



FHA APPRAISAL HOME INSPECTION CHECKLIST

LOCATION HAZARDS AND NUISANCES INSPECTION CHECKLIST	YES/NO
a. Subsidence/Sink holes	<input type="checkbox"/> <input type="checkbox"/>
b. Operating oil or gas wells within 300 feet of existing construction.....	<input type="checkbox"/> <input type="checkbox"/>
c. Operating oil or gas wells with 75 feet of new construction.....	<input type="checkbox"/> <input type="checkbox"/>
d. Abandoned oil or gas wells within 10 feet of new/existing.....	<input type="checkbox"/> <input type="checkbox"/>
e. Readily observable evidence of slush pits.....	<input type="checkbox"/> <input type="checkbox"/>
f. Excessive noise or hazard from heavy traffic area.....	<input type="checkbox"/> <input type="checkbox"/>
g. New/proposed construction in airport clear zone.....	<input type="checkbox"/> <input type="checkbox"/>
h. High-pressure gas or petroleum lines within engineering 10 feet or property.....	<input type="checkbox"/> <input type="checkbox"/>
i. Overhead high voltage transmission lines within engineering (Designed) fall distance..... (Low voltage power lines may not pass directly over the primary living unit , including pools, on the property being insured by HUD)	<input type="checkbox"/> <input type="checkbox"/>
j. Excessive hazard from smoke, fumes, offensive noises or odors.....	<input type="checkbox"/> <input type="checkbox"/>
k. New/proposed construction in Special Flood Hazard Areas	<input type="checkbox"/> <input type="checkbox"/>
l. Stationary storage tanks with more than 1000 gallons of flammable or explosive material.....	<input type="checkbox"/> <input type="checkbox"/>

SOIL CONTAMINATION	YES/NO
a. On-site septic system shows readily observable evidence of system failure.....	<input type="checkbox"/> <input type="checkbox"/>
b. Surface evidence of an Underground Storage Tank (UST).....	<input type="checkbox"/> <input type="checkbox"/>
c. Proximity to dumps, landfills, industrial sites or hazardous materials.....	<input type="checkbox"/> <input type="checkbox"/>
d. Presence of pools of liquid, pits, ponds, lagoons, stressed vegetation, Stained soils or pavement, drums or odors.....	<input type="checkbox"/> <input type="checkbox"/>

GRADING AND DRAINAGE	YES/NO
a. Grading does not provide positive drainage from structure..... (Proper drainage includes gutters and downspouts or appropriate grading or landscaping to divert the flow of water away from the foundation)	<input type="checkbox"/> <input type="checkbox"/>
b. Standing Water proximate to structure.....	<input type="checkbox"/> <input type="checkbox"/>

WELL, INDIVIDUAL WATER SUPPLY AND SEPTIC	YES/NO
a. Property lacks connection to public water..... (Lender will require water testing for "yes" response. – Determine whether connection to a public system is feasible). NOTE: If the property is served by dug wells, springs, lakes, cisterns or rivers It is INELIGIBLE.	<input type="checkbox"/> <input type="checkbox"/>
b. Property lacks connection to public/community sewer system.....	<input type="checkbox"/> <input type="checkbox"/>

WOOD DESTROYING INSECTS	YES/NO
a. Structure and accessory buildings are ground level and/or wood is Touching ground..... (If the structure is ground level or if the structure is wood and touches the ground, a termite inspection is required)	<input type="checkbox"/> <input type="checkbox"/>
b. The house and/or other structures within the legal boundaries of the Property show obvious evidence of active termite infestation.....	<input type="checkbox"/> <input type="checkbox"/>

PRIVATE ROAD ACCESS AND MAINTENANCE	YES/NO
a. Property inaccessible by foot or vehicle.....	<input type="checkbox"/> <input type="checkbox"/>
b. Property accessible only by private road or drive.....	<input type="checkbox"/> <input type="checkbox"/>
c. Property is not provided with an all-weather surface (gravel is acceptable)..... FHA defines all-weather surface as a road surface over which emergency Vehicles can pass in all types of weather.	<input type="checkbox"/> <input type="checkbox"/>

FLOOR SUPPORT SYSTEMS	YES/NO
a. Significant Cracks.....	<input type="checkbox"/> <input type="checkbox"/>
b. Evidence of water/leakage or damage.....	<input type="checkbox"/> <input type="checkbox"/>
c. Rodent infestation.....	<input type="checkbox"/> <input type="checkbox"/>

FRAMING/WALLS/CEILING	YES/NO
d. Significant Cracks.....	<input type="checkbox"/> <input type="checkbox"/>
e. Visible holes in exposed areas that could effect structure.....	<input type="checkbox"/> <input type="checkbox"/>
f. Significant water damage.....	<input type="checkbox"/> <input type="checkbox"/>

ATTIC	YES/NO
g. Evidence of holes.....	<input type="checkbox"/> <input type="checkbox"/>
h. Support structure not intact or damaged	<input type="checkbox"/> <input type="checkbox"/>
i. Significant water damage visible from interior.....	<input type="checkbox"/> <input type="checkbox"/>
j. No ventilation by vent, fan or window.....	<input type="checkbox"/> <input type="checkbox"/>

FOUNDATION/BASEMENT	YES/NO
a. Inadequate access.....	<input type="checkbox"/> <input type="checkbox"/>
b. Evidence of significant water damage.....	<input type="checkbox"/> <input type="checkbox"/>
c. Significant cracks or erosion in exposed areas that could affect structural Soundness.....	<input type="checkbox"/> <input type="checkbox"/>

CRAWL SPACE	YES/NO
d. Inadequate access.....	<input type="checkbox"/> <input type="checkbox"/>
e. Space inadequate for maintenance and repair.....	<input type="checkbox"/> <input type="checkbox"/>
f. Support beams not intact.....	<input type="checkbox"/> <input type="checkbox"/>
g. Excessive dampness or ponding of water..... Note: The minimum distance is 18 inches from the bottom of the joists. The Appraiser will enter the crawl space (at a minimum entry of the head and shoulders) to Observe conditions.	<input type="checkbox"/> <input type="checkbox"/>
a. There must be adequate access to the crawl space.	
b. The floor joists must be sufficiently above ground level to provide access.	
c. The crawl space must be clear of all debris and trash and must be properly vented.	
d. The crawl space must not b excessively damp and must not have any water ponding.	
e. If dampness is noted, a vapor barrier is required.	

ROOFING	YES/NO
a. Does not cover entire house.....	<input type="checkbox"/> <input type="checkbox"/>
b. Evidence of deterioration of roofing materials.....	<input type="checkbox"/> <input type="checkbox"/>
c. Roof life is less than two years.....	<input type="checkbox"/> <input type="checkbox"/>
d. Holes.....	<input type="checkbox"/> <input type="checkbox"/>
e. Signs of leakage observable from the ground.....	<input type="checkbox"/> <input type="checkbox"/>
f. Flat Roof..... (All flat roofs require inspection)	<input type="checkbox"/> <input type="checkbox"/>

FURNACE/HEATING SYSTEM	YES/NO
a. Unit does not turn "On".....	<input type="checkbox"/> <input type="checkbox"/>
b. Warm air is not emitted.....	<input type="checkbox"/> <input type="checkbox"/>
c. Unusual or irregular smell is emitted.....	<input type="checkbox"/> <input type="checkbox"/>
d. Smoke or irregular smell is emitted	<input type="checkbox"/> <input type="checkbox"/>
e. Unit shuts down prior to reaching desired temperature.....	<input type="checkbox"/> <input type="checkbox"/>
f. Significant holes or deterioration on the unit(s)..... (Determine if there is an installed heat or cool-air source in each room by using the system's normal operating controls).	<input type="checkbox"/> <input type="checkbox"/>

AIR CONDITIONING (CENTRAL)	YES/NO
g. Unit does not turn "On".....	<input type="checkbox"/> <input type="checkbox"/>
h. Cold air is not emitted.....	<input type="checkbox"/> <input type="checkbox"/>
i. Irregular noises are heard.....	<input type="checkbox"/> <input type="checkbox"/>
j. Smoke or irregular smell is emitted.....	<input type="checkbox"/> <input type="checkbox"/>
k. Unit shuts down prior to reaching desired temperature.....	<input type="checkbox"/> <input type="checkbox"/>
l. Significant holes or deterioration on the unit(s).....	<input type="checkbox"/> <input type="checkbox"/>

ELECTRICAL SYSTEM	YES/NO
m. Electrical switches do not turn "on" or "off".....	<input type="checkbox"/> <input type="checkbox"/>
n. Outlets do not function (check representative sample).....	<input type="checkbox"/> <input type="checkbox"/>
o. Presence of sparks or smoke from outlet(s).....	<input type="checkbox"/> <input type="checkbox"/>
p. Exposed wiring visible in living areas.....	<input type="checkbox"/> <input type="checkbox"/>
q. Frayed wiring.....	<input type="checkbox"/> <input type="checkbox"/>

PLUMBING SYSTEM	YES/NO
Toilet	
r. Toilets do not function.....	<input type="checkbox"/> <input type="checkbox"/>
s. Presence of leak(s).....	<input type="checkbox"/> <input type="checkbox"/>
Leaks	
t. Structural damage under fixtures.....	<input type="checkbox"/> <input type="checkbox"/>
u. Puddles present.....	<input type="checkbox"/> <input type="checkbox"/>
Sewer System	
v. Observable surface evidence of malfunction.....	<input type="checkbox"/> <input type="checkbox"/>
Sinks	
w. Basin or pipes leak.....	<input type="checkbox"/> <input type="checkbox"/>
x. Water does not run.....	<input type="checkbox"/> <input type="checkbox"/>
Water	
y. Significant drop or limitation in pressure.....	<input type="checkbox"/> <input type="checkbox"/>
z. No hot water.....	<input type="checkbox"/> <input type="checkbox"/>

OTHER HEALTH AND SAFETY DEFICIENCIES	YES/NO
a. Multiple Broken windows.....	<input type="checkbox"/> <input type="checkbox"/>
b. Broken or missing exterior stairs.....	<input type="checkbox"/> <input type="checkbox"/>
c. Broken or missing exterior doors.....	<input type="checkbox"/> <input type="checkbox"/>
d. Inadequate/blocked entrances or exits.....	<input type="checkbox"/> <input type="checkbox"/>
e. Steps without handrails..... Note: When is a handrail necessary? "Usually three or more risers. However, If situation poses a safety issue for the occupants, a condition requirement should be made Regardless of the number of risers.	<input type="checkbox"/> <input type="checkbox"/>
f. The mechanical garage door does not reverse or stop when meeting reasonable resistance during closing.....	<input type="checkbox"/> <input type="checkbox"/>

OTHER HEALTH AND SAFETY ITEMS	YES/NO
a. Bedroom Egress: Occupants must be able to get outside the home if there is a fire. If An enclosed patio (solid walls) covers the bedroom window, it is possible that the Bedroom won't qualify as a habitable bedroom.	
b. All water heaters must have a non-adjustable temperature and pressure-relief valve. If the water heater is in the garage, it must comply with local building codes.	
c. All non-conventional heating systems - space heaters and others - must comply with Local jurisdictional guidelines. Heating must be adequate for healthful and comfortable Living conditions.	
d. The appraiser must operate a representative number of windows, interior doors, and all Exterior and garage doors, as well as verify that the electric garage door operator will Reverse or stop when met with resistance during closing.	<input type="checkbox"/> <input type="checkbox"/>

LEAD BASED PAINT HAZARD	YES/NO
For any home built prior to 1978, check for evidence of defective paints surfaces, including: peeling, Scaling or chipping pant. Both exterior and interior surfaces must be inspected.	
a. Evidence on interior.....	<input type="checkbox"/> <input type="checkbox"/>
b. Evidence on exterior.....	<input type="checkbox"/> <input type="checkbox"/>

CONDOMINIUMS AND PLANNED UNIT DEVELOPMENTS (PUD)	YES/NO
a. This project is not on FHA's approval list.....	<input type="checkbox"/> <input type="checkbox"/>
b. The property does not meet owner-occupancy standards.....	<input type="checkbox"/> <input type="checkbox"/>
c. This property does not meet completion standards.....	<input type="checkbox"/> <input type="checkbox"/>

"The data in the above checklist is per the FHA requirements as outlined in the HUD/FHA Handbook"

E-mail: Sales@coestervms.com or call us at 888-485-1999 ext 2 with any questions!