MSHDA
EQUAL HOUSING OPPORTUNITY

HPRP Form #9-A

INSPECTION FORM

Filing of this form with MSHDA is required under authority of P.A. 346 of 1966, as amended, **and Section 8 of the U.S. Housing Act of 1937.**

This inspection has been performed by MSHDA solely to comply with Section 8 Existing Housing Programs, Housing Quality Standards mandated by the U.S. Department of Housing and Urban Development. The inspection may not comply with local or state laws or ordinances.

I certify that a MSHDA inspection was performed.

Signature (Optional) _____ Date _____

Voucher No. _____ Re-examination Date _____

County No. _____ Housing Specialist/Agent _____

Date of Inspection _____

☐ Initial/New/Move
☐ Re-examination
☐ Audit
☐ Special

Inspector Signature _____

Owner: _____

Agent _____

Address _____

City _____ State _____ ZIP Code _____

Phone ( ) _____

Family: _____

Mailing Address _____

City _____ State _____ ZIP Code _____

Address of Unit _____

City _____ State _____ ZIP Code _____

Phone ( ) _____

Date: Notified of Repair Completion _____

Passed Reinspection _____ Inspector Initials _____

Delay Date (if applicable) _____

INSPECTION SUMMARY

☐ PASS ☐ PASS WITH COMMENT ☐ FAIL

Year Constructed: _____

Does a child under 6 years of age reside or expect to reside in this unit?

☐ Yes ☐ No

(Optional)

Utility/Appliance Changes: _____

Verbal appointment made: _____

UNIT TYPE: ☐

1 - Apt. 1-4 Floors (Incl. flat)
2 - Apt. 5 + Floors
3 - Duplex/Townhouse
4 - Manufactured Home
5 - Single Family

Unit Size

SPECIAL ITEMS / COMMENTS / DIRECTIONS

Room	LL	T	PASS WITH COMMENT ITEMS

(Category 4 – Other): ROOM CODES
1 – Actual Bedroom or Sleeping Room
2 – Dining Room
3 – Second Living Room, Den, Playroom
4 – Corridors, Halls, Staircases
5 – Additional Bathroom
6 – Other

ROOM LOCATIONS:
1 R – Right 2 F – Front 3 B – Basement
L – Left R – Rear 1 – 1st Floor
C – Center C – Center 2 – 2nd Floor

DECISION CODES:

P - Pass
F - Fail
PC - Pass with Comment
NA - Not Applicable

∗ Only applies to pre-1978 units with a child under 6 years of age – Otherwise, indicate NA.

	ROOM CODE	ROOM LOCATION 1	ROOM LOCATION 2	ROOM LOCATION 3	Present 1	Electricity 2	Electrical Hazards 3	Security 4	CONDITION OF: Windows 5	Ceiling 6	Walls 7	Floor 8	Deteriorating Paint (DP)∗ 9	KITCHEN Range 10	Refrig. 11	Sink 12	Space 13	BATHROOM Toilet 10	Sink 11	Tub/ Shower 12	Ventilation 13
1 Living Room:																					
2 Kitchen:																					
3 Bathroom:																					
4 Additional Bath:	5																				
4 Other:																					
4 Other:																					
4 Other:																					
4 Other:																					
4 Other:																					
4 Other:																					
4 Basement:	6			B																	
5 Secondary Rm:	6																				

6 BUILDING EXTERIOR								6	7 HEATING & PLUMBING							8 GENERAL HEALTH AND SAFETY									
1	2	3	4	5	6	7		8	1	2	3	4	5	6	7	1	2	3	4	5	6	7	8	9	10
	FOUNDATION	STAIRS, RAILS, ETC	ROOF & GUTTER	EXTERIOR SURFACES	CHIMNEY	DETERIORATING PAINT (DP)∗	M. H. TIE DOWNS	SMOKE DET. (Each Level)	ADEQUACY	SAFETY	VENTILATION	WATER HEATER	WATER SUPPLY	PLUMBING	SEWER	ACCESS	EXITS	INFESTATION	GARBAGE	REFUSE DISPOSAL	INTERIOR STAIRS (Common Areas)	INTERIOR HAZARDS	ELEVATORS	INTERIOR AIR QUALITY	SITE AND NEIGHBORHOOD
																				DP∗				

Room	LL	T	FAIL ITEMS	Approval Date	Inspector Initials