

Beginning with inspections on or after January 1, 2025, **The City of White Cloud Rental Inspections** will be following the U.S. Department of Housing and Urban Development (HUD) National Standards for the Physical Inspection of Real Estate (NSPIRE) protocols for all inspections.

**Name:**

**Unit Address:**

**Inspection Date:**

**Housing Type:**

Item	Yes Pass	No Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. Pass with comments, give details.	If Fail or Inconclusive, date of final approval (mm/dd/yyyy)
<b>1. Living Room</b>					
1.1 Living Room Present (Is there a living room?)					
1.2 Electricity (at least 2 working outlets or one working outlet and one working light fixture) Within 6' of water supply, must be GFCI.					
1.3 Electrical Hazards (Is the room free from electrical hazards?)					
1.4 Security (Are all windows and doors that are accessible from the outside lockable?) First floor only.					
1.5 Window Condition (Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken out panes?) Window must meet egress requirements. Basement 3'x4' minimum.					
1.6 Ceiling Condition (Is the ceiling sound and free from hazardous defects?)					
1.7 Wall Condition (Are the walls sound and free from hazardous defects?)					
1.8 Floor Condition (Is the floor sound and free from hazardous defects?)					
1.9 Lead-based paint Are all painted surfaces free of deteriorated paint? If no, do deteriorated surfaces exceed two square feet per room and/or more than 10% of a component?				<input type="checkbox"/> Not Applicable	
Additional Comments					

**2. Kitchen**

2.1 Kitchen Area Present (Is there a kitchen?)					
--	--	--	--	--	--

Item	Yes Pass	No Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. Pass with comments, give details.	If Fail or Inconclusive, date of final approval (mm/dd/yyyy)
2.2 Electricity (Are there at least one working outlet and one working, permanently installed light fixture?)					
2.3 Electrical Hazards (Is the kitchen free from electrical hazards?)					
2.4 Security (Are all windows and doors that are accessible from the outside lockable?)					
2.5 Window Condition (Are all windows free of signs of deterioration or missing or broken out panes?)					
2.6 Ceiling Condition (Is the ceiling sound and free from hazardous defects?)					
2.7 Wall Condition (Are the walls sound and free from hazardous defects?)					
2.8 Floor Condition (Is the floor sound and free from hazardous defects?)					
2.9 Lead-Based Paint (Are all painted surfaces free of deteriorated paint?)				<input type="checkbox"/> Not applicable	
If no, does deteriorated surfaces exceed two square feet and/or less than 10% of a component?)					
2.10 Stove or Range with Oven (Is there a working oven, and a stove or range with top burners that work?)					
If no oven and stove or range are present, is there a microwave oven and, if microwave is owner-supplied, do other tenants have microwaves instead of an oven & stove or range?)					
2.11 Refrigerator (Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time?)					
2.12 Sink (Is there a kitchen sink that works with hot and cold running water?)					
2.13 Space for Storage, Preparation, and Serving of Food (Is there space to store, prepare, and serve food?)					
Additional Comments					
<b>3. Bathroom</b>					
3.1 Bathroom Present (Is there a bathroom?)					
3.2 Electricity (Is there at least one permanently installed light fixture?)					

Item	Yes Pass	No Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. Pass with comments, give details.	If Fail or Inconclusive, date of final approval (mm/dd/yyyy)
3.3 Electrical Hazards (Is the bathroom free from electrical hazards?) Within 6' of water source, must be GFCI.					
3.4 Security (Are all windows and doors that are accessible from the outside lockable?)					
3.5 Window Condition (Are all windows free of signs of deterioration or missing or broken out panes?)					
3.6 Ceiling Condition (Is the ceiling sound and free from hazardous defects?)					
3.7 Wall Condition (Are the walls sound and free from hazardous defects?)					
3.8 Floor Condition (Is the floor sound and free from hazardous defects?)					
3.9 Lead-Based Paint (Are all painted surfaces free of deteriorated paint?)				<input type="checkbox"/> Not applicable	
If no, does deteriorated surfaces exceed two square feet and/or less than 10% of a component?)					
3.10 Flush Toilet in Enclosed Room in Unit (Is there a working toilet in the unit for the exclusive private use of the tenant?)					
3.11 Fixed Wash Basin or Lavatory in Unit (Is there a working tub or shower with hot and cold running water in the unit?)					
3.13 Ventilation (Are there operable windows or a working vent system?)					
Additional Comments					

**4. Other Room Used for Living and Halls**

4.1 Bedroom or other Room used for sleeping, dining room or area, 2nd living room, family room, den, staircase, corridor, other					
4.2 Electricity/Illumination (If room is a bedroom or sleeping area, are there at least two working outlets or one working outlet and one working permanently installed light fixture?)					
If not a bedroom or other sleeping room, is there a means of illumination?					
4.3 Electrical Hazards (Is the room free from electrical hazards?)					

Item	Yes Pass	No Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. Pass with comments, give details.	If Fail or Inconclusive, date of final approval (mm/dd/yyyy)
4.4 Security (Are all windows and doors that are accessible from the outside lockable?) 1st floor & basement only.					
4.5 Window Condition (If a bedroom or used for sleeping, is there at least one window?)					
Are all windows free of signs of severe deterioration or missing or broken-out panes?					
4.6 Ceiling Condition (Is the ceiling sound and free from hazardous defects?)					
4.7 Wall Condition (Are the walls sound and free from hazardous defects?)					
4.8 Floor Condition (Is the floor sound and free from hazardous defects?)					
4.9 Lead-Based Paint (Are all painted surfaces free of deteriorated paint?)				<input type="checkbox"/> Not applicable	
If no, does deteriorated surfaces exceed two square feet and/or less than 10% of a component?)					
4.10 Smoke Detectors (Is there a working smoke detector in each bedroom?)					
Do the smoke detectors meet the requirements of NFPA 74? Smoke detector required in each bedroom; hardwired or 10-year sealed.					
In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?					
Additional Comments					

**5. All Secondary Rooms (Rooms not used for living)**

5.1 None: Go to Part 6					
5.2 Security (Are all windows and doors that are accessible from the outside lockable?)					
5.3 Electrical Hazards (Are all these rooms free from electrical hazards?)					
5.4 Other Potentially Hazardous Features (Are all of these rooms free of any other potentially hazardous features?) For each room with an "other potentially hazardous feature" explain the hazard and the means of control of interior access to the room.					
Additional Comments					

Item	Yes Pass	No Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. Pass with comments, give details.	If Fail or Inconclusive, date of final approval (mm/dd/yyyy)
------	----------	---------	--------------	---	--

**6. Building Exterior**

6.1 Condition of Foundation (Is the foundation sound and free from hazards?)					
6.2 Condition of Stairs, Rails, and Porches (Are all the exterior stairs, rails, and porches sound and free from hazards?)					
6.3 Condition of Roof and Gutters (Are the roof, gutters, and downspouts sound and free from hazards?)					
6.4 Condition of Exterior Surfaces (Are exterior surfaces sound and free from hazards?)					
6.5 Condition of Chimney (Is the chimney sound and free from hazards?)					
6.6 Lead-Based Paint: Exterior Surfaces (Are all painted surfaces free of deteriorated paint?)				<input type="checkbox"/> Not applicable	
If no, does deteriorated surfaces exceed 20 sq. ft. of total exterior surface area?					
6.7 Manufactured Homes: Tie Downs (If the unit is a manufactured home, is it properly placed and tied down?)				<input type="checkbox"/> Not applicable	
If not a manufactured home, check "Not Applicable".					
Additional Comments					

**7. Heating and Plumbing**

7.1 Adequacy of Heating Equipment (Is the heating equipment capable of providing adequate heat ; either directly or indirectly to all rooms used for living?)					
7.2 Safety of Heating Equipment (Is the unit free from unvented fuel burning space heaters or any other types of unsafe heating conditions?)					
7.3 Ventilation and Adequacy of Cooling (Does the unit have adequate ventilation and cooling by means of openable windows or a working cooling system?)					
7.4 Water Heater (Is the water heater located, equipped, and installed in a safe manner?)					

Item	Yes Pass	No Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. Pass with comments, give details.	If Fail or Inconclusive, date of final approval (mm/dd/yyyy)
7.5 Water Supply (is the unit served by an approvable public or private sanitary water supply?)					
7.6 Plumbing (Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?)					
7.7 Sewer Connection (Is plumbing connected to an approvable public or private disposal system, and is it free from sewer back-up?)					
Additional Comments					

### 8. General Health and Safety

8.1 Access to Unit (Can the unit be entered without having to go through another unit?)					
8.2 Exits (Is there an acceptable fire exit from this building that is not blocked?)					
8.3 Evidence of Infestation (Is the unit free from rats or severe infestation by mice or vermin?)					
8.4 Garbage and Debris (Is the unit free from heavy accumulation of garbage or debris inside and outside?)					
8.5 Refuse Disposal (Are there adequate covered facilities for temporary storage and disposal of food wastes, and are they approvable by a local agency?)					
8.6 Interior Stairs and Common Halls (Are interior stairs and common halls free from hazards to the occupant because of loose, broken, or missing steps on stairways; absent or insecure railings; inadequate lighting; or other hazards?)					
8.7 Other Interior Hazards (is the interior of the unit free from any other hazard not specifically identified previously?)					
8.8 Elevators (Where local practice requires, do all elevators have a current inspection certificate? If local practice does not require this, are they working and safe?)					

Item	Yes Pass	No Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. Pass with comments, give details.	If Fail or Inconclusive, date of final approval (mm/dd/yyyy)
8.9 Interior Air Quality (Is the unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?)					
8.10 Site and Neighborhood Conditions (Are the site and immediate neighborhood free from conditions which would seriously and continuously endanger the health or safety of the residents?)					
8.11 Lead-Based Paint: Owner Certification (If the owner of the unit is required to correct any deteriorated paint or lead-based paint hazards at the property, has the Lead-Based Paint Owner's Certification been completed, and received by the PHA? If the owner was not required to correct any deteriorated paint or lead-based paint hazards, check NA.)					
8.12 Carbon monoxide detector required on each level of home (hardwired or 10-year sealed)					
Additional Comments					

### Inspector Certification

I certify that I have evaluated the property located at the address above to the best of my ability and find the following:

- Property meets all of the above standards
- Property does not meet all of the above standards.

Comments:

Inspector Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Staff Certification

I certify that, to the best of my knowledge and belief, all the information presented and attached to this form is true, accurate, and complete.

City Received Date: \_\_\_\_\_

Initial: \_\_\_\_\_

Item	Yes Pass	No Fail	Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. Pass with comments, give details.	If Fail or Inconclusive, date of final approval (mm/dd/yyyy)
------	----------	---------	--------------	---	---

Certificate Issued: \_\_\_\_\_

Date due for re-inspection: \_\_\_\_\_



Owner/Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Beginning with inspections on or after January 1, 2025, **The City of White Cloud Rental Inspections** will be following the U.S. Department of Housing and Urban Development (HUD) National Standards for the Physical Inspection of Real Estate (NSPIRE) protocols for all inspections.

Item	Yes Pass	No Fail	Inconclusive	
<b>1. Living Room</b>				
1.1 Living Room Present (Is there a living room?)				
1.2 Electricity (at least 2 working outlets or one working outlet and one working light fixture)				Within 6' of water, must be GFCI
1.3 Electrical Hazards (Is the room free from electrical hazards?)				
1.4 Security (Are all windows and doors that are accessible from the outside lockable?)				First Floor Only
1.5 Window Condition (Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken out panes?)				Window must meet egress requirements; Basement 3'x4' minimum.
1.6 Ceiling Condition (Is the ceiling sound and free from hazardous defects?)				
1.7 Wall Condition (Are the walls sound and free from hazardous defects?)				
1.8 Floor Condition (Is the floor sound and free from hazardous defects?)				
1.9 Lead-based paint Are all painted surfaces free of deteriorated paint? If no, do deteriorated surfaces exceed two square feet per room and/or more than 10% of a component?				
<b>2. Kitchen</b>				
2.1 Kitchen Area Present (Is there a kitchen?)				
2.2 Electricity (Are there at least one working outlet and one working, permanently installed light fixture?)				Within 6' of water source, must be GFCI
2.3 Electrical Hazards (Is the kitchen free from electrical hazards?)				

Item	Yes Pass	No Fail	Inconclusive	
2.4 Security (Are all windows and doors that are accessible from the outside lockable?)				
2.5 Window Condition (Are all windows free of signs of deterioration or missing or broken out panes?)				
2.6 Ceiling Condition (Is the ceiling sound and free from hazardous defects?)				
2.7 Wall Condition (Are the walls sound and free from hazardous defects?)				
2.8 Floor Condition (Is the floor sound and free from hazardous defects?)				
2.9 Lead-Based Paint (Are all painted surfaces free of deteriorated paint?				
If no, does deteriorated surfaces exceed two square feet and/or less than 10% of a component?)				
2.10 Store or Range with Oven (Is there a working oven, and a stove or range with top burners that work?				
If no oven and stove or range are present, is there a microwave oven and, if microwave is owner-supplied, do other tenants have microwaves instead of an oven & stove or range?)				
2.11 Refrigerator (Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time?)				
2.12 Sink (Is there a kitchen sink that works with hot and cold running water?)				
2.13 Space for Storage, Preparation, and Serving of Food (Is there space to store, prepare, and serve food?)				
<b>3. Bathroom</b>				
3.1 Bathroom Present (Is there a bathroom?)				
3.2 Electricity (Is there at least one permanently installed light fixture?)				
3.3 Electrical Hazards (Is the bathroom free from electrical hazards?)				Within 6' of water source, must be GFCI
3.4 Security (Are all windows and doors that are accessible from the outside lockable?)				
3.5 Window Condition (Are all windows free of signs of deterioration or missing or broken out panes?)				

Item	Yes Pass	No Fail	Inconclusive	
3.6 Ceiling Condition (Is the ceiling sound and free from hazardous defects?)				
3.7 Wall Condition (Are the walls sound and free from hazardous defects?)				
3.8 Floor Condition (Is the floor sound and free from hazardous defects?)				
3.9 Lead-Based Paint (Are all painted surfaces free of deteriorated paint?				
If no, does deteriorated surfaces exceed two square feet and/or less than 10% of a component?)				
3.10 Flush Toilet in Enclosed Room in Unit (Is there a working toilet in the unit for the exclusive private use of the tenant?)				
3.11 Fixed Wash Basin or Lavatory in Unit (Is there a working tub or shower with hot and cold running water in the unit?)				
3.13 Ventilation (Are there operable windows or a working vent system?)				
<b>4. Other Room Used for Living and Halls</b>				
4.1 Bedroom or other Room used for sleeping, dining room or area, 2nd living room, family room, den, staircase, corridor, other				
4.2 Electricity/Illumination (If room is a bedroom or sleeping area, are there at least two working outlets or one working outlet and one working permanently installed light fixture?)				
If not a bedroom or other sleeping room, is there a means of illumination?				
4.3 Electrical Hazards (Is the room free from electrical hazards?)				
4.4 Security (Are all windows and doors that are accessible from the outside lockable?)				1st Floor & Basement only
4.5 Window Condition (If a bedroom or used for sleeping, is there at least one window?)				
Are all windows free of signs of severe deterioration or missing or broken-out panes?				
4.6 Ceiling Condition (Is the ceiling sound and free from hazardous defects?)				

Item	Yes Pass	No Fail	Inconclusive	
4.7 Wall Condition (Are the walls sound and free from hazardous defects?)				
4.8 Floor Condition (Is the floor sound and free from hazardous defects?)				
4.9 Lead-Based Paint (Are all painted surfaces free of deteriorated paint?				
If no, does deteriorated surfaces exceed two square feet and/or less than 10% of a component?)				
4.10 Smoke Detectors (Is there a working smoke detector in each bedroom?)				Smoke detector required in each bedroom
Smoke detector must be hardwired or 10 year sealed.				
In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?				
<b>5. All Secondary Rooms (Rooms not used for living)</b>				
5.1 None: Go to Part 6				
5.2 Security (Are all windows and doors that are accessible from the outside lockable?)				
5.3 Electrical Hazards (Are all these rooms free from electrical hazards?)				
5.4 Other Potentially Hazardous Features (Are all of these rooms free of any other potentially hazardous features?) For each room with an "other potentially hazardous feature" explain the hazard and the means of control of interior access to the room.				
<b>6. Building Exterior</b>				
6.1 Condition of Foundation (Is the foundation sound and free from hazards?)				
6.2 Condition of Stairs, Rails, and Porches (Are all the exterior stairs, rails, and porches sound and free from hazards?)				
6.3 Condition of Roof and Gutters (Are the roof, gutters, and downspouts sound and free from hazards?)				
6.4 Condition of Exterior Surfaces (Are exterior surfaces sound and free from hazards?)				
6.5 Condition of Chimney (Is the chimney sound and free from hazards?)				

Item	Yes Pass	No Fail	Inconclusive	
6.6 Lead-Based Paint: Exterior Surfaces (Are all painted surfaces free of deteriorated paint?)				
If no, does deteriorated surfaces exceed 20 sq. ft. of total exterior surface area?				
6.7 Manufactured Homes: Tie Downs (If the unit is a manufactured home, is it properly placed and tied down?)				
If not a manufactured home, check "Not Applicable".				
<b>7. Heating and Plumbing</b>				
7.1 Adequacy of Heating Equipment (Is the heating equipment capable of providing adequate heat ; either directly or indirectly to all rooms used for living?)				
7.2 Safety of Heating Equipment (Is the unit free from unvented fuel burning space heaters or any other types of unsafe heating conditions?)				
7.3 Ventilation and Adequacy of Cooling (Does the unit have adequate ventilation and cooling by means of openable windows or a working cooling system?)				
7.4 Water Heater (Is the water heater located, equipped, and installed in a safe manner?)				
7.5 Water Supply (is the unit served by an approvable public or private sanitary water supply?)				
7.6 Plumbing (Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?)				
7.7 Sewer Connection (Is plumbing connected to an approvable public or private disposal system, and is it free from sewer back-up?)				
<b>8. General Health and Safety</b>				
8.1 Access to Unit (Can the unit be entered without having to go through another unit?)				
8.2 Exits (Is there an acceptable fire exit from this building that is not blocked?)				
8.3 Evidence of Infestation (Is the unit free from rats or severe infestation by mice or vermin?)				

Item	Yes Pass	No Fail	Inconclusive	
8.4 Garbage and Debris (Is the unit free from heavy accumulation of garbage or debris inside and outside?)				
8.5 Refuse Disposal (Are there adequate covered facilities for temporary storage and disposal of food wastes, and are they approvable by a local agency?)				
8.6 Interior Stairs and Common Halls (Are interior stairs and common halls free from hazards to the occupant because of loose, broken, or missing steps on stairways; absent or insecure railings; inadequate lighting; or other hazards?)				
8.7 Other Interior Hazards (is the interior of the unit free from any other hazard not specifically identified previously?)				
8.8 Elevators (Where local practice requires, do all elevators have a current inspection certificate? If local practice does not require this, are they working and safe?)				
8.9 Interior Air Quality (Is the unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?)				
8.10 Site and Neighborhood Conditions (Are the site and immediate neighborhood free from conditions which would seriously and continuously endanger the health or safety of the residents?)				
8.11 Lead-Based Paint: Owner Certification (If the owner of the unit is required to correct any deteriorated paint or lead-based paint hazards at the property, has the Lead-Based Paint Owner's Certification been completed, and received by the PHA? If the owner was not required to correct any deteriorated paint or lead-based paint hazards, check NA.)				
8.12 1 carbon monoxide detector required on each level of home; Must be hardwired or 10-year sealed.				

Item	Yes Pass	No Fail	Inconclusive	
------	----------	---------	--------------	--

**Inspector Certification**

I certify that I have evaluated the property located at the address above to the best of my ability and find the following:

- Property meets all of the above standards
- Property does not meet all of the above standards

Comments:

Date: \_\_\_\_\_ Inspector Signature \_\_\_\_\_