**Delaware State Housing Authority**

**Capital Needs Assessment Policy**

All Rehabilitation applicants (including Preservation, Historic, Conversion, and Adaptive Re-Use projects) must submit a Capital Needs Assessment (CNA). The CNA is a qualified professional’s opinion (typically an Architect or a Qualified Rehabilitation Specialist) of a property’s current physical condition. The CNA identifies deferred maintenance, physical needs, remaining useful life of key components, building material deficiencies, and material building code violations that affect the property use, structural and mechanical integrity, and future physical capital and financial needs.

The purpose of the CNA is to determine a property’s physical capital needs over the next 20 years and/or to determine the type of rehabilitation needed for securing Low Income Housing Tax Credit (LIHTC) and/or financing from DSHA.

**Base Requirements**:

1. CNA Reports cannot be prepared more than 12 months prior to application submission.
2. The report must cover all buildings within the project.
3. The CNA professional cannot have an identity of interest or business with the General Contractor, Owner, Developer, or Appraiser of the project being evaluated.
4. The Design Architect and/or Architect of record for the proposed project may be the CNA Provider.
5. As part of DSHA’s pre-inspection notice for LIHTC applications, DSHA staff will visit the site prior to the CNA to provide technical assistance. Although not required, a draft version may be submitted to DSHA for comment prior to final submission.
6. One (1) hard copy of the final report shall be incorporated into the Exhibit portion of the LIHTC or other DSHA financing application and an electronic copy in a PDF format in the scanned version of the LIHTC or other DSHA financing application.

**Main components of the CNA Report**:

1. ***Executive Summary***
   1. Brief Narrative of the project;
   2. Date of report;
   3. Name and location of project including all buildings;
   4. Name and contact information of the current property owner;
   5. Name and contact information of the proposed new property owner, developer, and/or client;
   6. Name and contact information of the CNA Provider; and
   7. Name(s) of individual(s) that prepared the report.
2. ***Basic Project Information***
   1. Current Property Information:
      1. Lot Area in square footage and acres;
      2. Type of building: single family home, duplex, townhouse, apartment building (low, mid, or high rise and walkup or elevator);
      3. Building(s) foot print in square footage and acres;
      4. Current number of regular parking spaces and accessible parking spaces (including garage stalls);
      5. Building(s) gross square footage;
      6. Number and gross square footage of all dwelling units summarized by type and floor level;
      7. Identify and summarize common use space and other amenities including gross square footage;
      8. Identify type of construction, total number of buildings, total number of stories, and building height; and
      9. Date of original construction
   2. Vicinity Map - Provide an aerial site map or survey showing property lines, neighboring streets and properties, and other information deemed necessary.
   3. Current photographs of the site. Photos should document and support findings including, but not limited to, the general building exterior, site conditions, kitchens and bathrooms, flooring, entry areas, common areas, architectural and structural components and mechanical systems.
3. ***Inspection Requirements***
   1. At least 50% of the dwelling units in a development containing forty-nine (49) or more units
   2. At least 40% of the dwelling units in a development containing fifty (50) or more units
4. ***Management and Maintenance Staff Interviews***
   1. Document a five-year history of capital and major repair expenditures
   2. Identify known future capital improvement needs or other deferred maintenance needs
5. ***DSHA Rehabilitation Standards Checklist and Life Expectancy Chart***
   1. Provide an analysis of key building systems and assemblies utilizing DSHA’s Life Expectancy Chart, estimating age, expected useful life and effective remaining life and need of replacement.
6. ***Scope of Work***
   1. Capital Improvements. Provide an itemized description of capital improvements needed for rehabilitation and over a 20-year term.
      1. Site Improvement Evaluation/Analysis (utilities, parking, paving, sidewalks, water, sewer and drainage, landscaping, trash enclosures/compactors, other structures, and general site improvements);
      2. Building Architectural and Structural Systems Evaluation (foundations superstructure and floors, roof structures and roofing, exterior walls and stairs, siding, downspouts, Verify all substrates and/or flooring surfaces for suitability of new VCT and/or carpet installation.);
      3. Common Areas Evaluation – office, community rooms, common areas energy efficiency, tenant amenities, playgrounds and playground equipment
      4. Mechanical, Electrical and Plumbing Systems Evaluation - (building HVAC, plumbing, electrical, elevators, fire protection/security systems);
      5. Dwelling Units - Interior Dwelling Units Evaluation (interior finishes, all floors, walls, ceilings, paint, kitchens and appliances, carpet, vinyl, interior doors, shelves, cabinets, vanities, closets, interior HVAC, plumbing, bathroom fixtures, electrical fire protection systems, security systems). Verify all substrates and/or flooring surfaces for suitability of new VCT and/or carpet installation.
   2. Critical Repair Items. All health and safety deficiencies or violations that require immediate remediation. Identify in detail any repair items that represent an immediate threat to health and safety, and all other significant defects, deficiencies, items of deferred maintenance, and material building code violations (individual and collectively, Physical Deficiencies) that would limit the expected useful life of major components or systems. Deficiencies regarding significant life safety issues must be identified.
   3. Long-Term Physical Needs. An estimate of the repairs and replacement items beyond the first year after rehabilitation that are required to maintain the development’s physical integrity over the next **twenty (20) years**, such as major structural systems that will need to be replaced during this period.
   4. DSHA Environmental Due Diligence Checklist. The report shall provide observed or potential on-site environmental hazards.
   5. Costing. A Cost Estimate should be part of this report. All items included in the main components of Capital Improvements, Critical Repair Items, Long Term Physical Needs, and the abatement of environmental hazards must be included in the scope of work proposed in the CNA Application.
   6. Appendices (photographs, site plans, maps, etc.).
   7. Final Report. The final CNA Report must be signed, dated, and certified by the CNA Qualified Profession and Individual(s)) responsible for preparing the report.
      1. Identity of Interest Certification. The CNA provider must include and certify within the final report the following: a. “I certify that neither (insert firm name), nor any partner, director, stockholder, officer, employee, or agent associated with the Firm, nor any person or entity, having a financial interest in the affairs of the Firm: 1)has or will ever have an affiliation with any other person or entity providing services for the development including but not limited to Contractor, Owner, Developer, or Appraiser; 2) has not received nor will receive any benefit from the acquisition of the subject property in this report, including but not limited to profit from the sale of the land, rebates, commissions or fees, except as hereunder disclosed (insert if applicable)”

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| **REHABILITATION STANDARDS CHECKLIST**  *Must be completed by all rehabilitation projects* | | | | | | | |
| Project Name: |  | | | | | | |
| Date Built: |  | | | | | | |
| Date of Last Rehabilitation (if applicable): |  | | | | | | |
| **EXTERIORS** | **DETAIL/CONDITION** | | | | | | |
| ROOF | Age (Yrs) | | |  | | Poor  Fair  Good  Excellent | |
| *Roof Type/Pitch/Flat* |  | | | | | | |
| *Number of Layers* |  | | | | | | |
| *Substrate Material* |  | | | | | | |
| *Fire-rated Required?* | Yes | No | | |  | | |
| *Insulation Type* |  | | | | | | |
| *Insulation Thickness* |  | | | | | | |
| *Estimated R-Value* |  | | | | | | |
| SIDING | Age (Yrs) | | |  | | Poor  Fair  Good  Excellent | |
| *Type/Substrate* |  | | | | | | |
| *Brick (if applicable)* | Age (Yrs) | | |  | | Poor  Fair  Good  Excellent | | |
| *Is re-pointing necessary?* | Yes | | | No | |  | | |
| EXTERIOR DOORS/FRAMES | Age (Yrs) | | |  | | Type: |  |
| *Sliding doors?* | Yes | | | No | |  | |
| *Patio doors?* | Yes | | | No | |  | |
| *Hardware* | Age (Yrs) | | |  | | Type: |  |
| WINDOWS | Age (Yrs) | | |  | | Poor  Fair  Good  Excellent | |
| *Meet egress requirements?* | Yes | | | No | |  | |
| GUTTERS/DOWNSPOUTS | Age (Yrs) | | |  | | Poor  Fair  Good  Excellent | |
| *Material/Type* |  | | | | | | |
| FASCIA/SOFFITS | Age (Yrs) | | |  | | Poor  Fair  Good  Excellent | |
| *Material/Type/Substrate* |  | | | | | | |
| SIDEWALKS | Age (Yrs) | | |  | | Poor  Fair  Good  Excellent | |
| *Meets ADA compliance/ramping/curb cuts?* | Yes | | | No | |  | |
| *Any areas shaved?* | Yes | | | No | |  | |
| PARKING LOT\* | Age (Yrs) | | |  | | Poor  Fair  Good  Excellent | |
| *Curb Cuts* | Yes | | No | | |  | |

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| **EXTERIORS (Continued)** | **DETAIL/CONDITION** | | | | |
| *Spaces provided /required /grandfathered:* |  | | | | |
| *Handicap parking provided?* | Yes | No | |  | |
| *Bumpers provided?* | Yes | No | |  | |
| *\*NOTE: Any parking lot surface with either fair and/or poor conditions shall have a civil engineer complete a survey as to the remaining lifespan. If determined, contractor shall include quantity in needs assessment to replace pavement and subsurface.* | | | | | |
| LIGHTING (Exterior) | Age (Yrs) | |  | Poor  Fair  Good  Excellent | |
| *Tied to house panel?* | Yes | | No |  | |
| SECURITY SYSTEM | Age (Yrs) | |  | Poor  Fair  Good  Excellent | |
| PATIOS/BALCONIES | Age (Yrs) | |  | Poor  Fair  Good  Excellent | |
| *Meet current codes?* | Yes | | No |  | |
| MAINTENANCE-FREE EXTERIOR | Yes | | No |  | |
| STORM WATER MANAGEMENT | Yes | | No | *Date of Last Preventative Maintenance* | |
| ASBESTOS PRESENT? | Yes | | No | *NESHAP Environmental Audit* | |
| LEAD PAINT PRESENT? | Yes | | No |  | |
| MOLD PRESENT? | Yes | | No |  | |
| **INTERIORS** | **DETAIL/CONDITION** | | | | |
| KITCHEN | Age (Yrs) | |  | Poor  Fair  Good  Excellent | |
| *Cabinets* | Age (Yrs) | |  | Type: |  |
| *Countertop* | Age (Yrs) | |  | Type: |  |
| APPLIANCES |  | | | | |
| *Refrigerator* | Age (Yrs) | |  | Size: |  |
| *Frost-free?* | Yes | | No |  | |
| *Dishwasher* | Age (Yrs) | |  |  | |
| *Stove* | Age (Yrs) | |  | Gas  Electric  U.L. Gas Conn. | |
| *Garbage Disposal* | Age (Yrs) | |  | HP: |  |
| *Exhaust Hood* | Age (Yrs) | |  | Vented to Exterior  Recirculating | |
| *Washer* | Age (Yrs) | |  | Stack  Side-by-Side | |
| *Drain provided?* | Yes | | No |  | |
| *Dryer* | Age (Yrs) | |  |  | |
| *Vent pipe material?* |  | | | | |
| *Adequate venting?* | Yes | | No |  | |
| BATHROOM |  | | | | |
| *Bathtub* | Age (Yrs) | |  | Poor  Fair  Good  Excellent | |
| *Tub Surround* | Age (Yrs) | |  | Poor  Fair  Good  Excellent | |

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| **INTERIORS (Continued)** | **DETAIL/CONDITION** | | | | | | | | | |
| *Anti-scald valve?* | Yes | | No | |  | | | | | |
| *Sink/Vanity* | Age (Yrs) | |  | | Type: |  | | | | |
| *Toilet* | Age (Yrs) | |  | | Type: |  | | | | |
| *Water-saver?* | Yes | | No | |  | | | | | |
| *ADA-Compliant?* | Yes | | No | |  | | | | | | |
| *Flange Material* | Age (Yrs) | |  | | Poor  Fair  Good  Excellent | | | | | | |
| *Exhaust Fan* | Age (Yrs) | |  | | Poor  Fair  Good  Excellent | | | | | | |
| FLOORING |  | | | | | | | | | |
| *Asbestos present (in flooring or adhesive)?* | Yes | No | | | Type: | |  | | | |
| *Carpeting* | Age (Yrs) |  | | | Poor  Fair  Good  Excellent | | | | | |
| *Type* |  | | | | | | | | | |
| *Vinyl Composition* | Age (Yrs) | |  | Poor  Fair  Good  Excellent | | | | | | |
| *Type* |  | | | | | | | | | |
| *Subflooring Material* | Age (Yrs) | |  | Poor  Fair  Good  Excellent | | | | | | |
| *Any existing soft spots in flooring?* | Yes | | No |  | | | | | | |
| *Base Molding* | Age (Yrs) | |  | Poor  Fair  Good  Excellent | | | | | | |
| WALLS | Age (Yrs) | |  | Poor  Fair  Good  Excellent | | | | | | |
| *Type* |  | | | | | | | | | |
| *Asbestos present?* | Yes | | No |  | | | | | | |
| *Mold or mildew present?* | Yes | | No |  | | | | | | |
| CEILINGS | Age (Yrs) | |  | Poor  Fair  Good  Excellent | | | | | | |
| *Type* |  | |  |  | | | | | | |
| *Textured?* | Yes | | No | Poor  Fair  Good  Excellent | | | | | | |
| *Active staining present?* | Yes | | No |  | | | | | | |
| SMOKE DETECTORS | Age (Yrs) | |  | Hard-wired  Battery | | | | | | |
| *Meet current codes?* | Yes | | No | Date of last inspection: | | | | |  | |
| SPRINKLER SYSTEM | Yes | | No |  | | | | | | |
| *Meet current codes?* | Yes | | No |  | | | | | | |
| INTERIOR DOORS/FRAMES | Age (Yrs) | |  | Type: | |  | | | | |
| *Hardware* | Age (Yrs) | |  | Type: | |  | | | | |
| INSULATION *(Inches)* | Ceiling: | |  | Walls: | |  | | Floor: | |  |
| SHELVING | Age (Yrs) | |  | Poor  Fair  Good  Excellent | | | | | | |
| MINI BLINDS | Age (Yrs) | |  | Poor  Fair  Good  Excellent | | | | | | |

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| **INTERIORS (Continued)** | **DETAIL/CONDITION** | | | | | | | | | | |
| SYSTEMS |  | | | | | | | | | | |
| *Are utilities paid by the tenants?* | Yes | | No | If yes, which ones? | | | |  | | | |
| *Is there a boiler system?* | Yes | | No | Age (Yrs) | |  | | Date of last inspection: | | |  |
| *HVAC* | Age (Yrs) | |  | Poor  Fair  Good  Excellent | | | | | | | |
| *HVAC Type/Electrical Connection* | Type: |  | | Amps: |  | | | | | | |
| *Meets current codes?* | Yes | No | |  | | | | | | | |
| *Vented to exterior?* | Yes | No | |  | | | | | | | |
| *Duct System* | Age (Yrs) |  | | Poor  Fair  Good  Excellent | | | | | | | |
| *Last cleaning date/last pressure test Date:* |  | | | | | | | | | | |
| *Air Conditioning* | Age (Yrs) |  | | Type: |  | | | | | | |
| *Condensation Lines* | Age (Yrs) |  | | Poor  Fair  Good  Excellent | | | | | | | |
| *Water Heater* | Age (Yrs) |  | | Poor  Fair  Good  Excellent | | | | | | | |
| *Type and Location* |  | | | | | | | | | | |
| *Pan Present?* | Yes | No | | Poor  Fair  Good  Excellent | | | | | | | |
| *Electric Supply* | Age (Yrs) |  | | Poor  Fair  Good  Excellent | | | | | | | |
| *Type* | GFI: |  | | Amperage Supply: | | |  | | AMP Service: |  | |
| *ARC Fault Interrupter?* | Yes | No | | Poor  Fair  Good  Excellent | | | | | | | |
| *Last Inspection Date* |  | | | | | | | | | | |
| PLUMBING |  | | | | | | | | | | |
| *Water Supply Lines*: Material \_\_\_\_\_\_\_\_\_\_\_ | Yes | No | | Poor  Fair  Good  Excellent | | | | | | | |
| *Curb Stops* | Yes | No | | Poor  Fair  Good  Excellent | | | | | | | |
| *Last Inspection Date:* |  | | | | | | | | | | |
| *Master meter or individual meters?* |  | | | | | | | | | | |
| *Shut-off Valves* | Yes | No | | Poor  Fair  Good  Excellent | | | | | | | |
| *Water Meters: Up to Code?* | Yes | No | | Poor  Fair  Good  Excellent | | | | | | | |
| *Vent Stacks*: Material \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes | No | | Poor  Fair  Good  Excellent | | | | | | | |
| ELECTRIC |  | | | | | | | | | | |
| *Underground Transmission Lines* | Yes | No | | Poor  Fair  Good  Excellent | | | | | | | |
| *Aboveground Transmission Lines* | Yes | No | | Poor  Fair  Good  Excellent | | | | | | | |
| *Meters*: Last Inspected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes | No | | Poor  Fair  Good  Excellent | | | | | | | |
| *Electric Panels*: | Yes | No | | Poor  Fair  Good  Excellent | | | | | | | |
| *Amps:* |  | | | | | | | | | | |
| *Brand:* |  | | | | | | | | | | |

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| **INTERIORS (Continued)** | **DETAIL/CONDITION** | | | | | | | | | | | | | |
| *Service Capacity* | Yes | No | | Poor  Fair  Good  Excellent | | | | | | | | | | |
| *Spare Breaker Capacity* | Yes | No | |  | | | | | | | | | | |
| *Site Lighting Adequate?* | Yes | No | |  | | | | | | | | | | |
| ANY UNITS FINISHED BELOW GRADE? | Yes | No | |  | | | | | | | | | | |
| ASBESTOS PRESENT? | Yes | No | | *NESHAP Environmental Audit:* | | | | | | | | |  | |
| LEAD PAINT PRESENT? | Yes | No | | Certificate available? | | | | | | | Yes | | | No |
| MOLD PRESENT? | Yes | No | |  | | | | | | | | | | |
| RADON TESTING? | Yes | No | | Date of inspection: | | | | |  | | | | | |
| **COMMON AREAS** | **DETAIL/CONDITION** | | | | | | | | | | | | | |
| INTERIOR STAIRS |  | | | | Poor  Fair  Good  Excellent | | | | | | | | | |
| *Meet code requirements?* | Yes | No | | |  | | | | | | | | | |
| *Handrail Height Continuous?* | Yes | No | | | Meet ADA? | | | Yes | | | | No | | |
| COMMON HALLWAY (Interior) | Age (Yrs) |  | | | Poor  Fair  Good  Excellent | | | | | | | | | |
| *Fire Protection?* | Yes | No | | | Last Inspection Date: | | | | |  | | | | |
| *Adequate Lighting?* | Yes | No | | |  | | | | | | | | | |
| *Walls* |  | | | | Poor  Fair  Good  Excellent | | | | | | | | | |
| ELEVATORS | Age (Yrs) |  | | | Poor  Fair  Good  Excellent | | | | | | | | | |
| *Date of Last Inspection* |  | | | | | | | | | | | | | |
| Meet ADA Requirements? | Yes | No | | |  | | | | | | | | | |
| LAUNDRY ROOM | Yes | No | | | Poor  Fair  Good  Excellent | | | | | | | | | |
| *Heated/Cooled?* | Yes | No | | |  | | | | | | | | | |
| *ADA Accessible?* | Yes | No | | |  | | | | | | | | | |
| *ADA Machines Available?* | Yes | No | | |  | | | | | | | | | |
| COMMUNITY ROOM | Yes | No | | | Poor  Fair  Good  Excellent | | | | | | | | | |
| *Size (Square Footage):* |  | | | | | | | | | | | | | |
| *ADA Accessible?* | Yes | | No | | |  | | | | | | | | |
| UTILITY CONTRACTS |  | | | | | | | | | | | | | |
| *Cable Contract* | Yes | | No | | | Provider: |  | | | | | | | |
| *Other Utility Contracts?* | Yes | | No | | | Provider(s): |  | | | | | | | |
| DOORS/FRAMES (Exterior) | Age (Yrs) | |  | | | Poor  Fair  Good  Excellent | | | | | | | | |
| *Type:* |  | | | | | | | | | | | | | |
| FOUNDATION, CRAWL, & BASEMENT | Age (Yrs) | |  | | | Poor  Fair  Good  Excellent | | | | | | | | |
| *Standing water present?* | Yes | No | | | |  | | | | | | | | |

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| **COMMON AREAS (Continued)** | **DETAIL/CONDITION** | | | | | | | |
| *Any foundation vents located below grade?* | Yes | No |  | | | | | |
| *Access to foundation, crawl, or basement?* | Yes | No | Poor  Fair  Good  Excellent | | | | | |
| ASBESTOS PRESENT? | Yes | No | *NESHAP Environmental Audit:* | | | |  | |
| LEAD PAINT PRESENT? | Yes | No | Certificate available? | | | Yes | | No |
| MOLD PRESENT? | Yes | No |  | | | | | |
| MAILBOXES | Age (Yrs) |  | Poor  Fair  Good  Excellent | | | | | |
| *Type:* |  | | | | | | | |
| *Parcel boxes provided?* | Yes | No |  | | | | | |
| *On Accessible Route?* | Yes | No |  | | | | | |
| PLAYGROUND EQUIPMENT | Age (Yrs) |  | Poor  Fair  Good  Excellent | | | | | |
| *Type:* |  | | | | | | | |
| *Meets Safety Guidelines?* | Yes | No |  | | | | | |
| *Lighting?* | Yes | No |  | | | | | |
| *Is Playground on Accessible Route?* | Yes | No |  | | | | | |
| SWIMMING POOL | Age (Yrs) |  | Poor  Fair  Good  Excellent | | | | | |
| FENCING | Age (Yrs) |  | Poor  Fair  Good  Excellent | | | | | |
| *Type, Material, and Height* |  | | | | | | | |
| *Perimeter/Partial?* |  | | | | | | | |
| DUMPSTERS |  | | Poor  Fair  Good  Excellent | | | | | |
| *Locations:* |  | | | | | | | |
| *Are gates required by municipality?* | Yes | No |  | | | | | |
| *ADA Accessible?* | Yes | No |  | | | | | |
| *Number:* | Existing: |  | Proposed: |  | | | | |
| PROJECT SIGN | Age (Yrs) |  | Poor  Fair  Good  Excellent | | | | | |
| *Lighted?* | Yes | No |  | | | | | |
| *Sign to be Replaced?* | Yes | No |  | | | | | |
| *ADA/Fair Housing Logos?* | Yes | No |  | | | | | |
| OTHER |  | | | | | | | |
| *Support Beams Material* |  | | Poor  Fair  Good  Excellent | | | | | |
| *Joists* |  |  | Poor  Fair  Good  Excellent | | | | | |
| *Overhang provided?* | Yes | No |  | | | | | |
| *Soffit ventilation provided per code?* | Yes | No |  | | | | | |
| *Piers/Columns/Porches* | Age (Yrs) |  | Poor  Fair  Good  Excellent | | | | | |
| *HVAC, Adequate Venting?* | Yes | No | Last Inspection Date: | |  | | | |

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| **COMMON AREAS (Continued)** | **DETAIL/CONDITION** | | |
| *Common Entries?* | Yes | No |  |
| *Supply/Drain Pipes* |  |  | Poor  Fair  Good  Excellent |
| **GENERAL** | **DETAIL/CONDITION** | | |
| MINIMUM SQUARE FOOTAGE | (If units are to be converted) | | |
| *One-Bedroom Units (Min. 700 sq. ft.)* | Yes | No |  |
| *Two-Bedroom Units (Min. 850 sq. ft.)* | Yes | No |  |
| *Three-bedroom Units (Min. 1,050 sq. ft.)* | Yes | No |  |
| *Site Office?* | Yes | No |  |
| *Total Size (sq. ft.):* |  | | |
| *ADA Compliant?* | Yes | No |  |
| *Maintenance Shop?* | Yes | No |  |
| *Total Size (sq. ft.):* |  | | |
| *ADA Compliant?* | Yes | No |  |
| LOCATION ON ADA-COMPLIANT ROUTE? | Yes | No |  |
| FIRE HISTORY OF PROPERTY: |  | | |
| **REHABILITATION STANDARDS CHECKLIST**  **ADDITIONAL PROJECT NOTES/COMMENTS** | | | |
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## DSHA - Life Expectancy (Years of Different Products/Items/Materials)

**NOTE**: Items that are beyond 50% of life expectancy shall be replaced. DSHA reserves the right to add/delete any item to the required rehabilitation.

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| Item | Life Expectancy (Years) | |  | Item | Life Expectancy (Years) |
| APPLIANCES | | |  | **FINISHES** | |
| * Disposal | | 5 |  | * Exterior paint, plaster, stucco | 3-5 |
| * Microwave ovens | | 5 |  | * Interior, wall paint | 3-5 |
| * Ranges, free-standing/built-in, electric/gas | | 12 |  | * Interior, door/trim paint | 5-10 |
| * Refrigerators, Standard | | 10 |  | **FLOORS** | |
| BATHROOMS | | |  | * Vinyl sheet or tile | 10 |
| * Cast iron bathtub, resurface | | 25 |  | * Carpeting | 5 |
| * Fiberglass bathtub and shower | | 10 |  | **HEATING, VENTILATION, AND AIR CONDITIONING** | |
| * Shower doors (average quality) | | 5 |  | * Air conditioning, central unit | 10 |
| * Toilet | | 10 |  | * Air conditioning, window unit | 5 |
| CABINETRY | | |  | * A/C compressor | 5-7 |
| * Kitchen cabinets | | 10 |  | * Rooftop air conditioners | 10 |
| * Medicine cabinets/bath vanities | | 10 |  | * Furnaces, gas or oil fired | 15 |
| COUNTERTOPS | | |  | * Forced air furnaces, heat pump | 10 |
| * Laminate | | 10 |  | * Unit heaters, gas or electric | 10 |
| DOORS | | |  | * Radiant heaters | 10 |
| * Screen | | 10 |  | * Ductwork, plastic | 15 |
| * Interior, six-panel, Masonite | | 15 |  | * Air terminals, diffusers, grilles, registers | 15 |
| * Exterior, unprotected/exposed | | 15 |  | * Boilers, hot water, steam | 15 |
| * Exterior door trim | | 5-10 |  |  | |
|  | | | | | |
|  | | | | | |
| Item | | **Life Expectancy (Years)** |  | **Item** | **Life Expectancy (Years)** |
| PLUMBING FIXTURES/PIPING | | |  | **SHUTTERS** | |
| * Sinks, enamel, steel | | 5-10 |  | * Plastic, vinyl, exterior | 7-8 |
| * Sinks, stainless | | 10 |  | **SIDING** | |
| * Faucets, low quality | | 5 |  | * Wood, T1-11 | 10 |
| * Water heater, electric | | 10 |  | * Aluminum | 20 |
| * Water heater, gas | | 11 |  | * Vinyl | 25 |
| * Pumps, sump and well | | 10 |  | * Gutters, downspouts | 20 |
| ROOFING | | |  | **WINDOWS** | |
| * Asphalt, wood shingles, and shakes | 20 | |  | * Wood casement | 20 |
| * Built-up roofing, asphalt | 10 | |  | * Wood, single, double hung | 15 |
| * Coal and tar | 10 | |  | * Aluminum casement | 10 |
| SAFETY | | |  | * Window screens | 5 |
| * Sprinkler Systems | 12 | |  |  |  |
| * Smoke detectors, battery, hardwire | 10 | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DSHA – CNA ENVIRONMENTAL DUE DILIGENCE CHECKLIST**  *Must be completed by all rehabilitation projects* | | | | |
| Project Name: | Percentage of Units Inspected: \_\_\_\_\_\_\_% | | |
| Date: | Percentage of Site Walked and Observed: \_\_\_\_\_\_\_\_\_% | | |
| Completed by: | Original Construction Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | | |
| **Environmental Risks** | **Observed** | **Possible** | **Not Observed** |
| Asbestos |  |  |  |
| Asbestos Containing Materials |  |  |  |
| Lead Paint |  |  |  |
| Underground Storage Tanks, Lines and Vents |  |  |  |
| Above Ground Chemical Storage or Products |  |  |  |
| Visible Soil Discoloration |  |  |  |
| Buried Waste |  |  |  |
| PCB Transformers or Light Ballast |  |  |  |
| Surface Water Discharge |  |  |  |
| Sensitive Adjacent Properties |  |  |  |
| Potential Contaminated Adjacent Properties |  |  |  |
| Air Emissions |  |  |  |
| Wetlands Areas |  |  |  |
| Sanitary Sewer Failure |  |  |  |
| On-lot Septic |  |  |  |
| Private Water Supply |  |  |  |
| Surface Impoundment |  |  |  |
| Excessive Noise |  |  |  |
| Foul Odors |  |  |  |
| French Drain or Disposal Pit |  |  |  |
| Unsafe Material Management Practices |  |  |  |
| Pipe Leaks |  |  |  |
| Mold |  |  |  |
| Radon Gas |  |  |  |
| Sink Holes |  |  |  |
| Steep Slopes |  |  |  |
| Poor Drainage |  |  |  |
| Ponds or Streams |  |  |  |
|  |  |  |  |