

**CITY OF FARGO
HOUSING QUALITY STANDARDS (HQS) REVIEW**

Property Address: _____

Name of Borrower: _____

of bedrooms/rooms used for sleeping: _____ **Type of housing unit:** _____

Summary decision on unit for HQS Review:

- [] **FAIL:** If there are any checks under the “Fail” column the house fails HQS requirements and correction must be made before the unit is eligible for federal funds.
- [] **INCONCLUSIVE:** If there are any checks under “Inconclusive” obtain additional information necessary for a decision and change rating, indicating date of verification.
- [] **PASS:** If there are no checks under the “Fail” column or the “Inconclusive” column the unit passes HQS req.

Inspector: _____
Name (please print) Agency/Company Title (if applicable)

Signature: _____ Date: _____

INSPECTION CHECKLIST

1. LIVING ROOM:						4.1 DINING ROOM:					
LOCATION:						LOCATION:					
Item#	DESCRIPTION	PASS	FAIL	INCON-CLUSIVE	SEE COMM.	Item#	DESCRIPTION	PASS	FAIL	INCON-CLUSIVE	SEE COMM.
1.1	Present					4.2	Electricity				
1.2	Electricity					4.3	Electrical Hazards				
1.3	Electrical Hazards					4.4	Security				
1.4	Security					4.5	Window Condition				
1.5	Window Condition					4.6	Ceiling Condition				
1.6	Ceiling Condition					4.7	Wall Condition				
1.7	Wall Condition					4.8	Floor Condition				
1.8	Floor Condition					4.9	Lead Paint				
1.9	Lead Paint										
2. KITCHEN:											
LOCATION:											
2.1	Present										
2.2	Electricity										
2.3	Electrical Hazards										
2.4	Security										
2.5	Window Condition										
2.6	Ceiling Condition										
2.7	Wall Condition										
2.8	Floor Condition										
2.9	Lead Paint										
2.10	Stove or Range with Oven										
2.11	Refrigerator										
2.12	Sink										
2.13	Space for Storage & Preparation of Food										

3. BATHROOM:						3. BATHROOM:					
LOCATION:						LOCATION:					
Item#	DESCRIPTION	PASS	FAIL	INCON-CLUSIVE	SEE COMM.	Item#	DESCRIPTION	PASS	FAIL	INCON-CLUSIVE	SEE COMM.
3.1	Present					3.1	Present				
3.2	Electricity					3.2	Electricity				
3.3	Electrical Hazards					3.3	Electrical Hazards				
3.4	Security					3.4	Security				
3.5	Window Condition					3.5	Window Condition				
3.6	Ceiling Condition					3.6	Ceiling Condition				
3.7	Wall Condition					3.7	Wall Condition				
3.8	Floor Condition					3.8	Floor Condition				
3.9	Lead Paint					3.9	Lead Paint				
3.10	Water Closet					3.10	Water Closet				
3.11	Lavatory					3.11	Lavatory				
3.12	Tub or Shower					3.12	Tub or Shower				
3.13	Ventilation					3.13	Ventilation				
4.1 OTHER ROOMS: NAME:						4.1 OTHER ROOMS: NAME:					
LOCATION:						LOCATION:					
Item#	DESCRIPTION	PASS	FAIL	INCON-CLUSIVE	SEE COMM.	Item#	DESCRIPTION	PASS	FAIL	INCON-CLUSIVE	SEE COMM.
4.2	Electricity					4.2	Electricity				
4.3	Electrical Hazards					4.3	Electrical Hazards				
4.4	Security					4.4	Security				
4.5	Window Condition					4.5	Window Condition				
4.6	Ceiling Condition					4.6	Ceiling Condition				
4.7	Wall Condition					4.7	Wall Condition				
4.8	Floor Condition					4.8	Floor Condition				
4.9	Lead Paint					4.9	Lead Paint				
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LOCATION:						LOCATION:					
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LOCATION:						LOCATION:					
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