|  |
| --- |
| **DSHA - REHABILITATION STANDARDS CHECKLIST***Must be completed by all rehabilitation projects* |
| Project Name: |  |
| Date Built: |  |
| Date of Last Rehabilitation (if applicable): |  |
| **EXTERIORS** | **DETAIL/CONDITION** |
| ROOF | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Roof Type/Pitch/Flat* |  |
|  *Number of Layers* |  |
|  *Substrate Material* |  |
|  *Fire-rated Required?* | Yes [ ]   | No [ ]   |  |
|  *Insulation Type* |  |
|  *Insulation Thickness* |  |
|  *Estimated R-Value* |  |
| SIDING | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Type/Substrate* |  |
|  *Brick (if applicable)* | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Is re-pointing necessary?* | Yes [ ]   | No [ ]   |  |
| EXTERIOR DOORS/FRAMES | Age (Yrs) |  | Type: |  |
|  *Sliding doors?* | Yes [ ]   | No [ ]   |  |
|  *Patio doors?* | Yes [ ]   | No [ ]   |  |
|  *Hardware* | Age (Yrs) |  | Type: |  |
| WINDOWS | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Meet egress requirements?* | Yes [ ]   | No [ ]   |  |
| GUTTERS/DOWNSPOUTS | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Material/Type* |  |
| FASCIA/SOFFITS | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Material/Type/Substrate* |  |
| SIDEWALKS | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Meets ADA compliance/ramping/curb cuts?* | Yes [ ]   | No [ ]   |  |
|  *Any areas shaved?* | Yes [ ]   | No [ ]   |  |
| PARKING LOT\* | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Curb Cuts* | Yes [ ]   | No [ ]   |  |

|  |  |
| --- | --- |
| **EXTERIORS (Continued)** | **DETAIL/CONDITION** |
|  *Spaces provided /required /grandfathered:* |  |
|  *Handicap parking provided?* | Yes [ ]   | No [ ]   |  |
|  *Bumpers provided?* | Yes [ ]   | No [ ]   |  |
| *\*NOTE: Any parking lot surface with either fair and/or poor conditions shall have a civil engineer complete a survey as to the remaining lifespan. If determined, contractor shall include quantity in needs assessment to replace pavement and subsurface.* |
| LIGHTING (Exterior) | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Tied to house panel?* | Yes [ ]   | No [ ]   |  |
| SECURITY SYSTEM | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
| PATIOS/BALCONIES | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Meet current codes?* | Yes [ ]   | No [ ]   |  |
| MAINTENANCE-FREE EXTERIOR | Yes [ ]   | No [ ]   |  |
| STORM WATER MANAGEMENT | Yes [ ]   | No [ ]   | *Date of Last Preventative Maintenance* |
| ASBESTOS PRESENT? | Yes [ ]   | No [ ]   | *NESHAP Environmental Audit* |
| LEAD PAINT PRESENT? | Yes [ ]   | No [ ]   |  |
| MOLD PRESENT? | Yes [ ]   | No [ ]   |  |
| **INTERIORS** | **DETAIL/CONDITION** |
| KITCHEN | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Cabinets* | Age (Yrs) |  | Type:  |  |
|  *Countertop* | Age (Yrs) |  | Type:  |  |
| APPLIANCES |  |
|  *Refrigerator* | Age (Yrs) |  | Size: |  |
|  *Frost-free?* | Yes [ ]   | No [ ]   |  |
|  *Dishwasher* | Age (Yrs) |  |  |
|  *Stove* | Age (Yrs) |  | Gas [ ]  Electric [ ]  U.L. Gas Conn. [ ]   |
|  *Garbage Disposal* | Age (Yrs) |  | HP: |  |
|  *Exhaust Hood* | Age (Yrs) |  | Vented to Exterior [ ]  Recirculating [ ]   |
|  *Washer* | Age (Yrs) |  | Stack [ ]  Side-by-Side [ ]   |
|  *Drain provided?* | Yes [ ]   | No [ ]   |  |
|  *Dryer* | Age (Yrs) |  |  |
|  *Vent pipe material?* |  |
|  *Adequate venting?* | Yes [ ]   | No [ ]   |  |
| BATHROOM |  |
|  *Bathtub* | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Tub Surround* | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
| **INTERIORS (Continued)** | **DETAIL/CONDITION** |
|  *Anti-scald valve?* | Yes [ ]   | No [ ]   |  |
|  *Sink/Vanity* | Age (Yrs) |  | Type: |  |
|  *Toilet* | Age (Yrs) |  | Type: |  |
|  *Water-saver?* | Yes [ ]   | No [ ]   |  |
|  *ADA-Compliant?* | Yes [ ]   | No [ ]   |  |
|  *Flange Material* | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Exhaust Fan* | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
| FLOORING |  |
|  *Asbestos present (in flooring or adhesive)?* | Yes [ ]   | No [ ]   | Type: |  |
|   *Carpeting* | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Type* |  |
|  *Vinyl Composition* | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Type* |  |
|  *Subflooring Material* | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Any existing soft spots in flooring?* | Yes [ ]   | No [ ]   |  |
|  *Base Molding* | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
| WALLS | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Type* |  |
|  *Asbestos present?* | Yes [ ]   | No [ ]   |  |
|  *Mold or mildew present?* | Yes [ ]   | No [ ]   |  |
| CEILINGS | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Type* |  |  |  |
|  *Textured?* | Yes [ ]   | No [ ]   | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Active staining present?* | Yes [ ]   | No [ ]   |  |
| SMOKE DETECTORS | Age (Yrs) |  | Hard-wired [ ]  Battery [ ]   |
|  *Meet current codes?* | Yes [ ]   | No [ ]   | Date of last inspection: |  |
| SPRINKLER SYSTEM | Yes [ ]   | No [ ]   |  |
|  *Meet current codes?* | Yes [ ]   | No [ ]   |  |
| INTERIOR DOORS/FRAMES | Age (Yrs) |  | Type: |  |
|  *Hardware* | Age (Yrs) |  | Type: |  |
| INSULATION *(Inches)* | Ceiling: |  | Walls: |  | Floor: |  |
| SHELVING | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
| MINI BLINDS | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |

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| **INTERIORS (Continued)** | **DETAIL/CONDITION** |
| SYSTEMS |  |
|  *Are utilities paid by the tenants?* | Yes [ ]   | No [ ]   | If yes, which ones? |  |
|  *Is there a boiler system?* | Yes [ ]   | No [ ]   | Age (Yrs) |  | Date of last inspection: |  |
|  *HVAC* | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *HVAC Type/Electrical Connection* | Type: |  | Amps: |  |
|  *Meets current codes?* | Yes [ ]   | No [ ]   |  |
|  *Vented to exterior?* | Yes [ ]   | No [ ]   |  |
|  *Duct System* | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Last cleaning date/last pressure test Date:* |  |
|  *Air Conditioning* | Age (Yrs) |  | Type: |  |
|  *Condensation Lines* | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Water Heater*  | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Type and Location* |  |
|  *Pan Present?* | Yes [ ]   | No [ ]   | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Electric Supply* | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Type* | GFI: |  | Amperage Supply: |  | AMP Service: |  |
|  *ARC Fault Interrupter?* | Yes [ ]   | No [ ]   | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Last Inspection Date* |  |
| PLUMBING |  |
|  *Water Supply Lines*: Material \_\_\_\_\_\_\_\_\_\_\_ | Yes [ ]   | No [ ]   | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Curb Stops* | Yes [ ]   | No [ ]   | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Last Inspection Date:* |  |
|  *Master meter or individual meters?* |  |
|  *Shut-off Valves* | Yes [ ]   | No [ ]   | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Water Meters: Up to Code?* | Yes [ ]   | No [ ]   | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Vent Stacks*: Material \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes [ ]   | No [ ]   | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
| ELECTRIC |  |
|  *Underground Transmission Lines* | Yes [ ]   | No [ ]   | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Aboveground Transmission Lines* | Yes [ ]   | No [ ]   | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Meters*: Last Inspected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes [ ]   | No [ ]   | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Electric Panels*: | Yes [ ]   | No [ ]   | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Amps:* |  |
|  *Brand:* |  |
| **INTERIORS (Continued)** | **DETAIL/CONDITION** |
|  *Service Capacity* | Yes [ ]   | No [ ]   | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Spare Breaker Capacity* | Yes [ ]   | No [ ]   |  |
|  *Site Lighting Adequate?* | Yes [ ]   | No [ ]   |  |
| ANY UNITS FINISHED BELOW GRADE? | Yes [ ]   | No [ ]   |  |
| ASBESTOS PRESENT? | Yes [ ]   | No [ ]   | *NESHAP Environmental Audit:* |  |
| LEAD PAINT PRESENT? | Yes [ ]   | No [ ]   | Certificate available? | Yes [ ]   | No [ ]   |
| MOLD PRESENT? | Yes [ ]   | No [ ]   |  |
| RADON TESTING? | Yes [ ]   | No [ ]   | Date of inspection: |  |
| **COMMON AREAS** | **DETAIL/CONDITION** |
| INTERIOR STAIRS |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Meet code requirements?* | Yes [ ]   | No [ ]   |  |
|  *Handrail Height Continuous?* | Yes [ ]   | No [ ]   | Meet ADA? | Yes [ ]   | No [ ]   |
| COMMON HALLWAY (Interior) | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Fire Protection?* | Yes [ ]   | No [ ]   | Last Inspection Date: |  |
|  *Adequate Lighting?* | Yes [ ]   | No [ ]   |  |
|  *Walls* |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
| ELEVATORS | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Date of Last Inspection* |  |
|  Meet ADA Requirements? | Yes [ ]   | No [ ]   |  |
| LAUNDRY ROOM | Yes [ ]   | No [ ]   | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Heated/Cooled?* | Yes [ ]   | No [ ]   |  |
|  *ADA Accessible?* | Yes [ ]   | No [ ]   |  |
|  *ADA Machines Available?* | Yes [ ]   | No [ ]   |  |
| COMMUNITY ROOM | Yes [ ]   | No [ ]   | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Size (Square Footage):* |  |
|  *ADA Accessible?* | Yes [ ]   | No [ ]   |  |
| UTILITY CONTRACTS |  |
|  *Cable Contract* | Yes [ ]   | No [ ]   | Provider: |  |
|  *Other Utility Contracts?* | Yes [ ]   | No [ ]   | Provider(s): |  |
| DOORS/FRAMES (Exterior) | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Type:* |  |
| FOUNDATION, CRAWL, & BASEMENT | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Standing water present?* | Yes [ ]   | No [ ]   |  |
| **COMMON AREAS (Continued)** | **DETAIL/CONDITION** |
|  *Any foundation vents located below grade?* | Yes [ ]   | No [ ]   |  |
|  *Access to foundation, crawl, or basement?* | Yes [ ]   | No [ ]   | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
| ASBESTOS PRESENT? | Yes [ ]   | No [ ]   | *NESHAP Environmental Audit:* |  |
| LEAD PAINT PRESENT? | Yes [ ]   | No [ ]   | Certificate available? | Yes [ ]   | No [ ]   |
| MOLD PRESENT? | Yes [ ]   | No [ ]   |  |
| MAILBOXES | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Type:* |  |
|  *Parcel boxes provided?* | Yes [ ]   | No [ ]   |  |
|  *On Accessible Route?* | Yes [ ]   | No [ ]   |  |
| PLAYGROUND EQUIPMENT | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Type:* |  |
|  *Meets Safety Guidelines?* | Yes [ ]   | No [ ]   |  |
|  *Lighting?* | Yes [ ]   | No [ ]   |  |
|  *Is Playground on Accessible Route?* | Yes [ ]   | No [ ]   |  |
| SWIMMING POOL | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
| FENCING | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Type, Material, and Height* |  |
|  *Perimeter/Partial?* |  |
| DUMPSTERS |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Locations:* |  |
|  *Are gates required by municipality?* | Yes [ ]   | No [ ]   |  |
|  *ADA Accessible?* | Yes [ ]   | No [ ]   |  |
|  *Number:* | Existing: |  | Proposed: |  |
| PROJECT SIGN | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Lighted?* | Yes [ ]   | No [ ]   |  |
|  *Sign to be Replaced?* | Yes [ ]   | No [ ]   |  |
|  *ADA/Fair Housing Logos?* | Yes [ ]   | No [ ]   |  |
| OTHER |  |
|  *Support Beams Material* |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Joists* |  |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
|  *Overhang provided?* | Yes [ ]   | No [ ]   |  |
|  *Soffit ventilation provided per code?* | Yes [ ]   | No [ ]   |  |
|  *Piers/Columns/Porches* | Age (Yrs) |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
| *VAC, Adequate Venting?* | Yes [ ]   | No [ ]   | Last Inspection Date: |  |
| **COMMON AREAS (Continued)** | **DETAIL/CONDITION** |
|  *Common Entries?* | Yes [ ]   | No [ ]   |  |
|  *Supply/Drain Pipes* |  |  | Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]   |
| **GENERAL** | **DETAIL/CONDITION** |
| MINIMUM SQUARE FOOTAGE | (If units are to be converted) |
|  *One-Bedroom Units (Min. 700 sq. ft.)* | Yes [ ]   | No [ ]   |  |
|  *Two-Bedroom Units (Min. 850 sq. ft.)* | Yes [ ]   | No [ ]   |  |
|  *Three-bedroom Units (Min. 1,050 sq. ft.)* | Yes [ ]   | No [ ]   |  |
|  *Site Office?* | Yes [ ]   | No [ ]   |  |
|  *Total Size (sq. ft.):* |  |
|  *ADA Compliant?* | Yes [ ]   | No [ ]   |  |
|  *Maintenance Shop?* | Yes [ ]   | No [ ]   |  |
|  *Total Size (sq. ft.):* |  |
|  *ADA Compliant?* | Yes [ ]   | No [ ]   |  |
| LOCATION ON ADA-COMPLIANT ROUTE? | Yes [ ]   | No [ ]   |  |
| FIRE HISTORY OF PROPERTY: |  |
| **REHABILITATION STANDARDS CHECKLIST****ADDITIONAL PROJECT NOTES/COMMENTS** |
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## DSHA - Life Expectancy (Years of Different Products/Items/Materials)

**NOTE**: Items that are beyond 50% of life expectancy shall be replaced. DSHA reserves the right to add/delete any item to the required rehabilitation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Item | Life Expectancy (Years) |  |  Item | Life Expectancy (Years) |
| APPLIANCES |  | **FINISHES** |
| * **Disposal**
 | 5 |  | * Exterior paint, plaster, stucco
 | 3-5 |
| * **Microwave ovens**
 | 5 |  | * Interior, wall paint
 | 3-5 |
| * **Ranges, free-standing/built-in, electric/gas**
 | 12 |  | * Interior, door/trim paint
 | 5-10 |
| * **Refrigerators, Standard**
 | 10 |  | **FLOORS** |
| BATHROOMS |  | * Vinyl sheet or tile
 | 10 |
| * **Cast iron bathtub, resurface**
 | 25 |  | * Carpeting
 | 5 |
| * **Fiberglass bathtub and shower**
 | 10 |  | **HEATING, VENTILATION, AND AIR CONDITIONING** |
| * **Shower doors (average quality)**
 | 5 |  | * Air conditioning, central unit
 | 10 |
| * **Toilet**
 | 10 |  | * Air conditioning, window unit
 | 5 |
| CABINETRY |  | * A/C compressor
 | 5-7 |
| * **Kitchen cabinets**
 | 10 |  | * Rooftop air conditioners
 | 10 |
| * **Medicine cabinets/bath vanities**
 | 10 |  | * Furnaces, gas or oil fired
 | 15 |
| COUNTERTOPS |  | * Forced air furnaces, heat pump
 | 10 |
| * **Laminate**
 | 10 |  | * Unit heaters, gas or electric
 | 10 |
| DOORS |  | * Radiant heaters
 | 10 |
| * **Screen**
 | 10 |  | * Ductwork, plastic
 | 15 |
| * **Interior, six-panel, Masonite**
 | 15 |  | * Air terminals, diffusers, grilles, registers
 | 15 |
| * **Exterior, unprotected/exposed**
 | 15 |  | * Boilers, hot water, steam
 | 15 |
| * **Exterior door trim**
 | 5-10 |  |  |
|  |
|  |
| Item | **Life Expectancy (Years)** |  | **Item** | **Life Expectancy (Years)** |
| PLUMBING FIXTURES/PIPING |  | **SHUTTERS** |
| * **Sinks, enamel, steel**
 | 5-10 |  | * Plastic, vinyl, exterior
 | 7-8 |
| * **Sinks, stainless**
 | 10 |  | **SIDING** |
| * **Faucets, low quality**
 | 5 |  | * Wood, T1-11
 | 10 |
| * **Water heater, electric**
 | 10 |  | * Aluminum
 | 20 |
| * **Water heater, gas**
 | 11 |  | * Vinyl
 | 25 |
| * **Pumps, sump and well**
 | 10 |  | * Gutters, downspouts
 | 20 |
| ROOFING |  | **WINDOWS** |
| * **Asphalt, wood shingles, and shakes**
 | 20 |  | * Wood casement
 | 20 |
| * **Built-up roofing, asphalt**
 | 10 |  | * Wood, single, double hung
 | 15 |
| * **Coal and tar**
 | 10 |  | * Aluminum casement
 | 10 |
| SAFETY |  | * Window screens
 | 5 |
| * **Sprinkler Systems**
 | 12 |  |  |  |
| * **Smoke detectors, battery, hardwire**
 | 10 |  |  |  |