

ASSET MANAGER PROPERTY INSPECTION REPORT			
1. Inspection type <input type="checkbox"/> Initial Insp. <input type="checkbox"/> Ready to List Inspection <input type="checkbox"/> Ready to Close Inspection <input type="checkbox"/> Other	2. Date of this Inspection:	3. Date of last Inspection:	4. Property Address:
			5. FHA Case #:
6a. HUD Property Inspection report MUST be reviewed prior to this inspection. Have you reviewed HUD Property Inspection report? <input type="checkbox"/> Yes <input type="checkbox"/> No		6c. Did you observe discrepancies b/w HUD Property Inspection report & the PCR? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
6b. HUD Property Condition Report (PCR) MUST be reviewed prior to this inspection. Have you reviewed HUD PCR? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. INSPECTION REPORT (Please provide additional comment if necessary)			
I. EXTERIOR		II. INTERIOR	
a. Required signs posted on property.	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A	a. Sign-in sheet in place?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A
b. Is garage door secured property?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A	b. Property winterized?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A
c. Pool/spa covered and all gates secured?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A	c. Property int. in broom-swept condition?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A
d. Landscape adequately maintained and Lawn & shrub cut & trimmed? If No, list location:	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A	d. Sign-in sheet reflect Routine inspection of property? If No, explain:	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A
e. Property boarded and secured? If No, list location:	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A	e. Evidence of plumbing/septic leaks? If Yes, list location:	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A
f. Windows broken or Missing? If Yes, list location:	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A	f. Evidence of vandalism? If Yes, list location:	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A
g. Doors broken or Missing? If Yes, list location:	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A	g. Initial clean-out NOT completed? If Yes, explain:	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A
h. Doors/Windows left unlocked? If Yes, list location:	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A	h. Evidence of active roof leaks? If Yes, list location:	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A
i. Property free of debris & other hazards? If No, list location:	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A	i. Are emergency or preventive maintenance repair needed? If Yes, list location:	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A
j. Evidence of vandalism? If Yes, list location:	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A	j. Are kitchen and bath conditions acceptable? If No, list location:	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A
8. FOR INITIAL & READY TO LIST INSPECTION [ONLY]			
a. Is Property in Ready to Show condition?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A	c. are you proposing to the GTR any value-added cosmetic repairs to increase value or improve sale to owner occupants?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A
b. If No, did you enter comments into P260 related to property condition variances and describe what needs to be done by the FSM? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. FOR READY TO CLOSE TYPE OF INSPECTION [ONLY]			
a. Is property in same condition as listed or contracted for sale?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A	b. Is property in Ready to close condition?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A
If NO, explain:		If No, List what is needed:	
10. Sign & date: Inspector Name/Signature: _____ Date: _____			