Form RD 3560-11 FORM APPROVED (Rev. 02/11) OMB No. 0575-0174

Department of Agriculture Rural Development Multi-Family Housing Physical Inspection

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Section I: Ge	neral Infor	matio	n				
Servicing Official:		Date:					
Select Type of Visit:		Year	Year Built:				
Property Name:	•						
Management Agent Name:		No. of Units:					
Borrower Name:	ie:		RA Units:				
Borrower ID and Project No:	Select Pi	oject T	Гуре				
Indicate A=Acceptable. Acceptable indicates that the F=Finding. A finding is a failure to meet physical should be corrected through issues are either a finding or V=Violation (a finding servicing letters, and possibly the pursuit of acceleration violation, use the comment section to provide an explaction. Indicate the Estimated Completion Date (ECC) used for observations or notes. See FMI for specific	tandards that ingh routine protest that because of that because of the planation of the D) in the colu	ndicate ocedures of its sev lot Appl e proble	a widesp . Health verity req licable. F	read occurrence or & Safety, or acces uires using the thre or each finding or ling possible corrections.	pattern ssibility ee a ctive		
Section II: Exterior Site Inspection	A	F	V	ECD	N/A		
Utilities							
Drainage and Erosion Control							
Landscaping and Grounds							
Drives, Parking Surfaces and Walks							
Exterior Signage							
Site Accessibility							
Fences and Retaining Walls							
Debris and Graffiti							
Lighting							
Foundation							
Exterior Walls and Siding							
Roofs, Flashing and Gutters							
Windows, Doors and Exterior							
Common Area Signage							
Common Area Accessibility							
Comments/Observations (use additional sheet	et(s) as need	ed):					

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0174. The time required to complete this information collection is estimated to average 2 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Section III: Unit Inspection	Unit #:
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Is this unit vacant?:	Date vacated:			Rent ready:		
Tenant Name:				<u>-</u>		
Apartment Unit - General	A	F	V	ECD	N/A	
Water Heaters						
Emergency Call System (if installed)						
Fire Protection						
Accessibility						
Electrical, Air Conditioning and Heating						
Insect/Rodent Infestation						
Living Room/Dining Room	A	F	V	ECD	N/A	
Entrance Door						
Walls and Ceilings						
Door and Windows						
Flooring						
Kitchen	A	F	V	ECD	N/A	
Walls and Ceilings						
Windows						
Refrigerator						
Range and Range Hood						
Sinks						
Cabinets						
Flooring						
Accessibility						
Bathroom	A	F	V	ECD	N/A	
Water Closet						
Bathtub and Shower Stall						
Sinks/Vanity						
Walls and Ceilings						
Doors						
Flooring						
Accessibility						
Bedroom	A	F	V	ECD	N/A	
Walls and Ceilings						
Door and Windows						
Flooring						

Comments/Observations (use additional sheet(s) as needed):