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| **Project Information** | | | | |
| **Subrecipient or GLO’s Designated Representative (“GDR”) Name:** | | | **Contract No. and/or WO:** | |
| **Applicant’s Name:** | | **Co-Applicant’s Name:** | | |
| **Physical Address:** | | | | |
| **City:** | | **State:** | **ZIP Code:** | |
| **Builder Name:** | | | | |
| ***\*\*Must Be Completed Prior to TREC Inspection\*\****  **Instructions:** Check Yes, No, or N/A; in addition, check items that are deficiencies that were NOT included in the Builder’s Original Scope on the 11.17 Form or Change Orders. These are NOT Builder’s Deficiencies (will not be reflected on the Builder Scoring). NOS = “Not On Scope” | | | | |
| **General Inspection** | | | | |
| Yes No N/A  NOS | **All in-scope work (on form 11.17) is performed satisfactorily.** | | | |
| Yes No N/A  NOS | Building permit and green tags in place and visible. | | | |
| Yes No N/A  NOS | Exterior door locks properly adjusted, deadbolt fully extends into jamb. | | | |
| Yes No N/A  NOS | Top surface of gripping handrails at 34-38" vertically above walking surfaces, stair noses, and rampsurfaces (if applicable). | | | |
| Yes No N/A  NOS | Maximum 4" opening on all balusters/rail supports (if applicable). Not missing required balusters. | | | |
| Yes No N/A  NOS | All weatherproofing installed at exterior doors. | | | |
| Yes No N/A  NOS | Roof complete including drip edge, all vent boots/caps, shingles straight & level. | | | |
| Yes No N/A  NOS | Inside of home is free from construction debris, swept and clean. | | | |
| Yes No N/A  NOS | Exterior is free of trash and construction materials. | | | |
| **Inspector Observation Remarks:** | | | | |
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| **Exterior Inspection** | | | | |
| Yes No N/A  NOS | House numbers are in place, visible. | | | |
| Yes No N/A  NOS | All piping/drain lines are secured to home and exposed pipes insulated. | | | |
| Yes No N/A  NOS | Appropriate water main cut-off exists, and is accessible. | | | |
| Yes No N/A  NOS | Check electrostatic grounding of gas lines. | | | |
| Yes No N/A  NOS | All flatwork (driveway, walks, etc.) free of tripping hazards (if not replace). | | | |
| Yes No N/A  NOS | Siding is free of bowing, loose pieces, cracks, dents or chips. | | | |
| Yes No N/A  NOS | Verify minimum ½” expansion gap between siding and porch floor, and between siding and ramp. | | | |
| Yes No N/A  NOS | All exposed surfaces painted, and exterior paint complete without visible defects (from 6 feet away). | | | |
| Yes No N/A  NOS | Silicone caulk is present at exterior door sills and windows. Exterior penetrations are weatherproofed. | | | |
| Yes No N/A  NOS | Existing gutters, splash blocks, water diverters, are not damaged or detached. | | | |
| **Inspector Observation Remarks:** | | | | |
| **Interior Inspection** | | | | |
| Yes No N/A  NOS | Switches, receptacles, circuit breakers & thermostat are functional. | | | |
| Yes No N/A  NOS | All switch and receptacle plates level, flush, and without defects. | | | |
| Yes No N/A  NOS | Walls and drywall are visually free of blemishes. | | | |
| Yes No N/A  NOS | Verify all base trim is properly installed. | | | |
| Yes No N/A  NOS | Smoke/CO detectors installed in proper locations and operational. | | | |
| Yes No N/A  NOS | Paint coverage is acceptable and free from flaws visible from 6 feet away. | | | |
| Yes No N/A  NOS | Carpet is properly installed, not missing sections. | | | |
| Yes No N/A  NOS | Check vinyl flooring for deficiencies such as peeling/lifting, visible gaps/seams, ridges/depressions, or overall poor workmanship. | | | |
| Yes No N/A  NOS | Check for Hot-Cold faucet & controls reversal in all showers, tubs, and sinks. | | | |
| Yes No N/A  NOS | Check for leaks in supply and drain lines under sinks. | | | |
| Yes No N/A  NOS | Toilets flush properly and are firmly seated in place (no movement). | | | |
| Yes No N/A  NOS | AC & Heat — check for cold and hot air movement; system in good working order. Check thermostat functions. | | | |
| Yes No N/A  NOS | AC filter in place; filter panel removable. | | | |
| Yes No N/A  NOS | AC registers properly installed (no gaps, all screws) and level. | | | |
| Yes No N/A  NOS | Septic system is installed and operational (if applicable). | | | |
| Yes No N/A  NOS | Well water system is installed and operational (if applicable). | | | |
| Yes No N/A  NOS | Hot water heater is installed, operational. | | | |
| Yes No N/A  NOS | Appliances are installed, operational. | | | |
| Yes No N/A  NOS | Anti-tip device is installed for the stove/oven range. | | | |
| Yes No N/A  NOS | Insulation stop at attic access. | | | |
| Yes No N/A  NOS | Attic insulation is installed properly. | | | |
| Yes No N/A  NOS | Attic access door insulated and closes properly. | | | |
| Yes No N/A  NOS | Windows & doors are operable (all locks & hardware operate smoothly). | | | |
| Yes No N/A  NOS | All window screens installed, and NOT excessively torn or missing. | | | |
| **Inspector Observation Remarks:** | | | | |
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| **Electrical Inspection** | | | | |
| Yes No N/A  NOS | Air Conditioner breaker is properly sized. | | | |
| Yes No N/A  NOS | All exhaust fans and ceiling fans are operational, no excessive noise or vibration. | | | |
| Yes No N/A  NOS | AC Condenser location ok, and operable | | | |
| Yes No N/A  NOS | Aluminum wiring is NOT visually apparent. *(If it’s aluminum wiring, check “No”)* | | | |
| Yes No N/A  NOS | Check that all required GFCI circuits are present and operating properly. | | | |
| Yes No N/A  NOS | Check that all required AFCI circuits are present and operating properly. | | | |
| Yes No N/A  NOS | All circuit breakers clearly labeled. | | | |
| Yes No N/A  NOS | Check ground and polarity of all receptacles that are reasonably accessible. | | | |
| **Inspector Observation Remarks:** | | | | |
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| **Accessibility Inspection (when applicable)** | | | | |
| Yes No N/A  NOS | If lift present, ensure it is operable, and lift gates fasten securely. | | | |
| Yes No N/A  NOS | Roll-in or low-step shower. | | | |
| Yes No N/A  NOS | Grab bars installed properly. | | | |
| Yes No N/A  NOS | Toilet 18” (on center) from finished side wall. | | | |
| Yes No N/A  NOS | Toilet seat height is 17–19” from floor. | | | |
| ☐Yes ☐No ☐N/A ☐ NOS | ADA-accessible vanity installed. | | |
| **Inspector Observation Remarks:** | | | | |
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| **Signatures** | | | | |
| Under penalties of perjury, I certify that the information presented in this Affidavit is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in Programs that will accept this Affidavit. 18 U.S.C. Section 1001 states that a person is guilty of a FELONY if he/she knowingly and willfully makes false statements to any department of the United States Government. | | | | |
| **Inspector’s Printed Name:** | | | **Date:** | |
| **Inspector’s Signature:** | | |
| **Superintendent’s Printed Name:** | | | **Date:** | |
| **Superintendent’s Signature:** | | |
| **Applicant’s Printed Name:** | | | **Date:** | |
| **Applicant’s Signature:** | | |
| **Co-Applicant’s Printed Name:** | | | **Date:** | |
| **Co-Applicant’s Signature:** | | |

\*\*Based upon IRC 2012, ADA 2010, HUD Housing Quality Standards and CDR Design Standards.

**List any additional items that are deficiencies that were NOT included in the Builder’s Original Scope (items not on the 11.17 From or Change Orders) that should be addressed, researched or followed up. These are NOT Builder’s Deficiencies (not to be reflected on the Builder Scoring).**

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| **Additional Inspector Observations & Remarks:** |
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