox"/>	<input type="checkbox"/>		
8.3 Evidence of Infestation Is the home free from rats or severe infestation by mice or vermin? Is the home free from termite infestation?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
8.4 Garbage and Debris Is the home free from heavy accumulation of garbage or debris inside and outside?	<input type="checkbox"/>	<input type="checkbox"/>		
8.5 Interior Stairs Are interior stairs free from hazards because of loose, broken, or missing steps; absent or insecure railings; inadequate lighting; or other hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
8.6 Other Interior Hazards Is the interior of the home free from any other hazard not specifically identified previously?	<input type="checkbox"/>	<input type="checkbox"/>		
8.7 Interior Air Quality Is the home free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?	<input type="checkbox"/>	<input type="checkbox"/>		
8.8 Site and Neighborhood Conditions Are the site and immediate neighborhood free from conditions which would seriously and continuously endanger the health or safety of the residents?	<input type="checkbox"/>	<input type="checkbox"/>		
8.9 Smoke Detectors Is there a working smoke detector on each level?	<input type="checkbox"/>	<input type="checkbox"/>		
8.9 Lead-Based Paint: Owner Certification If owner of home is required to correct any deteriorated paint or lead-based paint hazards, has the Lead-Based Paint Owner's Certification been completed and received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

Additional Comments (give item number)

If additional space is needed for comments, go to Inspection Summary page at the end of the form.

Inspection Summary for Additional Comments

Item No. Description

Continued Comments: Reason for Fail or Pass with Comments