

**City of Cleveland
Justin M. Bibb, Mayor
Department of Community Development
Joy Anderson, Interim Director**



Request for Proposals (RFP)

**Professional Services for
HOME Program &
URA Property Standards Inspections
DSS/NSPIRE Contractor Services**

February 25, 2026

Overview

The City of Cleveland, Department of Community Development (“CD”) is seeking one or multiple vendors to conduct federally-mandated housing inspections for:

1. HOME: Follow-up Housing Property Standards Inspections as per the Federal requirements on units of housing previously completed under the Housing and Urban Development HOME Program. 24 CFR 92.504(d)(1)
2. Uniform Relocation Act (URA): Inspections related to households affected by federally-assisted rehabilitation projects, pursuant to Federal Uniform Real Property Acquisition and Relocation Act (“URA”) guidelines. 49 CFR 24.2(a)(8). **See Exhibit A.**

NSPIRE (*National Standards for the Physical Inspection of Real Estate*), the U.S. Department of HUD’s new, consolidated inspection protocol is replacing Decent, Safe, and Sanitary standards previously interpreted through UPCS (Uniform Physical Condition Standards) and HQS (Housing Quality Standards). Vendors selected through this RFP must comply with NSPIRE when officially mandated.

Anticipated Timeline

The timeline for actions related to this Request for Proposal (“RFP”) is below. In the event the City finds it necessary to change dates and times in this timeline, an addendum to the RFP, or Notice to Vendors will be issued.

Milestone	Date
RFP Release	February 25, 2026
Deadline for Vendor Questions	March 9, 2026
City responses for RFP Clarifications	March 11, 2026
Vendor Proposals Due	March 13, 2026

Statement of Work and Deliverables

Inspection sites will normally contain one to four bedrooms in a single-family, duplex or multi-family residential structure. All housing units will be in the city of Cleveland, Ohio. Interior, exterior, basement, and common areas are to be included in the inspections. The selected vendor(s) conducting DSS/NSPIRE Inspections (“Contractor”) will follow these procedures:

DS&S Inspection Requirements

HOME

1. To initiate a HOME inspection, the Owner/Agent will contact the City's HOME Compliance Officer (hereafter, "HOME-CO") by submitting an Inspection Request (hereafter, "Request Form" attached as **Exhibit B**). Each request will list addresses to be inspected and a contact person, usually the property owner or Managing Agent ("Owner/Agent"), for scheduling purposes.
2. The Owner/Agent will contact tenants and make all necessary arrangements to access units to be inspected at the scheduled time(s).
3. The City's HOME-CO will submit an Inspection Request to the Contractor. **NOTE:** Owner/Agents are not allowed to make an inspection request directly to the Contractor, or to change the inspection once submitted, without the City's prior approval.
4. The Contractor will have up to 4 weeks to contact the Owner/Agent, schedule the inspection, and complete the requested inspections.
5. Contractor will notify the HOME-CO immediately by telephone if a hazard violation is identified that requires correction within 24 hours or if a unit fails inspection for any reason.
6. The Contractor will follow up the telephone call with an email or fax to the HOME-CO containing a completed, signed and dated Inspection Form detailing the hazards or other problems causing a unit to fail inspection. For hazard conditions, the email or fax will be due within 12 hours. For all other failing units, the email or fax is due within 24 hours.
7. As appropriate, the Contractor will include photographic documentation of hazardous or failing conditions using digital photography. Photos will be in color, taken with a digital camera with a minimum of 3 megapixels. These digital files will become the property of the City of Cleveland upon receipt.
8. Contractor will submit Inspection Forms to the HOME-CO as soon as possible, but no later than four (4) weeks after inspection.

URA

1. To initiate an inspection, the Owner/Agent will contact the City's URA Compliance Officer (hereafter, "URA-CO") by submitting an Inspection Request (hereafter, "Request Form" attached as Exhibit A). Each request will list the addresses to be inspected and a contact person, usually the property owner or Managing Agent ("Owner/Agent"), for scheduling purposes.
2. The Owner/Agent will contact tenants and make all necessary arrangements to access units to be inspected at the scheduled time(s).
3. The City's URA-CO will submit an Inspection Request to the Contractor. **NOTE:** Owner/Agents are not allowed to make an inspection request directly to the Contractor, or change the inspection once submitted, without the City's prior approval.
4. The Contractor has 24-48 hours to contact Owner/Agent to schedule the requested inspections. Inspections will be scheduled to occur as soon as possible, but no later than two (2) business weeks.

5. The Contractor will complete inspections using a separate Dwelling Inspection form for each unit Inspection Form.
6. The Contractor will notify the URA-CO immediately by telephone if a hazard violation is identified that requires correction within 24 hours or if a unit fails inspection for any reason.
7. The Contractor will follow up the telephone call with an email or fax to the URA-CO containing a completed, signed, and dated Dwelling Inspection Form detailing the hazards or other problems causing a unit to fail inspection. For hazardous conditions, the email or fax will be due within 12 hours. For all other failing units, the email or fax is due within 24 hours.
8. As appropriate, the Contractor will include photographic documentation of hazardous or failing conditions using digital photography. Photos will be in color, taken with a digital camera with a minimum of 3 megapixels. These digital files will become the property of the City of Cleveland upon receipt.
9. Contractor will submit original copies of all completed, signed, and dated Inspection Forms to the URA-CO as soon as possible, but no later than six (6) weeks after the inspection.

Invoicing

The Contractor shall submit invoices monthly, but no later than six (6) weeks after the inspection. Invoices can be billed only for completed inspections for which the original signed and dated Inspection Form has been submitted to the City.

All invoices must contain:

- Invoice Date
- Unique Invoice Number
- Remittance Name & Address
- Purchase Order Number (same as City contract number)
- Activity (HOME or URA)
- Name of project where inspection took place
- Date each inspection was requested
- Date each inspection was completed
- Address and Unit # of each inspection
- Number of bedrooms in each unit inspected
- Itemized charges per inspection
- Grand Total due
- Photocopies of all completed, signed, and dated Inspection Forms listed on the invoice for payment

For an inspection to be paid, the Address and Unit # on the Request, the completed (signed & dated) Inspection Form, and the Invoice must all match. Inspections cannot be paid if there is a discrepancy between the unit requested by the HOME-CO or URA-CO and the unit inspected by the Contractor. Resolution of discrepancies will depend on the following circumstances:

- If the Inspection Form does not match the Request and the reason is a typographical error on the Form, the Contractor will issue a corrected original signed and dated Inspection Form.
- If a unit inspected is different from the unit requested, and this was done at the behest of the Owner/Agent outside the normal Inspection Request process, written documentation explaining the change will be needed from the Contractor or Owner/Agent before payment can be approved.
- If a unit inspected is different from the unit requested as a result of an error by the Contractor, the discrepancy cannot be resolved, and payment cannot be made.

To be paid, all inspections must be submitted (an original, signed, and dated copy of the Inspection Form) quarterly.

Submitting Proposals

To effectively consider responses to this RFP, the Vendor is required to prepare a proposal in accordance with the instructions outlined in this section.

Proposals should be prepared as simply as possible and provide a straightforward, concise description of the Vendor's capabilities to satisfy the requirements of the RFP. *EMPHASIS SHOULD BE ON ACCURACY, COMPLETENESS, AND CLARITY OF CONTENT.* All parts and pages should be numbered and labeled clearly.

Vendors submitting a proposal must present proof that inspector (s) conducting the DSS/NSPIRE activity are Bonded and State of Ohio Certified Building Inspectors. Please provide the following with your proposal:

1. Articles of Incorporation
2. Vendor legal name
3. State-registered office address and mailing address
4. Contact names and email addresses, including the names of directors or other responsible officers who would have ultimate responsibility for management of the contract, if awarded.
5. Taxpayer ID number or Social Security Number
6. DUNS Number
7. Company History and Experience*
8. List of former clients who may be contacted for references
9. State of Ohio Certified Building Inspector License and/or Certificate
10. Certification certificate with the Mayor's Office of Equal Opportunity as a Certified Minority Business/Female Business Enterprise or Cleveland Small Business (if applicable)

*Vendors must provide sufficient information to evaluate the Vendor's stability and ability to support commitments set forth in the RFP. The City, at its option, may require the Vendor to provide additional documentation to support and/or clarify requested information.

Proposals should be submitted on a per-unit cost basis. Your proposal must include all costs associated with completing the on-site inspection for each unit.

The minimum criteria all Vendors must meet are as follows:

- RFP response submitted by the due date
- Cost proposal submitted in a separately sealed envelope
- The RFP response signed by a company officer
- Disclosure of all previously terminated contracts and/or purchase agreements, reasons for the termination, contract/purchase agreement specifications, and dates of contract/purchase agreement

The City reserves the right to short-list potential vendors and invite them to participate in an oral presentation to further demonstrate their capabilities. Companies selected for oral presentations will be notified by the City.

Evaluation Process and Criteria

The City of Cleveland intends to enter into a contractual relationship with one or more qualified vendors. The selected vendor(s) must be well-established, financially-stable, and committed to providing excellent service. Finally, there must be a good fit between Vendor(s) staff and City staff to ensure a productive working relationship.

Vendor qualifications will be considered in awarding contracts. The City is not obligated to accept any proposal if deemed not in the best interest of the City to do so. The City will make awards to qualified vendors, based on qualifications, fees and responses to the RFP. Failure to include all required information may be cause for rejection of the proposal.

Responses to this RFP will be evaluated by a review committee, comprised of City staff. City staff will present recommendations to the Board of Control of the City (Board). The Board may, but is not obligated to entertain formal presentations. The Board may award contracts to one or more vendors.

A numerical rating will be applied to quantify Vendor(s) ability to provide services outlined in the Request for Proposals. Points will be applied to the following components:

Scoring Components	Maximum Points
Company Background and Credentials	25
Experience and demonstrated capacity to perform the work	25
Reference Check	25
Overall Proposal Quality	25

The City will also apply evaluating credit points for Cleveland-area Small Businesses, Minority Business Enterprises and Female Business Enterprises, certified by the Office of Equal Opportunity. Evaluating credits for Regional Small Businesses (RSBs) will be applied, if no proposals are received from CSBs.

Advice of Omission or Misstatement

In the event it is evident to a Vendor responding to this RFP that the City has omitted or misstated a material requirement to this RFP and/or the services required by this RFP, the responding Vendor shall advise the Contact Person designated in this RFP of such omission or misstatement.

Confidential Information

Information in the Vendor's proposal that is company confidential must be clearly identified. The City to use all information in the Vendor's proposal for the City's purposes. The Vendor understands that any material supplied to the City may be subject to public disclosure under the Freedom of Information Act.

Confidentiality Statement

Any information, including materials, drawings, designs, documentation, and other property or data, disclosed to the proposal responder shall not be used, reproduced, appropriated, or otherwise disseminated to anyone other than the City.

Tax Exempt Status

The City is exempt from Ohio State sales and use taxes on materials and equipment to be incorporated in the work. Tax Payer ID No. 34-6000646. Said taxes shall not be included in the RFP.

Reserved Rights

The City reserves the right to waive any irregularities; accept the whole, part of, or reject any or all quotations; and to select the firm which, in the sole opinion of the City, best meets the City's needs. The City also reserves the right to negotiate with potential Vendors to serve the City's best interests.

Advertising

Vendor shall not advertise or publish the fact that the City has placed this order without prior written consent from the City, except as may be necessary to comply with a proper request for information from an authorized representative of a governmental unit or agency.

Trademarks

The City warrants that all trademarks the City requests the Vendor to affix to articles purchased are those owned by the City, and it is understood that the Vendor shall not acquire or claim any rights, title, or interest therein, or use any of such trademarks on any articles produced for itself or anyone other than the City.

Right to Request Additional Information

The City reserves the right to request any additional information that might be deemed necessary after the completion of this document.

Right of Refusal

The City reserves the right to reject any or all proposals in their entirety, or to select certain professional services, equipment, or software products from various Vendor proposals, based on the City's best interests.

Proposal Preparation Costs

The Vendor is responsible for any and all costs incurred by the Vendor or his/her subcontractors in responding to this RFP.

Pricing Eligibility Period

All Vendor proposals must be offered for a minimum of 180 calendar days. A proposal may not be modified, withdrawn, or cancelled by Vendor during the 180-day time period following the time and date designated for the receipt of proposals.

Additional Charges

No additional charges, other than those listed on the Price Form, shall be made.

Rights to Pertinent Materials

All responses, inquiries, and correspondence relating to this RFP and all reports, charts, displays, schedules, exhibits, and other documentation produced by the Vendors that are submitted as part of the proposal shall become the property of the City upon receipt, a part of a public record upon opening, and will not be returned.

The City reserves the right to accept any bid, to reject any or all bids, to waive any irregularities in the bidding, and to accept any bid in the best interest of the City.

Proposal Pricing and Fees

1. The City requests Firm Fixed Prices (FFP) in the format shown on the Price Form at the end of this RFP to complete the Statement of Work and to complete the Deliverables to the City's satisfaction. Reference Item 1 in the Price Form.
2. The total price given in the Price Form shall include all costs (including, but not limited to, insurance, travel, telephone, and other direct costs) to provide services and deliverables identified in the Statement of Work and to complete the Deliverables sections of this RFP.
3. No additional charges, other than those listed on the Price Form, shall be made.

Insurance Requirements

The City will require the finalist Vendor to retain insurance coverage in amounts and kinds to be negotiated with the finalist.

Compliance with the Cleveland Area Business Code

The *Cleveland Area Business Code*, Chapter 187 of the Codified Ordinances, Cleveland, Ohio 1976, any Regulations promulgated under the Code, and the *CD Notice to Bidders & Schedules* are incorporated in and made part of this solicitation and any resulting contract, by this reference, as fully as if attached.

The City of Cleveland is committed to providing opportunities for minority-owned and women-owned businesses, as well as Cleveland-area small businesses, to participate in City contracting. The City intends to contract with a Vendor that shares that commitment.

The standard subcontracting goal for professional services contracts is 10% participation by Cleveland Area Small Business ("CSB") subcontractors. Please review any attached documents to review the goal for this contract. Proposers are required to make a good-faith effort to subcontract with certified Minority Business Enterprise ("MBE"), Female Business Enterprise ("FBE"), and CSB firms, in accordance with the applicable subcontracting goals set forth in this request for proposal.

To document its good faith effort to use certified MBE, FBE, and CSB sub-consultants, each proposer must complete Schedules 1 through 4 found in the Cleveland Area Business Code Notice to Bidders and Schedules. These schedules document the use of MBE, FBE, and CSB subcontractors on the project, as well as the Vendor's good-faith effort to secure the participation of certified sub-consultants on the proposed work. The completed forms will be forwarded to the City's Office of Equal Opportunity and the Community Development Department for evaluation. Go to <http://www.clevelandohio.gov> for Schedules 1 through 4 and instructions. Failure to submit complete schedules may result in the rejection of your proposal.

Proposers can obtain information on CSBs, MBEs, and FBEs that are certified by the City by checking the City's website at <http://www.clevelandohio.gov>. From the home page,

select Opportunity Business "from the dropdown menu, then select the Office of Equal Opportunity (OEO) page to access the Certified Vendor Directory.

Proposers are responsible for obtaining the most current list and for contacting potential CSB/MBE/FBE sub-consultants. The City assumes no responsibility for matching prime consultants with qualified MBE, FBE, and/or CSB sub-consultants.

The participation of MBE, FBE, and/or CSB sub-consultants will be monitored by Community Development Department staff throughout the project. The successful Vendor will be responsible for providing Community Development with any and all information necessary to facilitate this monitoring.

Equal Opportunity Clause. No Proposer shall discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, age, sexual orientation, gender identity or expression, disability, Ethnic group, or Vietnam-era or disabled veteran status. Contractors shall take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to race, religion, color, sex, national origin, age, sexual orientation, gender identity or expression, disability, Ethnic group, or Vietnam-era or disabled veteran status. As used in this chapter, "treated" means and includes, without limitation, the following: recruited, whether by advertising or other means; compensated, whether in the form of rates of pay or other forms of compensation; selected for training, including apprenticeship, promoted, upgraded, demoted, transferred, laid off, and terminated. Contractors shall post, in conspicuous places available to employees and applicants for employment, notices provided by the hiring representative of the contractor setting forth the provisions of this nondiscrimination clause.

Exhibit A – URA and Real Property Acquisition Policies Act of 1970

Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970

Title 49 Subtitle A Part 24

Decent, Safe, and Sanitary (DSS) Dwelling

Decent, safe, and sanitary (DSS) dwelling means a dwelling which meets the requirements of paragraphs (i) through (vii) of this definition or the most stringent of the local housing code, Federal agency regulations, or the agency's regulations or written policy. The DSS dwelling shall:

- (i) Be structurally sound, weather tight, and in good repair;
 - (A) Many local housing and occupancy codes require the abatement of deteriorating paint, including lead-based paint and lead-based paint dust, in protecting the public health and safety. Where such standards exist, they must be honored;
 - (B) [Reserved]
- (ii) Contain a safe electrical wiring system adequate for lighting and other devices;
- (iii) Contain a heating system capable of sustaining a healthful temperature (of approximately 70 degrees) for a displaced person, except in those areas where local climatic conditions do not require such a system;
- (iv) Be adequate in size with respect to the number of rooms and area of living space needed to accommodate the displaced person. The number of persons occupying each habitable room used for sleeping purposes shall not exceed that permitted by the most stringent of the local housing code, Federal agency regulations or requirements, or the agency's regulations or written policy. In addition, the Federal funding agency shall follow the requirements for separate bedrooms for children of the opposite gender included in local housing codes or in the absence of local codes, the policies of such agencies;
- (v) There shall be a separate, well lighted and ventilated bathroom that provides privacy to the user and contains a sink, bathtub, or shower stall, and a toilet, all in good working order and properly connected to appropriate sources of water and to a sewage drainage system. When required by local code standards for residential occupancy, there shall be a kitchen area that contains a fully usable sink, properly connected to potable hot and cold water and to a sewage drainage system, and adequate space and utility service connections for a stove and refrigerator (*see* appendix A to this part, section 24.2(a), definition of *DSS*);
- (vi) Contains unobstructed egress to safe, open space at ground level; and
- (vii) For a displaced person with a disability, be free of any barriers which would preclude reasonable ingress, egress, or use of the dwelling by such displaced person. (*See* appendix A of this part, Section 24.2(a), definition of *DSS*)

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3-7 ADDITIONAL RULES GOVERNING REPLACEMENT HOUSING PAYMENTS (49 CFR 24.403).

A. Inspection of Replacement Dwelling (49 CFR 24.403(b)). Before making a replacement housing payment or releasing a payment from escrow, the Agency or its designated representative shall make a thorough internal and external inspection of the replacement dwelling to determine whether it is decent,

safe and sanitary (as defined at 49 CFR 24.2(a)(8)). A copy of the inspection report should be included with the pertinent claim form in the Agency's files. (See also Chapter 6, Paragraph 6-2C.1(h).)

NOTE: The definition of "decent, safe and sanitary" provides that replacement units must contain the accessibility features needed by displaced persons with disabilities. (See 49 CFR 24.2(a)(8)(vii); Appendix A, 24.2(a)(8)(vii); Chapter 1, Paragraph 1-9 of this Handbook; Exhibit 3-1, and HUD guidance on accessibility features needed by displaced person with disabilities.)

1) If the displaced person relocates to another community, the Agency may arrange for officials of that community to perform the inspection.

2) If the Agency determines that a replacement housing payment may have to be denied because the replacement dwelling selected by a displaced person is not decent, safe and sanitary (e.g., does not meet the local code), it must so notify the displaced person, determine if the property can be made decent, safe and sanitary, and/or assist the person to locate another replacement unit.

SAMPLE

Exhibit B – Inspection Request Forms

HOME Program - DSS Inspection Request

Cleveland Department of Community Development

PLEASE NOTE: Project Management will be accountable for the cost of all inspections which fail to meet DSS standards and all scheduled inspections for which the Inspector cannot access the unit at the arranged time.

1	Request from HOME Compliance Officer to Inspector		
To:			E-mail:
From:	Yvette Mosby, HCO		Phone:
Date:			Fax:
Xx Original Inspections		<input type="checkbox"/> Re-Inspections	
2	Project Identification & Contact Information		
Project:			E-mail:
Address:			Fax:
Contact:			Phone:
Owner:			Phone:
3	Units to be Inspected		
Unit #	Address	# Bdrm	Tenant

1	<p>Request From Developer To URA Unit</p> <p style="color: red;">Agency or Developer completes Step 1 & Step 3</p>
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To URA Unit	From Agency or Developer
<p>To: <input style="width: 100%;" type="text"/> URA Compliance Officer</p> <p>Date: <input style="width: 100%;" type="text"/></p> <p>Project: <input style="width: 100%;" type="text"/></p>	<p>From: <input style="width: 100%;" type="text"/> Org: <input style="width: 100%;" type="text"/> Organization & Contact Person w/ Contact Info (below)</p> <p>Phone: <input style="width: 100%;" type="text"/></p> <p>Fax: <input style="width: 100%;" type="text"/></p> <p>E-Mail: <input style="width: 100%;" type="text"/></p>

2	<p>Request from URA Unit to Inspector</p> <p style="color: red;">URA Compliance Officer confirms Inspection Request & Sends to Inspector</p>
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To: <input style="width: 100%;" type="text"/>	E-Mail: <input style="width: 100%;" type="text"/>
From: <input style="width: 100%;" type="text"/>	Fax: <input style="width: 100%;" type="text"/>
Date: <input style="width: 100%;" type="text"/>	
cc: <input style="width: 80%;" type="text"/>	# Pages: <input style="width: 20%; text-align: center;" type="text" value="1"/>

3	<p>Inspection(s)</p> <p style="color: red;">To be Completed by Agency or Developer & Confirmed by URA Compliance Officer</p>
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Request for ("X"): Original inspection(s) Re- inspection(s)
Only check one. Do not include Original inspections & Re-inspections in same request.

ADDRESSES TO INSPECT	#BRs	FOR TENANT	TENANT'S CURRENT ADDRESS	#BRs
Insert additional rows as needed				

NOTES

Exhibit C – Inspection Forms

NSPIRE HCV/PBV INSPECTION CHECKLIST

PHA:	Address of Unit:
Family Identifier:	Owner:
Any children under 6 reside or expected to reside in the unit? (Y/N):	Owner Contact Information:
Inspector:	Housing Type:
Date of Inspection:	Year Constructed:
Type of Inspection:	Number of Bedrooms:

Summary Decision on Unit (Pass/Fail): *Affirmative Habitability Requirement per 24 CFR 5.703(d) and NSPIRE Final Rule	Health & Safety Designation	Correction Timeframe (P/F)
	LT	Life-Threatening - 24 Hours (Fail)
	S	Severe - 30 Days (Fail)
	M	Moderate - 30 Days (Fail)
	L	Low - N/A (Pass)

*Affirmative Habitability Requirement per 24 CFR 5.703(d) and NSPIRE Final Rule

Mark all that apply:

Area	Deficiency Description	Unit	Inside	Outside	Inspector Comments
Address and Signage	Address, signage, or building identification codes are broken, illegible, or not visible.			M <input type="checkbox"/>	
Bathtub and Shower	Only 1 bathtub or shower is present and it is inoperable or does not drain.	S <input type="checkbox"/>	L <input type="checkbox"/>		
	A bathtub or shower is inoperable or does not drain and at least 1 bathtub or shower is present elsewhere that is operational.	M <input type="checkbox"/>	L <input type="checkbox"/>		
	Bathtub component or shower component is damaged, inoperable, or missing such that it may limit the resident's ability to maintain personal hygiene.	M <input type="checkbox"/>	L <input type="checkbox"/>		
	Bathtub component or shower component is damaged, inoperable, or missing and it does not limit the resident's ability to maintain personal hygiene.	L <input type="checkbox"/>			
	Bathtub or shower cannot be used in private.*	*M <input type="checkbox"/>	M <input type="checkbox"/>		
Cabinet and Storage	Food storage space is not present.*	*M <input type="checkbox"/>			
	Storage component is damaged, inoperable, or missing.	M <input type="checkbox"/>	L <input type="checkbox"/>		
Call-For-Aid System	System is blocked, or pull cord is higher than 6 inches off the floor.	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
	System does not function properly.	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
Carbon Monoxide	Carbon monoxide alarm is missing, not installed, or not installed in a proper location.*	LT <input type="checkbox"/>			
	Carbon monoxide alarm is obstructed.	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
	Carbon monoxide alarm does not produce an audio or visual alarm when tested.	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
Ceiling	Ceiling has an unstable surface.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Ceiling has a hole.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Ceiling component(s) is not functionally adequate.	S <input type="checkbox"/>	S <input type="checkbox"/>		
Chimney	A visually accessible chimney, flue, or firebox connected to a fireplace or wood-burning appliance is incomplete or damaged such that it may not safely contain fire and convey smoke and combustion gases to the exterior.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
	Chimney exhibits signs of structural failure.			LT <input type="checkbox"/>	

Area	Deficiency Description	Unit	Inside	Outside	Inspector Comments
Clothes Dryer Exhaust Ventilation	Electric dryer transition duct is detached or missing.	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
	Gas dryer transition duct is detached or missing.	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
	Electric dryer exhaust ventilation system has restricted airflow.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
	Dryer transition duct is constructed of unsuitable material.	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
	Gas dryer exhaust ventilation system has restricted airflow.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
	Exterior dryer vent cover, cap, or a component thereof is missing.			L <input type="checkbox"/>	
Cooking Appliance	Cooking range, cooktop, or oven does not ignite or produce heat.	S <input type="checkbox"/>	L <input type="checkbox"/>		
	Cooking range, cooktop, or oven component is damaged or missing such that the device is unsafe for use.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Primary cooking appliance is missing.*	*M <input type="checkbox"/>			
	A microwave is the primary cooking appliance and it is damaged.	S <input type="checkbox"/>			
	A burner does not produce heat, but at least 1 other burner is present on the cooking range or cooktop and does produce heat.	M <input type="checkbox"/>	M <input type="checkbox"/>		
Door - Entry	Entry door will not open.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Entry door will not close.	S <input type="checkbox"/>	M <input type="checkbox"/>		
	Entry door self-closing mechanism is damaged, inoperable, or missing.	S <input type="checkbox"/>	M <input type="checkbox"/>		
	Hole, split, or crack that penetrates completely through entry door.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Entry door is missing.	LT <input type="checkbox"/>	S <input type="checkbox"/>		
	Entry door surface is delaminated or separated.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Entry door frame, threshold, or trim is damaged or missing.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Entry door seal, gasket, or stripping is damaged, inoperable, or missing.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Entry door component is damaged, inoperable, or missing and it does not limit the door's ability to provide privacy or protection from weather or infestation.	L <input type="checkbox"/>	L <input type="checkbox"/>		
Entry door cannot be secured.	S <input type="checkbox"/>	M <input type="checkbox"/>			
Door - Fire	Fire labeled door does not open.	S <input type="checkbox"/>	S <input type="checkbox"/>		
	Fire labeled door does not close and latch or the self-closing hardware is damaged or missing such that the door does not self-close and latch.	S <input type="checkbox"/>	S <input type="checkbox"/>		
	Fire labeled door assembly has a hole of any size or is damaged such that its integrity may be compromised.	S <input type="checkbox"/>	S <input type="checkbox"/>		
	Fire labeled door seal or gasket is damaged or missing.	S <input type="checkbox"/>	S <input type="checkbox"/>		
	An object is present that may prevent the fire labeled door from closing and latching or self-closing and latching.	S <input type="checkbox"/>	S <input type="checkbox"/>		
	Fire labeled door cannot be secured.	S <input type="checkbox"/>	M <input type="checkbox"/>		
Fire labeled door is missing.	LT <input type="checkbox"/>	LT <input type="checkbox"/>			
Door - General	A passage door does not open.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	A passage door component is damaged, inoperable, or missing and the door is not functionally adequate.	L <input type="checkbox"/>	L <input type="checkbox"/>		
	A door that is not intended to permit access between rooms has a damaged, inoperable, or missing	L <input type="checkbox"/>			
	An exterior door component is damaged, inoperable, or missing.			M <input type="checkbox"/>	

Area	Deficiency Description	Unit	Inside	Outside	Inspector Comments
Drain	Drain is fully blocked.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
Egress	Obstructed means of egress.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
	Sleeping room is located on the 3rd floor or below and has an obstructed rescue opening.	LT <input type="checkbox"/>			
	Fire escape access is obstructed.	LT <input type="checkbox"/>			
Electrical - Conductor, Outlet, and Switch	Outlet or switch is damaged.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
	Testing indicates a three-pronged outlet is not properly wired or grounded.	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	
	Outlet does not have visible damage and testing indicates it is not energized.	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	
	Exposed electrical conductor.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
	Water is currently in contact with an electrical conductor.	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
Electrical - GFCI/AFCI	GFCI outlet or GFCI breaker is not visibly damaged and the test or reset button is inoperable.	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	
	AFCI outlet or AFCI breaker is not visibly damaged and the test or reset button is inoperable.	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	
	An unprotected outlet is present within six feet of a water source.*	*S <input type="checkbox"/>	*S <input type="checkbox"/>	*S <input type="checkbox"/>	
Electrical - Service Panel	Electrical service panel is not readily accessible.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
	The overcurrent protection device is damaged.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
	The overcurrent protection device is contaminated.	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	
Elevator	Elevator is inoperable.		M <input type="checkbox"/>		
	Elevator door does not fully open and close.		M <input type="checkbox"/>		
	Elevator cab is not level with the floor.		M <input type="checkbox"/>		
	Safety edge device has malfunctioned or is inoperable.		M <input type="checkbox"/>		
Exit Sign	Exit sign is damaged, missing, obstructed, or not adequately illuminated.		LT <input type="checkbox"/>	LT <input type="checkbox"/>	
Fence and Gate	Fence component is missing.			M <input type="checkbox"/>	
	Gate does not open, close, latch, or lock.			M <input type="checkbox"/>	
	Fence demonstrates signs of collapse.			M <input type="checkbox"/>	
Fire Escape	Fire escape component is damaged or missing.			LT <input type="checkbox"/>	
Fire Extinguisher	Fire extinguisher pressure gauge reads over or under-charged.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
	Fire extinguisher service tag is missing, illegible, or expired.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
	Fire extinguisher is damaged or missing.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
Flammable and Combustible Item	Flammable or combustible item is on or within 3 feet of an appliance that provides heat for thermal comfort or a fuel-burning water heater. OR Improperly stored chemicals.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
Floor	Floor substrate is exposed.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Floor component(s) is not functionally adequate.	M <input type="checkbox"/>	M <input type="checkbox"/>		
Food Preparation	Food preparation area is not present.*	*M <input type="checkbox"/>			
	Food preparation area is damaged or is not functionally adequate.	M <input type="checkbox"/>	M <input type="checkbox"/>		

Area	Deficiency Description	Unit	Inside	Outside	Inspector Comments
Foundation	Foundation is cracked.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
	Foundation has exposed rebar or foundation is spalling, flaking, or chipping.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
	Foundation is infiltrated by water.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Foundation support post, column, beam, or girder is damaged.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
	Foundation vent cover is missing or damaged.			M <input type="checkbox"/>	
Garage Door	Garage door has a hole.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
	Garage door does not open, close, or remain open or closed.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
Guardrail	Grab bar is not secure.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Guardrail is missing or not installed.*	*LT <input type="checkbox"/>	*LT <input type="checkbox"/>	*LT <input type="checkbox"/>	
	Guardrail is not functionally adequate.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
Handrail	Handrail is missing.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
	Handrail is not secure.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
	Handrail is not functionally adequate.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
	Handrail is not installed where required.		L <input type="checkbox"/>	L <input type="checkbox"/>	
HVAC	The inspection date is on or between October 1 and March 31 and the permanently installed heating source is not working or the permanently installed heating source is working and the interior temperature is below 64 degrees Fahrenheit.*	*LT <input type="checkbox"/>			
	The inspection date is on or between October 1 and March 31 and the permanently installed heating source is working and the interior temperature is 64 to 67.9 degrees Fahrenheit.*	*S <input type="checkbox"/>			
	Air conditioning system or device is not operational.	M <input type="checkbox"/>	L <input type="checkbox"/>		
	Unvented space heater that burns gas, oil, or kerosene is present.*	*LT <input type="checkbox"/>	*LT <input type="checkbox"/>		
	Combustion chamber cover or gas shutoff valve is missing from a fuel burning heating appliance.	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
	Heating system or device safety shield is damaged or missing.	S <input type="checkbox"/>	S <input type="checkbox"/>		
	The inspection date is on or between April 1 and September 30 and a permanently installed heating source is damaged, inoperable, missing, or not installed.*	*M <input type="checkbox"/>	*M <input type="checkbox"/>		
	Fuel burning heating system or device exhaust vent is misaligned, blocked, disconnected, improperly connected, damaged, or missing.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
The inspection date is on or between October 1 and March 31 and the permanently installed heating source is inoperable.		M <input type="checkbox"/>			
Infestation	Evidence of cockroaches.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Extensive cockroach infestation.	S <input type="checkbox"/>	M <input type="checkbox"/>		
	Evidence of bedbugs.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Extensive bedbug infestation.	S <input type="checkbox"/>	M <input type="checkbox"/>		
	Evidence of mice.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Extensive mouse infestation.	S <input type="checkbox"/>	M <input type="checkbox"/>		
	Evidence of rats.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
	Extensive rat infestation.	S <input type="checkbox"/>	S <input type="checkbox"/>		
	Evidence of other pests.	M <input type="checkbox"/>	M <input type="checkbox"/>		

Area	Deficiency Description	Unit	Inside	Outside	Inspector Comments
Leak - Gas/Oil	Natural gas, propane, or oil leak.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
Leak - Sewage	Blocked sewage system.	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	
	Leak in sewage system.	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	
	Cap to the cleanout or pump cover is detached or missing.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
	Cleanout cap or riser is damaged.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
Leak - Water	Environmental water intrusion.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Plumbing leak.	M <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	
	Fluid is leaking from the sprinkler assembly.	M <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	
Lighting - Auxiliary	Auxiliary lighting is damaged, missing, or fails to illuminate when tested.		S <input type="checkbox"/>	S <input type="checkbox"/>	
Lighting - Exterior	A permanently installed light fixture is damaged, inoperable, missing, or not secure.			M <input type="checkbox"/>	
Lighting - Interior	A permanently installed light fixture is inoperable.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	A permanently installed light fixture is not secure.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	At least one (1) permanently installed light fixture is not present in the kitchen and bathroom.*	*M <input type="checkbox"/>	*M <input type="checkbox"/>		
Litter	Litter is accumulated in an undesignated area.		M <input type="checkbox"/>	L <input type="checkbox"/>	
Minimum Electrical and Lighting	At least two (2) working outlets are not present within each habitable room. OR At least one (1) working outlet and one (1) permanently installed light fixture is not present within each habitable room.*	*M <input type="checkbox"/>			
Mold-Like Substance	Presence of mold-like substance at moderate levels is observed visually.	M <input type="checkbox"/>	L <input type="checkbox"/>		
	Presence of mold-like substance at high levels is observed visually.	S <input type="checkbox"/>	M <input type="checkbox"/>		
	Presence of mold-like substance at extremely high levels is observed visually.	LT <input type="checkbox"/>	S <input type="checkbox"/>		
	Elevated moisture level.	M <input type="checkbox"/>	L <input type="checkbox"/>		
Parking Lot	Parking lot has any one pothole that is 4 inches deep and 1 square foot or greater.			M <input type="checkbox"/>	
	Parking lot has ponding.			M <input type="checkbox"/>	
Potential Lead-Based Paint Hazards - Visual Assessment	Paint in a Unit or Inside the target property is deteriorated – below the level required for lead-safe work practices by a lead-certified firm or for passing clearance.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Paint in a Unit or Inside the target property is deteriorated – above the level required for lead-safe work practices by a lead-certified firm and passing clearance.	S <input type="checkbox"/>	S <input type="checkbox"/>		
	Paint Outside on a target property is deteriorated – below the level required for lead-safe work practices by a lead-certified firm or for passing clearance.			M <input type="checkbox"/>	
	Paint Outside on a target property is deteriorated – above the level required for lead-safe work practices by a lead-certified firm and passing clearance.			S <input type="checkbox"/>	
Private Roads and Driveways	Road or driveway access to the property is blocked or impassable for vehicles.			S <input type="checkbox"/>	
	Road or driveway has any one pothole that is 4 inches deep and 1 square foot or greater.			M <input type="checkbox"/>	
Refrigerator	Refrigerator is inoperable such that it may be unable to safely and adequately store food.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Refrigerator component is damaged such that it impacts functionality.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Refrigerator is missing.*	*M <input type="checkbox"/>			

Area	Deficiency Description	Unit	Inside	Outside	Inspector Comments
Retaining Wall	Retaining wall is leaning away from the fill side.			M <input type="checkbox"/>	
	Retaining wall is partially or completely collapsed.			M <input type="checkbox"/>	
Roof Assembly	Restricted flow of water from a roof drain, gutter, or downspout.			M <input type="checkbox"/>	
	Gutter component is damaged, missing, or unfixed.			M <input type="checkbox"/>	
	Roof surface has standing water.			M <input type="checkbox"/>	
	Substrate is exposed.			M <input type="checkbox"/>	
	Roof assembly has a hole.			M <input type="checkbox"/>	
	Roof assembly is damaged.			M <input type="checkbox"/>	
Sharp Edges	A sharp edge that can result in a cut or puncture hazard is present.	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	
Sidewalk, Walkway, Ramp	Sidewalk, walkway, or ramp is blocked or impassable.			M <input type="checkbox"/>	
	Sidewalk, walkway, or ramp is not functionally adequate.			M <input type="checkbox"/>	
Sink	Sink or sink component is damaged or missing and the sink is not functionally adequate.	M <input type="checkbox"/>	L <input type="checkbox"/>		
	Water is directed outside of the basin.	L <input type="checkbox"/>	L <input type="checkbox"/>		
	Sink is not draining.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Sink is improperly installed, pulling away from the wall, leaning, or there are gaps between the sink and wall.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Sink component is damaged or missing and the sink is functionally adequate.	L <input type="checkbox"/>	L <input type="checkbox"/>		
	Cannot activate or deactivate hot and cold water.*	*M <input type="checkbox"/>	M <input type="checkbox"/>		
	Sink is missing or not installed within the primary kitchen.*	*M <input type="checkbox"/>			
Site Drainage	Water runoff is unable to flow through the site drainage system.			L <input type="checkbox"/>	
	Erosion is present.			L <input type="checkbox"/>	
	Grate is not secure or does not cover the site drainage system's collection point.			M <input type="checkbox"/>	
Smoke Alarm	Smoke alarm is not installed where required.*	*LT <input type="checkbox"/>	*LT <input type="checkbox"/>		
	Smoke alarm is obstructed.	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
	Smoke alarm does not produce an audio or visual alarm when tested.	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
Sprinkler Assembly	Sprinkler head assembly is encased or obstructed by an item or object that is within 18 inches of the sprinkler head.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
	Sprinkler assembly component is damaged, inoperable, or missing and it is detrimental to performance.	LT <input type="checkbox"/>	LT <input type="checkbox"/>		
	Sprinkler assembly has evidence of corrosion.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
	Sprinkler assembly has evidence of foreign material that is detrimental to performance.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
Stairs	Tread is missing or damaged.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
	Stringer is damaged.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
Steps and Stairs	Step or stair is not functionally adequate.			M <input type="checkbox"/>	
Structure	Structural system exhibits signs of serious failure.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	

Area	Deficiency Description	Unit	Inside	Outside	Inspector Comments
Toilet	Only 1 toilet was installed, and it is missing.	LT <input type="checkbox"/>	M <input type="checkbox"/>		
	A toilet is missing and at least 1 toilet is installed elsewhere that is operational.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Only 1 toilet was installed, and it is damaged or inoperable.	S <input type="checkbox"/>	M <input type="checkbox"/>		
	A toilet is damaged or inoperable and at least 1 toilet is installed elsewhere that is operational.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Toilet component is damaged, inoperable, or missing such that it may limit the resident's ability to safely discharge human waste.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Toilet is not secured at the base.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Toilet component is damaged, inoperable, or missing and it does not limit the resident's ability to discharge human waste.	L <input type="checkbox"/>	L <input type="checkbox"/>		
	Toilet cannot be used in private.*	*M <input type="checkbox"/>	M <input type="checkbox"/>		
Trash Chute	Chute door does not open or self-close and latch.		M <input type="checkbox"/>		
	Chute is clogged.		M <input type="checkbox"/>		
Trip Hazard	Trip hazard on walking surface.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
Ventilation	Exhaust system does not respond to the control switch.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Exhaust system has restricted airflow.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Exhaust system component is damaged or missing.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Bathroom does not have proper ventilation or dehumidification.	M <input type="checkbox"/>	M <input type="checkbox"/>		
Wall - Exterior	Exterior wall covering has missing sections of at least 1 square foot per wall.			M <input type="checkbox"/>	
	Exterior wall has peeling paint of 10 square feet or more.			M <input type="checkbox"/>	
	Exterior wall component(s) is not functionally adequate.			M <input type="checkbox"/>	
Wall - Interior	Interior wall has a loose or detached surface covering.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Interior wall component(s) is not functionally adequate.	M <input type="checkbox"/>	M <input type="checkbox"/>		
	Interior wall has a hole that is greater than 2 inches in diameter or there is an accumulation of holes that are cumulatively greater than 6 inches by 6 inches.	M <input type="checkbox"/>	M <input type="checkbox"/>		
Water Heater	Temperature pressure relief (TPR) valve has an active leak or is obstructed or relief valve discharge piping is damaged, capped, has an upward slope, or is constructed of unsuitable material.	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	
	No hot water.	S <input type="checkbox"/>	L <input type="checkbox"/>		
	The relief valve discharge piping is missing or terminates greater than 6 inches or less than 2 inches from waste receptor flood-level.	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	
	Chimney or flue piping is blocked, misaligned, or missing.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
	Gas shutoff valve is damaged, missing, or not installed.	LT <input type="checkbox"/>	LT <input type="checkbox"/>	LT <input type="checkbox"/>	
Window	Window will not open or stay open.	M <input type="checkbox"/>	L <input type="checkbox"/>		
	Window cannot be secured.	M <input type="checkbox"/>	L <input type="checkbox"/>		
	Window will not close.	S <input type="checkbox"/>	M <input type="checkbox"/>		
	Window component is damaged or missing and the window is not functionally adequate.	M <input type="checkbox"/>	M <input type="checkbox"/>		

Note: This checklist is not a standards form and is not required for use. The form or its data should not be submitted to HUD, and will not be collected or maintained by HUD. No PII data should be submitted, nor will it be collected. The housing authority or owner is responsible for compliance with the HUD NSPIRE Standards per the NSPIRE Final Rule (88 FR 30442) and accompanying Federal Register Notices (88 FR 40832, 88 FR 66882).

DWELLING INSPECTION

(Decent, Safe and Sanitary / DS&S)

COMPLIANCE SECTION

Compliance
Officer:

Date Requested:

Type of inspection (check one box):

<input type="checkbox"/>	Uniform Relocation Act (URA): Residential/commercial units to be occupied by tenants displaced as a result of a federally funded activity/project	Original Inspection of this address/unit
<input type="checkbox"/>	HOME Compliance: Low income tenants occupying residential units rehabilitated with federal HOME funds.	Re-inspection

PROJECT / ACTIVITY NUMBER:

ORGANIZATION:

CONTACT PERSON:

PHONE:

TENANT NAME:

PHONE:

ADDRESS TO INSPECT:

NUMBER OF
BEDROOMS:

FORMER ADDRESS OF
TENANT:

NUMBER OF
BEDROOMS:

(IF URA INSPECTION)

PASS	FAIL	UNIT CONDITIONS (unit <u>must</u> pass each listed criteria to be considered DSS)
		1. Structurally sound, weather-tight and in good repair.
		2. Contains a safe electrical wiring system adequate for lighting and other electrical devices.
		3. Contains a heating system capable of sustaining a healthful temperature (approximately 70 degrees).
		4. Adequate in size with respect to the number of rooms and area of living space needed to accommodate the family.
		5. Contains a separate, well lighted and ventilated bathroom that provides privacy to the user with sink, bathtub/shower stall and toilet, all in proper working order and properly connected to appropriate water source and sewage drainage system.
		6. Contains a kitchen with: a fully usable sink, properly connected to potable hot and cold water and sewage drainage system; adequate space, and; utility service connections for a stove and refrigerator.
		7. Contains unobstructed egress to safe, open space at ground level (Note: If the unit is on the second story or above, access must be provided directly from, or through, a common corridor).
		8. Conforms to State and Local Housing Codes and Ordinances.
		9. SLEEPING ROOM ONLY: Conforms to minimum requirements of a sleeping room under State and Local Housing Code.
		10. Fire Safety: Smoke detectors (operational and adequately placed).

YES	NO	LEAD BASED PAINT
		Unit has been inspected and conforms to HUD regulations (24 CFR part 35) regarding lead based paint.

PASS	FAIL	MULTI-FAMILY UNIT CONDITIONS (unit <u>must</u> pass each listed criteria to be considered DSS)
		Common Areas: Stairwells; Hallways; Storage Space; Yard Area.
		Fire Safety: Smoke Detectors; Emergency Lighting; Door Closers; Exit Signs.

CERTIFICATION APPROVED

I hereby certify that I have inspected the dwelling unit located at the above address and find it to meet the Standards for Decent, Safe and Sanitary housing.

Inspected By
(Signature):

Date of Inspection:

CERTIFICATION DENIED (see reverse for details)

Inspected By
(Signature):

Date of Inspection:

CERTIFICATION DENIED

Describe, by number, conditions that failed inspection and note corrective action required (**NOTE: immediate notification must be made to the Compliance Officer regarding any item(s) failing inspection which constitutes a HAZARD VIOLATION**):

NUMBER	CONDITION	CORRECTIVE ACTION REQUIRED
NOTES		
COMPLIANCE SECTION ONLY		
Referred to Building and Housing: Inspector:		Date:
Date of Inspection:	Status:	
DSS Certification Approval Date:	Inspector (inspection documentation attached):	

RECOMMENDED ITEMS

Condition Number	Recommendations: Cite specific recommendations regarding items inspected that warrant attention. Attach additional sheets if needed.
	Item:
Recommended Action:	
	Item:
Recommended Action:	
	Item:
Recommended Action:	
	Item:
Recommended Action:	
	Item:
Recommended Action:	
	Item:
Recommended Action:	

Required Documents

Non-Collusion Affidavit

**THE AFFIDAVIT SET FORTH BELOW MUST BE EXECUTED ON BEHALF OF
THE VENDOR AND FURNISHED WITH EVERY PROPOSAL
NON-COLLUSION AFFIDAVIT**

STATE OF: _____

CITY OF: _____

TAX ID NUMBER: _____

_____, being duly sworn, deposes and says he/she is the _____ *(Name)(Title)*

of _____ the proposal responder that has
(Company)

submitted to the *City of Cleveland, Ohio* a proposal for **Professional Services for the Decent, Safe, and Sanitary Inspections.**

all as fully set forth in said proposal, and that except as specified below, the aforementioned proposal responder constitutes the only person, firm, or corporation having any interest in said proposal or in any contract, benefit, or profit which may, might or could accrue as a result of said proposal, said exceptions being as follows:

(If no exceptions, please state)

Vendor further states that said proposal is, in all respects, fair and is submitted without collusion or fraud; and that no member of the *City of Cleveland, Ohio* is directly or indirectly interested in said proposal.

(Affiant)

SWORN TO and subscribed before me, a Notary Public, in and for the above-named State and City

this _____ day of _____, _____.
(Day) (Month) (Year) _____
(Notary Public)

Vendor Reference Form

Vendor Name:	
Customer Name:	
Customer Contact:	
Customer Phone Number:	()
E-mail Address	

Describe the Nature of Project and Services Provided to This Client:

--

Price Form

This document sets forth the requested pricing structure for responding to this RFP. The City requests Firm Fixed Prices for each of the components described below.

The total price below shall include all costs (*including, but not limited to, travel, lodging, and other expenses*) to provide services and deliverables identified in the Statement of Work and Deliverables sections of this RFP.

	REQUEST FOR	1-2 BEDROOMS	Proposed Cost Per Unit of Inspection	3+ BEDROOMS	Proposed Cost Per Unit of Inspection	TOTALS
ESTIMATED NUMBER OF UNITS	HOME	600		60		660
	URA	1,200		120		1,320
TOTALS		1,800		150		1,950

Based on two years.

The **TOTAL** proposal/bid price submitted for 1,950 units is \$_____.

The proposal bid cannot be withdrawn for 15 days after the due date.

The City reserves the right to reject any and all proposals.

Submitted by:

Company Name

Authorized Signature

Date

Printed Name

Requirements for Signing Proposal

1. Each Vendor, by making a proposal, represents this document has been read and is fully understood.
2. The proposal must be signed by an individual authorized to legally bind the person, partnership, company, or corporation submitting the proposal.
3. All signatures must have the name typed directly under the signature line.

LATE SUBMISSIONS WILL NOT BE ACCEPTED OR REVIEWED.

Do not contact any other City officials while responding to this RFP. Failure to adhere to this process may result in rejection of the RFP response by the City selection team.

Proposal Due Date: Friday, March 13, 2026 no later than 5 p.m. EST

Submitting Proposals: Professional Services for HOME Program & URA Property Standards Inspections – DSS/NSPIRE Contractor Services

SUBMIT:

Electronic version of the Proposal and any supporting documentation (PDF format only for document files) should be submitted to OpenGOV RFP Link:

<https://procurement.opengov.com/portal/clevelandoh/projects/240343>

For technical assistance with proposal submission, contact Chansun Hong chong@clevelandohio.gov