

## Client Questionnaire

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Building ID# \_\_\_\_\_  
 Inspector: \_\_\_\_\_ Customer \_\_\_\_\_  
 Home/Unit Address \_\_\_\_\_

| Question   | Resident Answer | Comments/<br>recorders<br>initials |
|--|-----------------|------------------------------------|
| Where do you store cleaning products or other chemicals?   |                 |                                    |
| Does any part of your home have moisture problems?   |                 |                                    |
| Does anyone in the household have unexplained headaches, itchy eyes, sinus problems, or dizziness? |                 |                                    |
| Do you have any unusual, unexplained odors or smells?  |                 |                                    |
| Do you have any problems with pests or rodents? Any beehives, etc.?                                |                 |                                    |
| Does your home have any structural problems, roof leaks, or large exposure to the outdoors?        |                 |                                    |
| Do you or any members of the home have any health problems or medical conditions?                  |                 |                                    |
| Is there anything in your home that is of particular concern to you health-wise?                   |                 |                                    |

+++++  
 Do not write below this line. For official assessor use only

## Home Inspection Checklist

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Building ID# \_\_\_\_\_  
 Inspector: \_\_\_\_\_ Customer \_\_\_\_\_  
 Home/Unit Address \_\_\_\_\_

| Appliances and Mechanical Systems  | Comments | Recommendation |
|--|----------|----------------|
| Heating System   |          |                |
| Water heater - properly vented; tank leakage   |          |                |
| Electrical System - adequate service; grounded properly; exposed wires/ or connections |          |                |
| Plumbing Facilities - water supply or drain leak; unsanitary conditions                |          |                |
| Appliances - gas leaks; poor electrical connections; CO                                |          |                |
| Specify Other:   |          |                |

*Continue to other side...*

| <b>Indoor Air Quality</b><br><i>If mold is present, the unit must be deferred.</i> | <b>Comments</b> | <b>Recommendation</b> |
|--|-----------------|-----------------------|
| Moisture Problems: drainage, water leaks.  |                 |                       |
| Standing Water in low areas  |                 |                       |
| Friable Asbestos: Material that may be asbestos exposed in living area             |                 |                       |
| Ventilation  |                 |                       |
| Specify Other:   |                 |                       |

| <b>Structural Hazards</b>                        | <b>Comments</b> | <b>Recommendation</b> |
|--|-----------------|-----------------------|
| Roof Condition                                   |                 |                       |
| Wall Condition                                   |                 |                       |
| Foundation Condition                             |                 |                       |
| Floor Condition                                  |                 |                       |
| Ceiling Condition                                |                 |                       |
| Interior and Exterior Stairways                  |                 |                       |
| Window and Door Condition                        |                 |                       |
| Smoke Detectors -one per floor in working order  |                 |                       |
| Lead Paint - peeling paint that may contain lead |                 |                       |
| Other:   |                 |                       |

### Health and Safety Inspection Checklist

Based on our initial review of your building, we have identified the above potential health or safety problems. This is a limited visual inspection. These are the existing conditions as of the date below. By signing below, I acknowledge that I have been informed of the conditions and may have to address some of the items prior to any weatherization work.

Customer/Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If different from customer)

Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_