Public Reporting Burden for this collection is estimated to average .5 hours per response, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and compiling and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information collection is necessary to ensure that viable projects are developed. It is important to obtain information from applicants to assist HUD in determining if nonprofit organizations initially funded continue to have the financial and administrative capacity needed to develop a project and that the project design meets the needs of the residents. The Department will use this information to determine if the projects meet statutory requirements, ensuring the continued marketability of the projects. This information is required in order to obtain benefits. This information is considered non-sensitive and no assurance of confidentiality is provided.

LAND APPRAISAL CHECKLIST FOR GROUP HOMES UNDER THE SECTION 811 CAPITAL ADVANCE PROGRAM

INSTRUCTIONS:

1. Use 3 to 5 comparables.
2. Make sure comparables are recent sales.
3. Make sure each comparable is adjusted from the sale comparable to the subject site.
4. Use comparables with the same or similar zoning.
5. The location of the comparables should be in reasonable proximity to the subject site.
6. Determine whether a desk or field review is necessary.

SECTION I

Project No. _____

Project Sponsor/Owner _____

Project Location _____
(Street Address)

_____
(City, State, Zip Code)

SECTION II

Dimensions _____

Site Area _____ Corner Lot ☐ Yes ☐ No

Specific Zoning Classification and Description _____

Zoning Compliance ☐ Legal ☐ Legal Nonconforming (Grandfathered Use)
☐ Illegal ☐ No Zoning
Market Value of Land ☐ Present Use
☐ Intended Use (Group Home)
☐ Other Use (Explain)

SECTION III

Topography _____

Size _____

Shape/Plottage _____

Drainage _____

View _____

Landscaping/Demolition/Piling _____

Driveway Surface _____

Apparent Easements _____

FEMA Special Flood Hazard Area ☐ Yes ☐ No

FEMA Zone _____ Map Date _____

FEMA Map No. _____

SECTION IV

Utilities	Public	Other
Electricity	☐	_____
Gas	☐	_____
Water	☐	_____
Sanitary Sewer	☐	_____
Storm Sewer	☐	_____

SECTION V

Off-Site Improvements

	Type	Public	Private
Street	_____	☐	☐
Curb/gutter	_____	☐	☐
Sidewalk	_____	☐	☐
Street Lights	_____	☐	☐
Alley	_____	☐	☐

SECTION VI

Comments: (apparent adverse easements, encroachments, special assessments, slide areas, illegal or legal nonconforming zoning use, etc.)

SECTION VII

Environmental Considerations:

Flood Hazards:

Are the property improvements in a Special Flood Hazard Area? ☐ Yes ☐ No

(If "yes", a Letter of Map Amendment (LOMA) or Letter of Map Revision (LOMR) is attached.) ☐ Yes ☐ No

The flood insurance Map (FIRM) Number and Date:

_____

Noise:

Is the property located within 1,000 feet of a highway, freeway, or heavily traveled road? ☐ Yes ☐ No

Within 3,000 feet of a railroad? ☐ Yes ☐ No

Within one mile of a civil airfield or 5 miles of a military airfield? ☐ Yes ☐ No

Runway Clear Zones/Clear Zones:

Is the property within 3,000 feet of a civil or military airfield? ☐ Yes ☐ No

If "yes", is the property in a Runway Clear Zone/Clear Zone? ☐ Yes ☐ No

Explosive/Flammable Materials Storage Hazard:

Does the property have an unobstructed view, or is it located within 2,000 feet of any facility handling or storing explosive or fire prone materials? ☐ Yes ☐ No

Toxic Waste Hazards:

Is property within 3,000 feet of a dump or landfill, or a site on an EPA Superfund (NPL) list or equivalent State list? ☐ Yes ☐ No

Foreseeable Hazards or Adverse Conditions:

Does the site have any rock formations, high ground water levels, inadequate surface drainage, springs, sinkholes, etc? ☐ Yes ☐ No

Does the site have unstable soils (expansive, collapsible, or erodible)? ☐ Yes ☐ No

Does the site have any excessive slopes? ☐ Yes ☐ No

Does the site have any earthfill? ☐ Yes ☐ No
If "yes", will foundations, slabs, or flatwork rest on the fill? ☐ Yes ☐ No

SECTION VIII

Recommendation:

☐ Approve

☐ Approve with Conditions

☐ Disapprove

Comments/Conditions:

Prepared by: _____ Date:
(Signature)

Supervisor: _____ Date:
(Signature)