

**Attachment** **DHCD HOUSING REHABILITATION STANDARDS**  
**3B** **INSPECTION CHECKLIST AND CERTIFICATIONS**

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**DHCD Supplemental Rehab Requirements  
Pre-Rehabilitation Work Write Up Checklist**

**Property Address** \_\_\_\_\_

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**[ ]     Termite Inspection**

\_\_\_\_\_ Name of Inspector

\_\_\_\_\_ Name of Company

\_\_\_\_\_ Date of Inspection

YES ☐    NO ☐

Treatment Required?

\_\_\_\_\_ Date of Treatment

**[ ]     Chimney Inspection**

\_\_\_\_\_ Name of Inspector

\_\_\_\_\_ Date of Inspection

Type of Repairs Needed \_\_\_\_\_

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**[ ]     Debris Removal**

Debris to be Removed \_\_\_\_\_

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**[ ]     Electrical Inspection**

\_\_\_\_\_ Name of Electrical Inspector

\_\_\_\_\_ Date of Electrical Inspection

Electrical Deficiencies Found \_\_\_\_\_

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[ ] **Weatherization**

\_\_\_\_\_ Date of Blower Door **PRE**-test \_\_\_\_\_ CFM @ 50 pas

\_\_\_\_\_ Name of Tester

YES ☐ NO ☐ **R-38 Ceiling Insulation?**

YES ☐ NO ☐ Storm Door Present at Front and Rear

Weatherization Deficiencies Found: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

[ ] **Special Physical Needs Assessment**

YES ☐ NO ☐ Is house occupied by someone with special needs?

Description of Needs \_\_\_\_\_

\_\_\_\_\_

[ ] **Smoke Detector(s) Present** Hard Wired # \_\_\_\_\_ Battery Powered # \_\_\_\_\_

Description of Needs \_\_\_\_\_

*The Rehabilitation Specialist hereby certifies that all known deficiencies listed on the DHCD Supplemental Rehab Requirements Post-Rehab Completion Checklist have been addressed and are included in the Work Write Up for repair at the house specified.*

\_\_\_\_\_  
*Signature of Rehabilitation Specialist*

\_\_\_\_\_  
*Date*

Reviewed by:

\_\_\_\_\_  
*Signature of Housing Program Administrator*

\_\_\_\_\_  
*Date*

**THIS FORM TO BE SUBMITTED BY THE REHAB SPECIALIST TO THE HOUSING PROGRAM ADMINISTRATOR ALONG WITH THE PRE-INSPECTION FORM AND COMPLETED WORK WRITE UP PRIOR TO SOLICITING BIDS.**

## DHCD Supplemental Rehab Requirements Post-Rehabilitation Completion Checklist

Property Address \_\_\_\_\_

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*Check the answer which best describes rehabilitation efforts.*

YES

NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do all housing quality deficiencies appear to have been repaired and does the house now meet DHCD HRS?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does it appear that all work items have been completed?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the occupant offer any complaints (if yes, list under comments)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the homeowner, if different, offer any complaints (if yes, list under comments)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the construction activities comply with the adopted community standards?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there evidence of an inspection for termites, pests, lead based paint, and chimneys?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have all debris, abandoned vehicles, and derelict structures been removed from the property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the inspection reveal that weatherization measures were taken and at least <b>R-38</b> ceiling insulation is present?<br>Blower Door PRE test _____ CFM @ 50 pas<br>Blower Door POST test _____ CFM @ 50 pas |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the unit occupied by a disabled or elderly person?  |
| <input type="checkbox"/> | <input type="checkbox"/> | If yes, were improvements appropriately made?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the electrical system adequate to meet any additional load?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did construction require an electrical service upgrade?  |

Is the workmanship      ☐ Good                      ☐ Adequate                      ☐ Poor

Comments: \_\_\_\_\_

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*The Rehab Specialist and the Housing Program Administrator hereby certify that this report accurately summarizes the housing rehab work performed on the house noted.*

\_\_\_\_\_  
*Rehabilitation Specialist*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Housing Program Administrator*

\_\_\_\_\_  
*Date*