|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | |  |  |  |