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**HUD Property Inspection Report**  
U.S. Department of Housing and Urban Development

Property Inspection		Date: 3/26/2009
<input type="checkbox"/> Property Acceptable	<input type="checkbox"/> Property Needs Attention	<input type="checkbox"/> Critical Condition
Property Inspection		
Property Information		HUD Information
Street Address	4382 GORMAN AVE	
City	ENGLEWOOD	
State	OH	
ZIP	45322	
Occupancy Status:	Not Occupied	
Type Property:	Single Family	
Sq. Ft. (approx)	1501-2000sf	
Est Age/Yr Built	1976	
if Mfg Home, VIN/Tags	0	
Mortgagee Information Initial Inspection		Inspection Information
Loan Number	Date Assigned	3/25/2009
Mortgagee	Date Inspected/Start Time/Duration	3/26/2009
Street Address	Type of Inspection:	
City	Pre-Conveyance	---
State	Initial Inspection	X
ZIP	Routine	---
Mortgage Contact	SP1	---
800 Number		
Commercial Number		
PROPERTY INFORMATION		
STRUCTURAL COMPONENTS		
Access Method	N/A	
Foundation Type	Concrete Slab	
Basement Type	N/A	
EXTERIOR OF STRUCTURE		
Exterior Siding Type	Brick	
Lot Size (approx)	1/4 to 1/2 acre	
Temperature	55	
Wall Structure	Wood Frame	
Weather Conditions	Cloudy	
ROOFING		
Attic Vent Type	Roof Vents	
Gutter Type	Aluminum	
Method to Observe Attic	Visual	
Method to Observe Roof	Perimeter Inspection	
Number of Layers	1	
Roof Type	Hip	
Roofing Material	Asphalt-Shingle	
PLUMBING		
Waste Disposal	County/Municipal	
Waste Piping	PVC	
Water Heater Capacity	50 gallon	
PLUMBING (Continued)		
Water Heater Manufacturer	AO SMITH	
Water Heater Model Number	EES-52-930	
Water Piping	Copper	
Water Supply	County/Municipal	
ELECTRICAL		
Additional Space Available	Yes	
Box Location	Utility Room	
Capacity	200A 120-240V	
Conductor Type	Mixed Aluminum & Copper	
General Wiring	Not visible	
Number of Disconnects	1	
Panel Manufacturer	Cutler-Hammer	
Panel Type	Breaker	
GENERAL HVAC INFORMATION		
Inside Unit Brand	Lennox	
Inside Unit Model # (s)	C10-41-1	
Inside Unit Type	Forced Air-Gas	
Outside Unit Brand	Goodman	
Outside Unit Model # (s)	CP330-1AB	
Outside Unit Type	Compressor	

Page 1



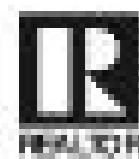
# MOVE-IN/MOVE-OUT WALK-THROUGH CHECKLIST

Tenants:  
Lease Start Date:

**Leased Premises:**

Room/Item	Move-In Condition DATE:	Move-Out Condition DATE:	Other Notes
<b>LIVING ROOM/AREA</b>			
DOOR & LOCKS			
WINDOWS & SCREENS			
CARPET OR FLOORING			
WALLS			
CEILING/FAN			
LIGHTS & SWITCHES			
Other			
<b>DINING ROOM/AREA</b>			
DOOR & LOCKS			
WINDOWS & SCREENS			
CARPET OR FLOORING			
WALLS			
CEILING/FAN			
LIGHTS & SWITCHES			
Other			
<b>HALLWAY</b>			
CARPET OR FLOORING			
WALLS			
CEILING			
LIGHTS & SWITCHES			
<b>KITCHEN</b>			
STOVE/RANGE			
REFRIGERATOR			
SINK-CABINETS-COUNTERS			
WINDOWS & SCREENS			
DISHWASHER			
CARPET OR FLOORING			
WALLS			
CEILING/FAN			
LIGHTS & SWITCHES			
OTHER			

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VIRGINIA ASSOCIATION OF REALTORS®  
RESIDENTIAL HOME-INSPECTION REPORT



This Move-in Move-out Inspection Report is by and between \_\_\_\_\_ ("Landlord"); and \_\_\_\_\_ ("Tenant"); and \_\_\_\_\_ ("Agent") dated \_\_\_\_\_ for property described as \_\_\_\_\_ [the property address].

The Dwelling Unit is being delivered at Move-In by Landlord to Tenant in a clean, sanitary and good working condition with no spots, stains, marks or damage, unless otherwise indicated on this Report. Landlord is not responsible for any damage to the Dwelling Unit after the date of delivery.

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REPORT DISTRIBUTION (within two working days following workplace inspection)		
Area Supervisor(s), Designated Contact(s), Building Authority		shall provide a written response outlining corrective action taken or planned within 21 calendar days. Send responses to <a href="mailto:policy_distrib@carleton.ca">policy_distrib@carleton.ca</a> , as well as to worker member identified above.
JHSC Management Member Contact		To ensure appropriate report distribution.
Environmental Health and Safety:	Nancy Detwiler	For tracking response from Area Supervisor(s).
JHSC Worker Member:	Ken Hauff	For tracking completion of JHSC workplace inspections.

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