

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOUSING TRUST FUND



AMY YOUNG BARRIER REMOVAL PROGRAM

INITIAL INSPECTION CHECKLIST

Contract Administrator:

Activity #:

Head of Household's Name:

Year Built:

Household's Address:

Applicable Code Year:

City & County:

MHU – Yes Manufactured Year:

Owner Occupied – Yes

Renter Occupied – Yes

Septic System – Yes

Check the boxes that apply and describe the proposed accessibility modification(s) with sufficient detail for the specifications. Items must specify the accessibility need and must be also stated on the Scope of Work.

Take photographs of each area described in this Inspection Report
Do not leave blanks. If not applicable enter N/A.

Per 10 TAC §21.6, all applicable electrical items must specify in writing that they are Energy Star Certified. All applicable plumbing, bathroom and/ or other fixtures must specify in writing that they are Water Sense Certified. Doors and Windows must also specify in writing that they are Energy Star Certified.

Exterior

Ramps / Landings / Handrails

Exterior Stairs

Mechanical lifts

Sidewalks

Parking Pad or Driveway

Exterior Lighting

Exterior doors – Hardware - Wheelchair accessible thresholds

Screen/Storm doors (Eligible if being widened)

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Foundation repairs necessary for accessibility modification (i.e. in order to level a shower)

Replacement of broken, non-functional windows

Other: (describe)

Interior - General

Interior door widening - Hardware

Sub-floor and floor covering repair / replacement

Carpentry, framing, or trim work for accessibility

Electrical modifications necessary for accessibility

Other: (describe)

Accessible bathroom

Lavatory / Faucets

Bathtub / Faucets

Walk-In or Roll-In Shower / Handheld Shower Wand / Shower Bench or Chair

Grab bars

Toilet

Medicine Cabinet / Mirror

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Lighting

Other: (describe)

Accessible kitchen

Cabinets / Hardware

Countertops

Sink / Faucet

Range / oven with controls at front

Externally ducted vent hood with accessible fan and light switches

Refrigerator – side-by side

Dishwasher

Other: (describe)

Accessible Laundry / Utility Room

Front loading washer and dryer

Other: (describe)

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Check the boxes that apply and describe life-threatening hazards and unsafe conditions with sufficient detail for the specifications. Please refer to 10 TAC §26.27 for examples and guidance on life-threatening hazards and unsafe conditions:

- Faulty or non-code compliant electrical system, including lack of GFCI and AFCI;

- Faulty or non-code compliant gas fueled systems;

- Faulty or non-code compliant HVAC systems or the absence of adequate heating and cooling systems;

- Faulty or non-code compliant plumbing systems, including hot and cold water supply and sanitary sewer systems;

- Faulty or non-code compliant smoke, fire and carbon monoxide detection / alarm systems or the absence of these systems;

- Structural systems that have failed or are on the verge of failure;

- Absence of adequate emergency and fire egress;

- Environmental hazards, such as mold, lead based paint, asbestos or radon;

- Pest infestation

- Other: (describe)

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Head of Household’s Statement of Understanding Regarding the Purpose of this Initial Inspection Form:

- I understand that this Initial Inspection Form will be used to prepare a more detailed Work Write-Up and Cost Estimate for the purpose of securing construction bids for the proposed work.
- I further understand that this Initial Inspection Form is not a promise on the part of the Contract Administrator to provide all of the modifications identified and further understand that the funds available to complete the proposed work are limited and that all items of work identified in this Initial Inspection may not be able to be included in the actual Work Write-Up that will be put out for bid.
- Prior to the work being put out for bid, I understand that I will be given the opportunity to review the Work Write-Up and indicate approval with my signature.
- The Contract Administrator has also explained that I will participate in a Pre-Construction Conference prior to the start of work, at which time the full scope of the work will be reviewed, explained and agreed upon by all parties and that Change Orders will not be approved unless necessitated by unforeseen circumstances.
- My understanding, as stated above, is acknowledged by my signature and date.

Head of Household’s Signature _____ Date _____

Inspector’s Printed Name: _____ Date _____

Inspector’s Signature _____