Multifamily Unit Inspection

**U. S. Department of Housing
and Urban Development**
Office of Housing

Project Name and Address	Project Number
	Number of Units

Owner Name and Address	Resident manager
	Management agent

Inspector	Unit Number	Date of Inspection (mm/dd/yyyy)

Type of unit inspection

☐ FHA unit inspection ☐ Section 8 HQS Unit Inspection ☐ Move-in ☐ Move-out ☐ Other

Condition codes   G = Good   A = Acceptable   R = Requires action   I = Immediate action required

	Condition G	A	R	I	Description of Noted Conditions or Required Corrections	Target Completion Date (mm/dd/yyyy)
Entire unit						
Smoke detectors	☐	☐	☐	☐		
Doors and lock	☐	☐	☐	☐		
Windows/screens	☐	☐	☐	☐		
Heating/ac	☐	☐	☐	☐		
Ventilation/air quality	☐	☐	☐	☐		
Access to fire escape	☐	☐	☐	☐		
Free of vermin/rodents	☐	☐	☐	☐		
Other	☐	☐	☐	☐		
Hazards?	Yes ☐	No ☐				
Living room						
Walls/int.door	☐	☐	☐	☐		
Ceiling	☐	☐	☐	☐		
Floors	☐	☐	☐	☐		
Elec.fixtures/outlets	☐	☐	☐	☐		
Other	☐	☐	☐	☐		
Hazards?	Yes ☐	No ☐				
Dinning area						
Walls/int. doors	☐	☐	☐	☐		
Ceiling	☐	☐	☐	☐		
Floors	☐	☐	☐	☐		
Elec. Fixtures/outlets	☐	☐	☐	☐		
Other	☐	☐	☐	☐		
Hazards?	Yes ☐	No ☐				
Bathroom						
Walls/int. doors	☐	☐	☐	☐		
Ceiling	☐	☐	☐	☐		
Floors	☐	☐	☐	☐		
Elec.fixtures/outlets	☐	☐	☐	☐		
Working toilet	☐	☐	☐	☐		
Lavatory (h/c water)	☐	☐	☐	☐		
Tub/shower (h/c water)	☐	☐	☐	☐		
Other	☐	☐	☐	☐		
Hazards?	Yes ☐	No ☐				
Kitchen						
Walls/int. doors	☐	☐	☐	☐		
Ceiling	☐	☐	☐	☐		
Floors	☐	☐	☐	☐		
Elec.fixtures/outlets	☐	☐	☐	☐		
Stove	☐	☐	☐	☐		
Refrigerator	☐	☐	☐	☐		

form **HUD-9602** (7/92)
ref. Handbook 4350.5 & 4350.2

	Project Name and Address					Unit Number	Date of Inspection (mm/dd/yyyy)

	Condition G A R I				Description of Noted Conditions or Required Corrections	Target completion date (mm/dd/yyyy)

Kitchen (con't.)
	G	A	R	I		
Sink	☐	☐	☐	☐		
Disposal/Trash Container	☐	☐	☐	☐		
Cabinets	☐	☐	☐	☐		
Countertops	☐	☐	☐	☐		
Other	☐	☐	☐	☐		
Hazards?	Yes ☐		No ☐			

Bedroom #(   )
	G	A	R	I		
Walls/int. doors	☐	☐	☐	☐		
Ceiling	☐	☐	☐	☐		
Floors	☐	☐	☐	☐		
Elec.fixtures/outlets	☐	☐	☐	☐		
Other	☐	☐	☐	☐		
Hazards?	Yes ☐		No ☐			

Room ID*_____
	G	A	R	I		
Walls/int. doors	☐	☐	☐	☐		
Ceiling	☐	☐	☐	☐		
Floors	☐	☐	☐	☐		
Elect. fixtures/outlets	☐	☐	☐	☐		
Other	☐	☐	☐	☐		
Hazards?	Yes ☐		No ☐			

Room ID*_____
	G	A	R	I		
Walls/int. doors	☐	☐	☐	☐		
Ceiling	☐	☐	☐	☐		
Floors	☐	☐	☐	☐		
Elect. fixtures/outlets	☐	☐	☐	☐		
Other	☐	☐	☐	☐		
Hazards?	Yes ☐		No ☐			

Room ID*_____
	G	A	R	I		
Walls/int. doors	☐	☐	☐	☐		
Ceiling	☐	☐	☐	☐		
Floors	☐	☐	☐	☐		
Elec. fixtures/outlets	☐	☐	☐	☐		
Other	☐	☐	☐	☐		
Hazards?	Yes ☐		No ☐			

Room ID*_____
	G	A	R	I		
Walls/int. doors	☐	☐	☐	☐		
Ceiling	☐	☐	☐	☐		
Floors	☐	☐	☐	☐		
Elec.fixtures/outlets	☐	☐	☐	☐		
Other	☐	☐	☐	☐		
Hazards?	Yes ☐		No ☐			

Comments (Tenant Maintenance; Tenant; Other)

Inspector's Signature

Date (mm/dd/yyyy)

*Identify area by name or bedroom number (e.g., den, hallway, bedroom #2,etc.)

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