**Project Capital Needs Assessment (PCNA) Statement of Work – Limited Scope**

Section 232/223(a)7

**I. REQUIRED CREDENTIALS FOR NEEDS ASSESSOR**

A. Firm Type, Disciplines And Organization

The firm shall have experience in conducting comprehensive building and grounds inspections, identifying the necessary work items to place properties in good condition, and estimating the cost of the work items (e.g., architectural, and/or building inspection and cost estimating services firms). Either a single firm or an affiliated group of firms is acceptable as long as they represent all the essential disciplines necessary to perform the required work. The Needs Assessor’s team should include someone regularly engaged in performing pre-purchase real estate and building inspections for apartment owners, lenders, insurance companies and real estate professionals, and someone who normally prepares cost estimates for rehabilitation construction projects.

B. Personnel, Experience And Qualifications

The firm must have performed a minimum of ten (10) comprehensive building inspections which included structural, mechanical, electrical, interior and exterior building components and systems, and handicap accessibility. The experience of the individual members is of more importance than the firm's experience. In addition the firm must have performed more than five (5) construction cost estimates on rehabilitation projects. Project experience in the project’s geographic location or in a similar climate is an advantage, but not a necessity.

Listed below are the minimum qualifications for technical staff. Experience in one or a combination of the following types of activities:

1. Building Inspection

a. Registered or have a degree in architecture or engineering; or

b. Have at least 6 years experience in architectural and engineering analysis of buildings, with at least 2 years in multifamily buildings; and at least 3 years demonstrated experience in working with and knowledge of building codes and related codes and ordinances, costs, construction practices and requirements for the applicable geographic areas.

2. Cost Estimation

a. Must have 3 years experience in general construction cost estimating plus 2 years in the multifamily area, or

b. Have at least 6 years experience in architectural and engineering analysis of buildings, with at least 2 years in multifamily buildings. This includes design review and construction inspection.

C. Contractual Requirements

The contract must be with either a sole proprietor or a firm with an identified individual.  Either a single firm or an affiliated group of firms is acceptable, as long as they represent all the essential disciplines necessary to perform the required work.

**II. Lender Option of Formula-Based Analysis of Major Movable Equipment Needs**

On PCNA’s prepared in connection with a Section 223(a)(7) refinances, the lender shall have the option of requesting that the PCNA be completed using a formula-based analysis of future needs relating to Major Movable Equipment. The lender may also choose to require a full analysis of future needs relating to Major Movable Equipment. If the formula-based analysis is chosen, the “Condition Assessment & Proposed Replacement and Cost Schedule – Major Movable Equipment” at the end of this SOW will be modified as follows:

1. The following columns would not be completed: Estimated Useful Life, Reflective Age, Remaining Life, and the yearly cost estimates. Only the Quantity and Unit Cost Columns would be completed. Moroever at the end of each row, add a total replacement cost.
2. At the bottom of the analysis, total the total replacement cost column.
3. Multiply the amount obtained in B above by 10% to obtain the amount of the required annual replacement reserve deposit to cover Major Movable Equipment.

**III. GENERAL DESCRIPTION OF WORK**

 A. The Needs Assessor shall:

 1. Inspect the subject project to determine whether or not the project and the sponsor's proposed repairs, if any, meet all of the applicable HUD/FHA requirements.

2. Inspect the subject project to determine whether or not repairs/deficiencies found in the current HUD REAC Inspection Report are completed.

 3. Evaluate the type and cost of repairs and replacements necessary to assure an acceptable project.

 4. Determine the acceptability of the existing structure's architecture, construction and cost-of-repairs relative to the mortgage risk to HUD as an insurer.

 5. Submit to the Lender a report containing the Needs Assessor’s findings, analysis and conclusions. A sample form of report is attached as a guide in the preparation of the required report. The sample form of report contains all of the areas of concern that shall be addressed by the Needs Assessor.

B. HUD requires the Needs Assessor to perform a professional analysis of the project from an architectural and construction perspective. Nevertheless, the Needs Assessor may draw upon their experience in other areas and may make recommendations that fall outside of the realm of architecture and construction per se (e.g., architectural features that add to the marketability of a project). The Needs Assessor shall clearly identify these as recommendations (i.e., not as requirements).

**IV. HANDBOOKS AND GUIDANCE.**

 A. The Needs Assessor shall perform the required work in accordance with the HUD Handbooks and materials referenced below and for the particular project and program:

1. HUD Handbook 4232.1, Healthcare Mortgage Insurance Program Handbook

 2. Sample Inspection Report format in Exhibit 1 to this Statement of Work.

 3. 24 CFR Part 100, "Fair Housing Accessibility Guidelines (FHAG)"

 5. HUD Handbook 4910.1, "Minimum Property Standards for Housing"

1. HUD Handbooks and Notices may be obtained online at: <http://www.hud.gov/offices/adm/handbks_forms/index.cfm>

 C. All of the Handbooks and regulatory citations described in this Statement of Work are subject to revision. It is the Needs Assessor’s responsibility to ensure all inspections are conducted according to current HUD standards.

**V. SPECIFIC REQUIREMENTS.**

 A. **Review of Firm Application exhibits.** Exhibits may include:

 1. Location map

 2. Plans and specifications *(if required for repairs)*

 3. Soils report *(if required for repairs)*

 4. Owner's repair list and cost breakdown

 5. Code inspection reports

 B. **Inspections.** The Needs Assessor shall complete a visual survey of individual units and the project in general to ascertain any repairs and replacements necessary to maintain the property in eligible condition. The Needs Assessor shall make all necessary arrangements with the owner or project manager to inspect the project.

 1. **Dwelling units.**

 a. The Needs Assessor shall:

 (1) Specifically identify each repair or replacement, including its location and respective cost.

 (2) Identify those repair or replacement items that can be categorized as deferred maintenance or normal rent-ready type work items

 (3) Note the condition and remaining useful life of the major Capital Improvement items.

(4) Note the condition and remaining useful life of the Major Movable Equipment. {Note: this is not required if the formula-based analysis of major movables is chosen by the lender.}

b. The Needs Assessor must inspect enough dwelling units to be able to formulate an accurate estimate of repair, replacement and major maintenance needs.

(1) In some cases, depending on the size and condition of the Project, all or nearly all units will need to be inspected by the Needs Assessor.

(2) In other cases, a lesser number of units may need to be inspected by the Needs Assessor, however, in all cases a minimum of 25% of the units shall be inspected.

(3) The Department expects that appropriate statistical sampling methods and techniques will be used by the Needs Assessors to reach their conclusions about repair needs.

 2. **Common Areas.** The Needs Assessor shall inspect:

 a. All of the building exteriors and common areas.

 b. All roofs, mechanical equipment, drainage systems, walks and drives, attics and crawl spaces, and visible portions of the foundation and utility systems.

 c. All collateral support buildings.

 3. **Compliance with other HUD requirements.** The project must comply with certain statutory and regulatory requirements of HUD. The Needs Assessor shall determine compliance in the following areas, and comment in their report on the following:

 a. Smoke detectors. Every dwelling unit shall be supplied with smoke detector(s) in appropriate location(s), including inside all bedrooms, outside every sleeping area in the immediate vicinity of the bedrooms, and on all levels of the dwelling unit, including basements. The Contractor shall verify that the smoke detectors are operational. If the smoke detectors are not in every dwelling unit, the installation and cost of the smoke detectors shall be listed as a critical repair item.

 b. Standards. Eligible properties are existing construction. The criteria for acceptance are not the same as for proposed construction. **The Minimum Property Standards apply in the following manner:**

 (1) Chapter 2, General Acceptability Criteria shall be met with the exception of the requirement for a primary entrance readily accessible to the physically handicapped.

 (2) Other Chapters. The property shall comply with the general intent of all other chapters of the MPS.

 c. Handicapped Accessibility Requirements. The Fair Housing Accessibility Guidelines are applicable for projects with first occupancy after March 13, 1991, and for which building permits were issued or reissued after June 15, 1990, on a building by building basis. Section 504 / Uniform Federal Accessibility Standards (UFAS) is applicable for all housing receiving Federal financial assistance (note: Medicaid and Medicare are not considered Federal financial assistance when determining accessibility compliance), plus all existing HUD Section 232 New Construction, and existing HUD Section 232 Substantial Rehabilitation (but only those elements that underwent alteration), built after 1973. Project marketability and *functional obsolescence* must always be a consideration, no matter if compliance with the above accessibility standards is required or not.

d. Radon. Project must comply with requirements found in HUD Handbook 4232.1 Rev.1, Section II – Production, Chapter 7 – Environmental Review, 7.8 Radon.

4. **Compliance with the Department of Health & Human Services, Centers for Medicare & Medicaid Services, final rule entitled, “Medicare and Medicaid Programs; Fire Safety Requirements for Long Term Care Facilities, Automatic Sprinkler Systems.”** This regulation requires all nursing homes participating in the Medicaid or Medicare programs to be equipped with a supervised automatic sprinkler system by August 13, 2013, installed in accordance with the 1999 edition of the National Fire Protection Association’s (NFPA) “Standard for the Installation of Sprinkler Systems” (NFPA 13). Facilities with existing sprinkler systems should review their sprinkler systems to determine if they meet the requirements of the 1999 edition of NFPA 13. In addition, the regulation also requires that all long term care facilities inspect, test, and maintain all sprinkler systems (both newly installed and existing systems) in accordance with the 1998 edition of NFPA “Standard for the Inspection, Testing, and Maintenance of water-Based Fire Protection Systems” (NFPA 25). The Needs Assessor shall obtain and review the facility’s compliance certifications. If the facility is not in compliance, an installation/repair plan shall be proposed in the List of Repairs and/or Replacement Reserve Analysis.

 C. **Review of Owner's Repair List.** The Needs Assessor shall review and verify the owner's repair list, appropriately identifying the required repairs or optional items. The Needs Assessor may obtain additional information from the owner, the owner's manager, or other authorized representative of the owner relating to capital improvements previously performed on the project in order to aid the Needs Assessor in determining the useful life of the major capital items and Major Movable Equipment {Note: the condition assessment of Major Movables is not required if the lender chooses to use the formula-based analysis}.

D. **Review of Current HUD REAC Inspection Report.** The Needs Assessor shall review the current HUD REAC Inspection Report (and reference date of the report) at the time of the inspection.  The inspector shall document confirmation of repairs/deficiencies that are corrected, and/or list any incomplete repairs/deficiencies remaining at the time of the inspection. These outstanding repairs/deficiencies shall be added to the Lists of Critical or Non-Critical Repairs, as appropriate.

 E. **Inspection Report.** The Needs Assessor shall submit a report that includes:

 1. **Work write-up.** The Needs Assessor shall verify that the owner's repair lists are adequate to meet HUD's requirements and/or prepare a list of any additional repairs necessary to bring the project into compliance (including any incomplete REAC Inspection repairs/deficiencies, if applicable). The Needs Assessor shall separate the list of required work items, both General Requirements and Specific Requirements, into two additional categories: Critical Repairs and Non-Critical Repairs (see also Exhibit 1). These repair or replacement lists shall be as specific as possible. For example, a statement such as, "repair or replace air-conditioner" is inadequate and unacceptable. A specific statement such as "replace air-conditioner in Unit #5" or "repair compressor of the air conditioner in Community Dining Room" is acceptable. Include a cost estimate for each repair or replacement item, including applicable sales tax.

 2. **Critical Repairs or replacements** include, but are not limited to: repairs to correct items that affect life, health and safety or are a hazard to the occupants (e.g., installation of smoke detectors), compliance with local code violations, correction of accessibility violations, and repairs/replacements that are crucial to HUD's evaluation of the insurability of the project. The owner must complete critical repairs prior to loan closing. The Needs Assessor shall list Critical Repairs separately as "General" and "Specific" (see paragraphs 6 and 7 below and Exhibit 1).

 3. **Non-Critical Repairs or replacements** are the remaining work write-up items identified by the Needs Assessor that do not fall into the category of Critical Repair items. The Needs Assessor shall clearly identify those items that duplicate the work items identified by the owner. For each such duplicate item, the Needs Assessor shall clearly state whether or not the Needs Assessor accepts the owner's cost estimate as accurate. If the Needs Assessor does not accept the owner's cost estimate, then the Needs Assessor shall show both their estimate and the owner's estimate for the affected items. The Needs Assessor shall list Non-Critical repairs separately as "General" and "Specific" (see paragraphs 6 and 7 below and Exhibit 1).

 4. **Specifications and drawings.** The Needs Assessor shall clearly indicate those required repairs for which the owner must submit drawings and/or specifications to the Lender for review and acceptance prior to loan closing. The Needs Assessor shall review and comment on any specifications and drawings provided as part of the owner's repair list with regard to their appropriateness and adequacy to accomplish the required repairs. The Needs Assessor shall also clearly indicate those repairs or replacement items which will require the submission of plans and/or specifications drawn/designed by an architect or engineer.

 5. **General repairs or replacements** include work applicable to all elements in the project. Examples: "Repaint the exteriors of all buildings -- 5 buildings x $2500/building = $12,500." "Install new drapes in all dwelling units -- $100.00/D.U. x 50 D.U. = $5,000."

 6. **Specific repairs or replacements** include work applicable to specific areas in the project. This work can be exterior or within specific dwelling units as determined from the individual dwelling unit inspections. Examples: "Remove 500 square feet of deteriorated paving on the east side of building A and repave -- 500 s.f. x $2.00/s.f. = $1,000." "Replace refrigerators in units 101, 103, 202, 312, 323, 212, and 313 -- 7 @ $400.00 each = $2,800".

 7. **Unit inspection write-up.** The Needs Assessor shall prepare a unit-by-unit work write-up of the inspected units. This work write-up shall be the basis for the development of the Lists of Critical and Non-Critical Repairs. As stated before, normal deferred maintenance items and normal items done to make units rent ready should not be included in the repair list, but if the Needs Assessor finds that these conditions are pervasive in the units inspected, they should consider including those items on the list of General or Specific repairs.

 8. **Photographs.** The Needs Assessor shall provide a photographic record of the project. The photographs shall depict the general condition of the project including the site improvement and typical interior units. The Needs Assessor shall include photographs of major repair items clearly depicting the nature and scope of the required repairs. Photographs shall be mounted and identified with written description and location of each. Photographs shall be at least 4"x6" in size.

 9. **Condition Assessment & Proposed Replacement and Cost Schedule - Capital Items and Major Movable Equipment** *(NOTE – Tables must be in a format that are legible on 8 ½ x 11 paper.)*

 **{Note: the condition assessment of Major Movable Equipment is not required if the lender chooses to use the formula-based analysis.}**

 a. FHA mortgage insurance programs requires the establishment of a reserve fund for replacement of Major Capital Items and Major Movable Equipment during the course of the loan (see the list of components in the sample inspection report package with an estimate of remaining useful life of the component). The owner is required to deposit a calculated amount each month into the reserve fund throughout the life of the mortgage. If the project is new, the reserve fund would be $0.00 which assumes that each of the components have their full useful life and replacement would not be required until after the reserve fund has been built up.

b. It is the Needs Assessor’s responsibility to assess the condition of major capital items, and major movable equipment. This assessment will include a proposed replacement and cost schedule over a 15-year period. The Lender will then use this analysis to determine the required deposits to the Replacement Reserves for Capital Items and Major Movable Equipment.

 c. The list of items included in the sample inspection report package (see Exhibit 1) may be modified to cover items peculiar to the inspected project or to cover items identified by the Needs Assessor which will require work in the near future. The estimated remaining useful life for each item is based upon average or normal life of these components and equipment.

 d. The Needs Assessor should be practical in assessing the condition of major capital items and major movable equipment. Many of the items listed, if well maintained and repaired, will exceed the estimated useful life. Also, certain items such as ranges and refrigerators can double their useful life with a simple replacement of parts rather than complete replacement. The Needs Assessor should take these factors into account during their analysis.

 e. In making their analysis, the Needs Assessor shall consider the following factors based upon their inspection of the project (NOTE: column headings, etc. refer to the form in the sample Inspection Report in Exhibit 1):

 (1) Establish a list of items to be the basis of the calculation. Example: The Needs Assessor determines that a calculation for domestic hot water heaters is not necessary since all of the hot water heaters were replaced last year and are in excellent condition.

 (2) Determine the “Reflective Age” of the item. Example: The Needs Assessor determines that the ranges have an additional useful life of 5 years even though they are 15 years old. In this case the reflective age of the ranges should be 10 years (15 years useful life minus 5 years remaining life). The Needs Assessor must use judgment in making such a determination of the reflective age as typically, during the life of the project, the ranges may have been randomly replaced. The individual unit inspections should reflect the average condition of the unit items.

 (3) If, for a particular item, the Needs Assessor determines that the “Reflective Age” of an item falls into more than one category, more than one entry may be made. Example: The Needs Assessor determines that half of the roofs were replaced 5 years ago and the remaining roofs are 10 years old. The analysis should be made for roofing with half the roofing based upon a reflective age of 5 years and the other half of the roofing based upon a relative age of 10 years.

 (4) “Remaining Life” is determined by subtracting the “Reflective Age” from the “Expected Life.”

 (5) “Quantity / Unit” is to be filled with the number of items to be considered for the estimate of replacement cost; the square footage of the item if the estimate of replacement cost is based upon square foot costs; or lump-sum if the estimated replacement costs were based on the entire cost of the item. The Needs Assessor should be particularly careful in determining this number by first analyzing the repair lists prepared by the owner and by the Needs Assessor. Example: There are 100 refrigerators in the project. The owner indicates that he intends to replace 25 refrigerators. The Needs Assessor lists 10 additional refrigerators to be replaced. The number of refrigerators to be considered in the initial deposit should be 65.

 (6) A “Unit Cost” is entered for each line item. Example: If it will cost $20,000 to replace the roof, enter $20,000.

 (7) Using the figures in “Remaining Life,” “Unit Cost,” and “Expected Life,” establish the future replacement needs for that line item over a 15 year period. Example: The line item is Asphalt Seal Coat/Strip/Repair. It has a “Remaining Life” of 5 years, a “Unit Cost” of $1,250.00, and “Expected Life” of 5 years. Therefore, $1,250.00 would be entered under Years 5, 10, and 15. In other words, every five years, the Replacement Reserves would need to support a $1,250.00 expense to seal coat asphalt.

f. Some items identified in the Needs Assessment may be part of the current operating budget for the Project. If these items (such as replacement of garbage disposals or smoke detectors) are included in the normal operating budget for the Project, funds for their maintenance or replacement should not be included in the Replacement Reserve. The Lender should only remove such items from the Needs Assessor’s estimate if there is clear evidence that the operating budget for the Project includes these items and the items are of relatively nominal cost. The Lender should also ensure, in the review of prior operating statements for the Project, that any “capital” items deleted from the maintenance line items are addressed in the calculation of reserves if they are likely to recur during the term covered by the PCNA.

F. **Property Insurance Estimated Replacement Cost.**  The Needs Assessor shall submit a report that includes an Estimated Replacement Cost (aka Insurable Value, **not** Replacement Cost New) which complies with the amount of insurance coverage required in Handbook 4232.1, Section II – Production, Chapter 14.5.

 **Exhibit 1**

**INSPECTION REPORT FORM**

**232/223(a)7 Program**

**Project Name:**

**Project Address:**

**HUD Project No.:**

**Prepared By:**

**Signature:**

**Firm Name:**

**Prepared For:** ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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 B. Site Construction \_\_

 1. Parking/Surfaced Area

 2. Landscaping

 3. Fencing & Miscellaneous Site Construction

 4. Other

 C. Building Construction \_\_

 1. Structural System

 2. Building Siding & Exterior Walls

 3. Roof system

 4. Balconies/Patios

 5. Stairs & Guard Rails

 6. Floor Systems

 7. Elevators

 8. Other

 D. Condition of Building Interiors & Units \_\_

 1. Interior Fixtures

 a. Appliances

 b. Carpeting/Tile

 c. Windows/Doors

 d. Sinks/Lavatories

 e. Cabinets/Counter tops

 f. Fixtures

 g. Other

 2. Moisture, Mold and Mildew Observations 3. Common Areas

 a. Laundry Facilities

 b. Recreational Facilities

 c. Hallways

 d. Leasing Office

 e. Storage Areas

 f. Commercial Areas

 g. Other

 E. Mechanical Systems \_\_

 1. HVAC

 2. Fire Sprinkler System

 3. Fire Alarm System

 4. Domestic Hot Water System

 5. Other

 F. Project Eligibility \_\_

 1. Handicap Accessibility Statement of Compliance

 *(FHAG, ADAAG, UFAS, State Specific)*

 a. Site Area

 b. Common Area

 c. Residential Area

 d. Commercial Area

 2. Smoke Detectors

 3. Compliance with Building Codes

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 **NEEDS ASSESSOR’S CERTIFICATION**

I, \_\_\_\_\_\_\_\_\_ [*type or print name*], inspected the property located at

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ on, \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_;

The scope of the 232/223(a)7 Building Inspection consisted of an evaluation of the project site, building exteriors, roofs, recreation facilities, interior service and common areas, mechanical systems, and \_\_ of the project's \_\_ units/apartments that are situated in \_\_ buildings.

The inspection was visual in nature and did not include any destructive testing or taking of samples. No detailed analyses or calculations were made to verify the adequacy of any building systems.

Cost estimates used in the report are based on costs experienced on similar projects, costs experienced by the on-site management, and discussions with local Contractors. The costs include state and local taxes.

No identity of interest, as defined in the contract, exists between me or my firm and the sponsor, property owner, principals of the sponsor's, owner's, Borrower’s firms, the property management entity, or any contractors or subcontractors involved in the rehabilitation of this project.

.

 \_\_\_

Signature Date

 **INSPECTION REPORT**

**I. SCOPE OF INSPECTION**

 A. Desk Review

 Exhibits received and reviewed: Yes No

 1. Location Maps \_\_\_ \_\_\_

 2. Plans & Specifications \_\_\_ \_\_\_

 3. Soils Report \_\_\_ \_\_\_

 4. Local Building Code Compliance \_\_\_ \_\_\_

 5. Building

 a. Mechanical \_\_\_ \_\_\_

 b. Electric \_\_\_ \_\_\_

 c. Fire \_\_\_ \_\_\_

 d. Other \_\_\_ \_\_\_

 6. Owner's Repair List and Cost Breakdown \_\_\_ \_\_\_

7. Current HUD REAC Inspection Report \_\_\_ \_\_\_

 8. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_

 B. Units/Apartments Inspected

 The following units/.apartments were inspected on \_\_ \_\_\_\_\_\_\_ , 20\_\_\_\_:

 Total Units in Project: \_\_

 INSPECTED NOT INSPECTED

 Building 1

 Unit No.'s

 Building 2

 Unit No.'s

 Building 3

 Unit No.'s

 Building 4

 Unit No.'s

 Building 5

 Unit No.'s

 Building 6

 Unit No.'s

 Total Units Inspected: \_\_\_\_\_\_\_\_

 Total Units Not Inspected: \_\_\_\_\_\_\_\_

 [*Continue on additional sheets as needed. Add totals from all sheets at the bottom of the last sheet.*]

C. Code Compliance Requirements [*check appropriate boxes*]

 Attached is:

 [ ] A copy of the local code(s) Inspector's report(s) (Building, Fire, Electrical, etc.) **or**

 [ ] A statement that the local building department did not inspect the units but does not have any record of code violations or file.

 My inspection [ ] did [ ] did not reveal any features of code non-compliance. (Special Engineering Reports are recommended. Refer to Section IV, Special Engineering Reports/Studies below.)

**II. PROPERTY CONDITIONS**

 A. General Description

 B. Site Construction

 1. Parking/Surfaced Areas

 2. Landscaping

 3. Fencing & Miscellaneous Site Construction

 4. Other

 C. Building Construction

 1. Structural System

 2. Building Siding & Exterior Walls

 3. Roof System

 4. Balconies/Patios

 5. Stairs & Guard Rails

 6. Floor Systems

 7. Elevators

 8. Other

 D. Condition of Building Interiors & Units

 1. Interior

 a. Appliances

 b. Carpeting/Tile

 c. Windows/Doors

 d. Sinks/Lavatories

 e. Cabinets/Counter tops

 f. Fixtures

 g. Other

 2. Moisture, Mold and Mildew Observations

 3. Common Areas

 a. Laundry Facilities

 b. Recreational Facilities

 c. Hallways

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 f. Commercial Areas

 g. Other

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 1. HVAC

 2. Fire Sprinkler Systems

 3. Fire Alarm System

 4. Domestic Hot Water System

 5. Other

 F. Project Eligibility

 1. Handicap Accessibility Statement of Compliance

 *(FHAAG, ADAAG, UFAS, State Specific)*

 a. Site Area

 b. Common Area

 c. Residential Area

 d. Commercial Area

 2. Smoke Detectors

 3. Compliance with Building Codes

 4. Compliance with Minimum Property Standards

5. Compliance with Long Term Care Facilities, Automatic Sprinkler Systems

6. Compliance with Radon Report

 7. Supplemental Comments & Recommendations

**III. SUMMARY AND CONCLUSIONS** [*continue on additional sheets as needed*]

**IV. SPECIAL ENGINEERING REPORTS/STUDIES** [*list*]

**V. CRITICAL REPAIR LIST.**

ALL REPAIRS OR ALTERATIONS MUST MEET THE SPECIFIC REQUIREMENTS CONTAINED IN CHAPTERS 5 AND 6 OF HUD'S MINIMUM PROPERTY STANDARDS.

 Description of Condition, Repair Costs (including applicable taxes):

 Locations(s), & Nature of Repair Labor Material Total

**Interior Repairs**

 General:

 Specific:

Subtotal Interior Repairs: $

**Exterior Repairs**

 General:

 Specific:

 Subtotal Exterior Repair: $

 **TOTAL CRITICAL REPAIRS:** $\_\_\_\_\_\_\_\_\_\_

**VI. NON-CRITICAL REPAIR LIST**

ALL REPAIRS OR ALTERATIONS MUST MEET THE SPECIFIC REQUIREMENTS CONTAINED IN CHAPTERS 5 AND 6 OF HUD'S MINIMUM PROPERTY STANDARDS.

 Description of Condition, Repair Costs (including applicable taxes):

 Locations(s), & Nature of Repair Labor Material Total

**Interior Repairs**

 General:

 Specific:

Subtotal Interior Repairs: $

**Exterior Repairs**

 General:

 Specific:

 Subtotal Exterior Repair: $

 **TOTAL NON-CRITICAL REPAIRS:** $\_\_\_\_\_\_\_\_\_\_

**VII. TOTAL REPAIR COST**

 Labor Material Subtotal

Total Critical Repair Costs: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Total Non-Critical Repair Costs: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**TOTAL REPAIR COSTS:** \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

(**NOTE:** All repair costs include applicable State and local taxes. Davis Bacon Wage Rates are *not* applicable.)

**VIII. OWNER'S PROPOSED WORK WRITE-UP PLAN/REPAIR LIST**

**IX. CURRENT HUD REAC INSPECTION REPORT FINDINGS**

**X. CONDITION ASSESSMENT & PROPOSED REPLACEMENT AND COST SCHEDULE – Capital Items**

The following is a sample list of typical short-lived building components (capital items). After the Needs Assessor completes the schedule, it will be used by the Lender to determine the required initial and annual deposits to the Replacement Reserves.

*NOTE – Tables must be in a format that are legible on 8 ½ x 11 paper.*

 Estimated Reflective Remaining Quantity / Unit Year 1 Year 2 Year 15

 Useful Life Age Life Unit Cost Needs Needs.... Needs

**Exterior and Common Areas**

Back-up Generator 25 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Carpet 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Vinyl Flooring 15 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Countertops 20 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Furnace w/ AC 20 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Roofing 25 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Doors 20 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Windows 20 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Siding/Painting 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Seal Coat Asphalt 5 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

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

**Units**

Blinds 5 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

VCT 20 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Carpet 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Wardrobes 15 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Bathroom Fixtures 20 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Doors 20 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Painting 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

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

**Food Service**

Convection Oven 15 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Dishwasher 15 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Freezer 20 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Range/Oven 20 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Ice Machine 15 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Refrigerator 20 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Steam Table 15 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

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

**Housekeeping**

Dryer 20 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Washer/Extractor 15 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

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

**Total Needs (Years 1 – 15) \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_**

**XI. CONDITION ASSESSMENT & PROPOSED REPLACEMENT AND COST SCHEDULE – Major Movable Equipment**

The following is a sample list of typical Major Movable Equipment. After the Needs Assessor completes the schedule, it will be used by the Lender to determine the required initial and annual deposits to the Replacement Reserves. {Note the comments under II at the beginning of this SOW - dealing with formula-based analysis}

*NOTE – Tables must be in a format that are legible on 8 ½ x 11 paper.*

 Estimated Reflective Remaining Quantity / Unit Year 1 Year 2 Year 15

 Useful Life Age Life Unit Cost Needs Needs.... Needs

**Office Equipment**

Copier 8 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ CPU 5 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Fax Machine 3 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Laptop Computer 5 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Monitor 5 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Printer 5 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Projector 5 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Refrigerator 8 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Safe 20 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Shredder 5 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Telephone 5 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Time Clock 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Typewriter 5 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

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

**Office Furniture**

Bookcase 15 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Chair, Desk 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Desk 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

File Cabinet 20 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Table, Conference 15 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

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

**Common Furniture**

Chair, Arm 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Chair, Wing 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Sofa 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Table, Dining 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Table, Feeding 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

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

**Entertainment/Training**

Barber Chair 20 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

DVD Player 5 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Piano 20 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Stereo System 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

TV, Plasma 8 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

VCR 5 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

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

**Patient Furniture**

Beds and Rails 15 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Chair, Visitor 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Crib 5 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Mattress 5 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Night Stand 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Over Bed Table 8 \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

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

**Nursing**

Bath Lift 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Exam Table 15 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Geri-High Back Chair 3 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Lift, Electric 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Medication Cart 10 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Therapy Bath 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Upright Scale 10 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Walker 8 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Wheelchair 5 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

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

**Physical Therapy**

Exercise Bike 5 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Parallel Bars 20 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Arm Exercycle 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

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

**Food Service**

Cash Register 10 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Convection Oven 15 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Food Processor 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Meat Slicer 20 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Microwave 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Mixer 15 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Oven/Stove 10 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Toaster, Conveyor 15 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Walk-In Refrigerator 10 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

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

**Housekeeping**

Carpet Cleaner 10 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Carpet Extractor 8 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Floor Stripper 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

High Speed Burnisher 8 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

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

**Facilities**

Dryer 10 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Ladder 10 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Leaf Blower 5 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Linen Cart 10 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Patio Chairs 15 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Patio Tables 15 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Riding Mower 10 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Vacuum 5 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Washer 10 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Weed Trimmer 5 \_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

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

**Total Needs (Years 1 – 15) \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_**

**XII. OTHER RECOMMENDATIONS**

**XIII. PHOTOGRAPHS**