

# Housing Inspection Checklist

HOUSE ID -	RESIDENT'S NAME -
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ITEM	CONDITION	COMMENT
Flooring		
Appliances (Provided by State)		
Electrical System (lighting, switches, wiring, etc.)		
HVAC System		
Plumbing (sinks, toilet, etc.)		
Walls		
Ceiling		
Exterior		
Roof		
Doors		
Grounds		
Miscellaneous		

**Condition – Poor, Fair, Good, Excellent**

**Poor** – Needs immediate replacement

**Fair** – May need repair or replacement within 6 months

**Good** – Expected condition depending on age and usage, does not need replacement or repair

**Excellent** – Like new condition