

DSHA - 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>Insulation Thickness</i>			
<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</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: <input style="width: 100%;" type="text"/>
<i>Sliding doors?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Patio doors?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Hardware</i>	Age (Yrs)		Type: <input style="width: 100%;" type="text"/>
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</i>			
SIDEWALKS	Age (Yrs)		Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
<i>Meets ADA 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*	Age (Yrs)		Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
<i>Curb Cuts</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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>Adequate 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"/>

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>ADA-Compliant?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<i>Flange Material</i>	Age (Yrs)		Poor <input type="checkbox"/>	Fair <input type="checkbox"/>
<i>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				
<i>Type</i>	Age (Yrs)		Poor <input type="checkbox"/>	Fair <input type="checkbox"/>
			Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
<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				
<i>Type</i>	Age (Yrs)		Poor <input type="checkbox"/>	Fair <input type="checkbox"/>
			Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
<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				
<i>Meet current codes?</i>	Age (Yrs)		Hard-wired <input type="checkbox"/>	Battery <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of last inspection:	
SPRINKLER SYSTEM				
<i>Meet current codes?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
INTERIOR DOORS/FRAMES				
<i>Hardware</i>	Age (Yrs)		Type:	
			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"/>

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>Vented to exterior?</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</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>					
<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>					

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"/>	<i>NESHAP Environmental Audit:</i>	
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:	
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 ADA?	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:	
<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 ADA 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>ADA Accessible?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<i>ADA 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>ADA 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:	
<i>Other Utility Contracts?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provider(s):	
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"/>		

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>ADA 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/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>VAC, Adequate Venting?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Last Inspection Date: <input type="text"/>

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>ADA 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>ADA Compliant?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
LOCATION ON ADA-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
- **Interior, six-panel, Masonite** 15
- **Exterior, unprotected/exposed** 15
- **Exterior door trim** 5-10

- **Ductwork, plastic** 15
- **Air terminals, diffusers, grilles, registers** 15
- **Boilers, hot water, steam** 15

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