

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; and
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.
7. The final CNA Report must be signed, dated, and certified by the CNA

Main components of the CNA Report:

1. Executive Summary

- a. Brief Narrative of the project;
- b. Date of report;
- c. Name and location of project including all buildings;
- d. Name and contact information of the current property owner;
- e. Name and contact information of the proposed new property owner, developer, and/or client;
- f. Name and contact information of the CNA Provider; and
- g. Name(s) of individual(s) that prepared the report.

2. Basic Project Information

- a. Current Property Information:
 - i. Lot Area in square footage and acres;

- ii. Type of building: single family home, duplex, townhouse, apartment building (low, mid, or high rise and walkup or elevator);
 - iii. Building(s) foot print in square footage and acres;
 - iv. Current number of regular parking spaces and accessible parking spaces (including garage stalls);
 - v. Public or private maintenance;
 - vi. Building(s) gross square footage;
 - vii. Number and gross square footage of all dwelling units summarized by type and floor level;
 - viii. Identify and summarize common use space and other amenities including gross square footage;
 - ix. Identify type of construction, total number of buildings, total number of stories, and building height;
 - x. Date of original construction and permits obtained for construction; and
 - xi. History of any fires, flood damage or insurance claims.
- b. Vicinity Map - Provide an aerial site map or survey showing property lines, neighboring streets and properties, and other information deemed necessary.
 - c. 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:*

- a. At least 50% of the dwelling units in a development containing forty-nine (49) or less units; and
- b. At least 40% of the dwelling units in a development containing fifty (50) or more units.

4. *Management and Maintenance Staff Interviews:*

- a. Document a five-year history of capital and major repair expenditures; and
- b. Identify known future capital improvement needs or other deferred maintenance needs.

5. *DSHA Rehabilitation Standards Checklist and Life Expectancy Chart:*

- a. 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:*

- a. Capital Improvements. Provide an itemized description of capital improvements needed for rehabilitation and over a 20-year term:
 - i. Site Improvement Evaluation/Analysis (utilities, parking, paving, sidewalks, water, sewer and drainage, landscaping, trash enclosures/compactors, other structures, and general site improvements);
 - ii. Building Architectural and Structural Systems Evaluation (foundations superstructure and floors, roof structures and roofing, exterior walls and stairs,

- siding, downspouts, electrical fire protection systems, security systems, history of any and/or all fire-life safety issues and verify all substrates and/or flooring surfaces for suitability of new VCT and/or carpet installation.);
- iii. Common Areas Evaluation (parking areas, office, community rooms, common areas energy efficiency, tenant amenities, playgrounds and playground equipment);
 - iv. Mechanical, Electrical and Plumbing Systems Evaluation (building HVAC, plumbing, electrical, elevators, fire protection/security systems); and
 - v. Dwelling Units Evaluation (interior finishes, all floors, walls, ceilings, paint, kitchens and appliances, carpet, vinyl, interior doors, shelves, cabinets, vanities, closets, interior HVAC, plumbing, and bathroom fixtures.,
- b. 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; Include environmental issues, mold and mildew, infiltration and/or flooring, and existing sprinkler system inspection log.
 - c. 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; Include venting or condensation issues;
 - d. DSHA Environmental Due Diligence Checklist. The report shall provide observed or potential on-site environmental hazards;
 - e. Cost Estimate. 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;
 - f. Appendices (photographs, site plans, maps, etc.); and
 - g. Qualified Profession and Individual(s) responsible for preparing the report;
 - i. Identity of Interest Certification. The CNA provider must include and certify within the final report the following: "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)."

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 <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
<i>Roof Type/Pitch/Flat</i>			
<i>Number of Layers</i>			
<i>Substrate Material</i>			
<i>Fire-rated Required?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Insulation Type</i>			
<i>Ventilation</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Estimated R-Value</i>			
SIDING	Age (Yrs)		Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
<i>Type/Substrate/Vapor Barrier</i>			
<i>Brick (if applicable)</i>	Age (Yrs)		Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
<i>Is re-pointing necessary?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
EXTERIOR DOORS/FRAMES	Age (Yrs)		Type: _____
<i>Sliding doors? Flashing Pan present?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Patio doors? Flashing Pan Present?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Hardware</i>	Age (Yrs)		Type: _____
WINDOWS	Age (Yrs)		Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
<i>Meet egress requirements?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
GUTTERS/DOWNSPOUTS	Age (Yrs)		Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
<i>Material/Type</i>			
FASCIA/SOFFITS	Age (Yrs)		Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
<i>Material/Type/Substrate/Vented</i>			
SIDEWALKS	Age (Yrs)		Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
<i>Meets fully-accessible compliance/ramping/curb cuts?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Any areas shaved?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
PARKING LOT* Size of parking areas	Age (Yrs)	SF ____	Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
<i>Fully-Accessible Curb Cuts</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
STANDING WATER AREAS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Deteriorated areas</i>		SF ____	Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>

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EXTERIORS (Continued)	DETAIL/CONDITION		
<i>Spaces provided /required /grandfathered:</i>			
<i>Handicap parking provided?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Bumpers provided?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>*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.</i>			
LIGHTING (Exterior)	Age (Yrs)		Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
<i>Tied to house panel?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
SECURITY SYSTEM	Age (Yrs)		Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
PATIOS/BALCONIES	Age (Yrs)		Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
<i>Meet current codes?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
MAINTENANCE-FREE EXTERIOR	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
STORM WATER MANAGEMENT	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Date of Last Preventative Maintenance</i>
ASBESTOS PRESENT?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>NESHAP Environmental Audit</i>
LEAD PAINT PRESENT?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
MOLD PRESENT?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
INTERIORS	DETAIL/CONDITION		
KITCHEN	Age (Yrs)		Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
<i>Cabinets</i>	Age (Yrs)		Type: <input type="text"/>
<i>Countertop</i>	Age (Yrs)		Type: <input type="text"/>
APPLIANCES			
<i>Refrigerator</i>	Age (Yrs)		Size: <input type="text"/>
<i>Frost-free?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Dishwasher</i>	Age (Yrs)		
<i>Stove</i>	Age (Yrs)		Gas <input type="checkbox"/> Electric <input type="checkbox"/> U.L. Gas Conn. <input type="checkbox"/>
<i>Garbage Disposal</i>	Age (Yrs)		HP: <input type="text"/>
<i>Exhaust Hood</i>	Age (Yrs)		Vented to Exterior <input type="checkbox"/> Recirculating <input type="checkbox"/>
<i>Washer</i>	Age (Yrs)		Stack <input type="checkbox"/> Side-by-Side <input type="checkbox"/>
<i>Drain provided?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Dryer</i>	Age (Yrs)		
<i>Vent pipe material?</i>			
<i>Code compliant venting?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
BATHROOM			
<i>Bathtub</i>	Age (Yrs)		Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
<i>Tub Surround</i>	Age (Yrs)		Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>

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INTERIORS (Continued)	DETAIL/CONDITION					
<i>Anti-scald valve?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
<i>Sink/Vanity</i>	Age (Yrs)		Type:			
<i>Toilet</i>	Age (Yrs)		Type:			
<i>Water-saver?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
<i>Fully-Accessible Access?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
<i>Flange Material</i>	Age (Yrs)		Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
<i>Code compliant Exhaust Fan</i>	Age (Yrs)		Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
FLOORING						
<i>Asbestos present (in flooring or adhesive)?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type:			
<i>Carpeting</i>	Age (Yrs)		Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
<i>Type</i>						
<i>Vinyl Composition</i>	Age (Yrs)		Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
<i>Type</i>						
<i>Subflooring Material</i>	Age (Yrs)		Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
<i>Any existing soft spots in flooring?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
<i>Base Molding</i>	Age (Yrs)		Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
WALLS	Age (Yrs)		Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
<i>Type</i>						
<i>Asbestos present?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
<i>Mold or mildew present?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
CEILINGS	Age (Yrs)		Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
<i>Type</i>						
<i>Textured?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
<i>Active staining present?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
SMOKE DETECTORS	Age (Yrs)		Hard-wired <input type="checkbox"/>	Battery <input type="checkbox"/>		
<i>Meet current codes? CO2 detectors?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of last inspection:			
SPRINKLER SYSTEM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of last inspection:			
<i>Meet current codes?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
INTERIOR DOORS/FRAMES	Age (Yrs)		Type:			
<i>Hardware</i>	Age (Yrs)		Type:			
INSULATION (Inches)	Ceiling:		Walls:		Floor:	
SHELVING	Age (Yrs)		Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
MINI BLINDS	Age (Yrs)		Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>

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

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

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

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COMMON AREAS (Continued)	DETAIL/CONDITION		
<i>Common Entries?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Supply/Drain Pipes</i>			Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
GENERAL	DETAIL/CONDITION		
MINIMUM SQUARE FOOTAGE	(If units are to be converted)		
<i>One-Bedroom Units (Min. 700 sq. ft.)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Two-Bedroom Units (Min. 850 sq. ft.)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Three-bedroom Units (Min. 1,050 sq. ft.)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Site Office?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Total Size (sq. ft.):</i>			
<i>Fully-Accessible Compliant?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Maintenance Shop?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Total Size (sq. ft.):</i>			
<i>Fully-Accessible Compliant?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
LOCATION ON FULLY-ACCESSIBLE/-COMPLIANT ROUTE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
FIRE HISTORY OF PROPERTY:			
REHABILITATION STANDARDS CHECKLIST ADDITIONAL PROJECT NOTES/COMMENTS			

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.

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
CABINETS		• 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		

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Item	Life Expectancy (Years)
PLUMBING FIXTURES/PIPING	

- Sinks, enamel, steel 5-10
- Sinks, stainless 10
- Faucets, low quality 5
- Water heater, electric 10
- Water heater, gas 11
- Pumps, sump and well 10

ROOFING	
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- Asphalt, wood shingles, and shakes 20
- Built-up roofing, asphalt 10
- Coal and tar 10

SAFETY	
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- Sprinkler Systems 12
- Smoke detectors, battery, hardwire 10

Item	Life Expectancy (Years)
SHUTTERS	

- Plastic, vinyl, exterior 7-8

SIDING	
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- Wood, T1-11 10
- Aluminum 20
- Vinyl 25
- Gutters, downspouts 20

WINDOWS	
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- Wood casement 20
- Wood, single, double hung 15
- Aluminum casement 10
- Window screens 5

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos Containing Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground Storage Tanks, Lines and Vents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above Ground Chemical Storage or Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visible Soil Discoloration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buried Waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCB Transformers or Light Ballast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surface Water Discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitive Adjacent Properties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential Contaminated Adjacent Properties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Emissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wetlands Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanitary Sewer Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-lot Septic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Water Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surface Impoundment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foul Odors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French Drain or Disposal Pit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe Material Management Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radon Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sink Holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steep Slopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ponds or Streams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>