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MO RH Guide 11  
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UNITED STATES DEPARTMENT OF AGRICULTURE  
RURAL DEVELOPMENT

Position 6

**EXISTING HOME COMPONENT SYSTEMS CERTIFICATION**

Single Family Guaranteed Housing Inspections

**Property Address**

street address

city, state

Circle each with: "Y" yes-in good order; "N" not in good order-repairs needed, or "N/A" if not applicable

**General Requirements:**

- Y N N/A Crawl space(s) has 18" clearance, 6 mil poly vapor barrier w/ 6" lapped seams & ventilation as required by code.
- Y N N/A Basement garage ceiling and wall(s) separating basement area from garage have 1/2" gypsum board w/ taped seams.
- Y N N/A Attached garage wall(s) separating dwelling from garage have taped 1/2" gypsum board to roof sheathing or to ceiling with taped 1/2" gypsum board finish.
- Y N Structurally Sound: House framing and foundation have no major deficiencies.
- Y N Roof: roofing has a minimum of 2 years remaining life, attic area has ventilation as required by code.
- Y N HVAC: Adequate heating, ventilation, and air conditioning system. A/C is not required, but must be functional if present. Heat must be supplied directly to each finished room.
- Y N Plumbing is in working order: inc. faucets, toilets, drains, garbage disposal & water heater.
- Y N N/A On Site Septic System approved by HUD appraiser/inspector or bank inspector and in good operable condition. If effluent present at septic system, provide inspection by certified inspector listing any required repairs.
- Y N N/A Private Well in good working order. Test required as documentation.
- Y N Electrical System in good working order: service, junction box(es), outlets, GFCIs, switches, etc. meet codes and utility requirements.
- Y N House has no evidence of termites. If there is evidence of termites, provide licensed exterminator report with list of repairs required.
- Y N There are no Life/Safety deficiencies including: stairs and stair handrail(s), guardrails, smoke detectors, bedroom and basement egress windows
- Y N There is adequate collection & dispersement of storm water including positive drainage away from the house on all sides.

**Certification:**

I certify that I have inspected this house to make a professional determination as to whether the aforementioned items were operating properly and are adequate to provide a homeowner with a functionally adequate home ready for immediate use with the exception of the following deficiencies which must be completed (attach continuations):

\_\_\_\_\_  
\_\_\_\_\_

Signature of Inspector

date

Official Position Title

Business Name

Telephone Number