	ASSET	MANAGER PR	OPERTY INSPECTION REPOR	Т	
1. Inspection type	2. Date of this Inspection:	3. Date of last Inspection:	4. Property Address:		
()Initial Inspection () Ready to list Insp. () Ready to Close Insp. () Other	5. FHA Case #:		Occupied? () Yes () No		
6a. HUD Property Inspection report MUST be reviewed prior to this Inspection. Have you review HUD Property Inspection report? () Yes () No			6c. Did you observe discrepancies b/w HUD Property Inspection report & the PCR? () Yes () No If yes, please explain:		
	on Report (PCR) MUST be revave you reviewed HUD PCR	viewed			
	7. INSPECTION RE	EPORT (Please	provide additional comment	if necessary)	
	A. EXTERIOR			B. INTERIOR	
a). Required signs posted on p	roperty.	() Yes () No () N/A	a). Pest Control services reqd?		() Yes () No () N/A
b). Any violation sign on site?		() Yes () No () N/A	b). Property adequately/properly winterized?		() Yes () No () N/A
c). Access doors (incl garage)	secured properly?	() Yes () No () N/A	c). Interior Garbage/Debris hazards?		() Yes () No () N/A
d). Are any pool/spa covered a	nd secured?	() Yes () No () N/A	d). Water Heater missing/damaged?		() Yes () No () N/A
e). Are all gates secured?		() Yes () No () N/A	e). Sign-In sheet in place & reflect Ro Inspection of property	utine	() Yes () No () N/A
			If No, explain:		
g). Is shrub properly trimmed? h). Overgrown/Penetrating vegetation trimmed? (1) (1)		() Yes () No () N/A () Yes () No () N/A	f). Are emergency or preventive maintenance repair needed? If yes, list location: g). Are interior walls/ceilings Not clean and in good condition?		() Yes () No () N/A
		() Yes () No () N/A			
		() Yes () No () N/A	h). Property int. in broom-swept condi		() Yes () No () N/A () Yes () No () N/A
			i). Is Interior doors or blt-in cabinets b		() Yes () No () N/A
			j). Built-in appliances (range/oven, dis		() Yes () No () N/A
j). Windows broken or Missing or Unsecured? [If Yes, list location:		() Yes () No () N/A	k). Evidence of vandalism? If Yes, list location:		() Yes () No () N/A
		() les () Au () IV/A			
c). Doors broken or Missing or Unsecured?		() Yes () No () N/A	l). Soiled/Filthy/Stained/damages floor	ring?	() Yes () No () N/A
If Yes, list location:			If Yes, list location:		
I). Doors/Windows left unlocked? If Yes, list location:		() Yes () No () N/A	m). Evidence of active roof leaks? If Yes, list location:		() Yes () No () N/A
m). Is property free of debris & other hazards? If No, list location:		() Yes () No () N/A	n). Evidence of water leak (plumbing, roof, Wtr Htr etc)? If Yes, list location:		() Yes () No () N/A
ir ito, ast location.			in res, list location.		
n). Driveway/Walkway snow re	emoval reqd?	() Yes () No () N/A	o). Evidence of Mold/Mildew or wetnes	ss?	() Yes () No () N/A
o). Evidence of graffiti or vandalism? If Yes, list location:		() Yes () No () N/A	p). Evidence of plumbing/septic leaks? If Yes, list location:		() Yes () No () N/A
		() V. () N. () N/A			() W () N () N./A
p). Any (structural damage) major crack in foundation or exterior walls?		() ies () No () N/A	q). Initial clean-out NOT completed? If Yes, list location:		() Yes () No () N/A
If Yes, list location:					
1),, F, B,		() Yes () No () N/A		closets, faucet) appear Non-functional?	() Yes () No () N/A
driveway, shed etc.? If Yes, list location:			If Yes, Explain:		
r). Roof leaks: Is roof in acceptable condition? If No, list location:		() Yes () No () N/A	s). Are kitchen and bath conditions ac If No, list location:	ceptable?	() Yes () No () N/A
		t) Fridance of Garding ()	2	()Yes ()No ()N/A	
s). Any defective exterior paint? If Yes, list location:		() IGS () NO () IV/A	t). Evidence of flooding water damage		
			u). Is electricity, Gas or Water turned If Yes, which utility is on?	on?	() Yes () No () N/A
			Electricity () Gas () Water ()		

8: Health & Safety Site Hazards (Any condition or sit danger, that could cause an accident, or poses the th	uation at the property t rreat of injury, harm to	hat exposes the government to abnormal risk the public or property), such as:	, that presents a source of				
	If "Yes" list location		If "Yes" list location				
a). () Condemnable Structure Defects		f). () Tripping hazards					
b). () Exposed elect. Wire		g). () Defective Stair Railing					
c). () Electrical hazards		h). () Defective Steps					
d). () Toxic Gas Odor		i). () Unsecured above-ground pool If "Yes", Should it be removed?					
e). () Unsecured In-ground pool		() Yes () No					
j). () Missing Deck Railing (Min. 36" Railing ht @ ver	tical distance of deck flo	oor to grade of 30" or more) List Locations:					
k). () Other (describe & list locations)							
9. FOR INITIAL & READY TO LIST INSPECTION (ONLY)							
a). Is Property in Ready to Show Condition	() Yes () No () N/A	c). Are you proposing to the GTR any value- added cosmetic repairs to increase value or	() Yes () No () N/A				
b). If No, enter comments into P260 related to prope and describe what needs to be done by the FSM.	rty condition variances	improve sale to owner occupants?					
10. FOR	READY TO CLOSE TY	PE OF INSPECTION <mark>S (O</mark> NLY)					
a. Is property in same condition as listed or contracted for sale? If No, explain:	() Yes () No () N/A	b. Is property in Ready to close condition? If No, list what is needed:	() Yes () No () N/A				
ii ito, capiani.							
11. ADDIT	IONAL ITEM DETAILS	, EXPLANATIONS & COMMENTS					
Please provide comments and/or additional details to report. Please use PHOTOGRAPHS, elaborately, for de additional details are given. For example: Item # 7B	ocumentation and supp	ort; and key answers and comments to item n					
Inspection Rprt Item # (Example: Item #7Ba)	COMMENTS AND/OR ADDITIONAL DETAILS (Photos must have case #, Item # & description of the Item identified on front bottom & back)						
		<u></u>					
12 Sign & Date							
12. Sign & Date							
Inspector Name/Signature:		Date:					