

DRAFT

# The City of Yakima

Office of Neighborhood Development Services  
2019 Consolidated Annual Performance Evaluation Report



For further information, contact:

The Office of Neighborhood Development Services  
112 S. Eighth Street  
Yakima, WA 98901

## **CR-05 - Goals and Outcomes**

### **Progress the jurisdiction has made in carrying out its strategic plan and its action plan. 91.520(a)**

This could be an overview that includes major initiatives and highlights that were proposed and executed throughout the program year.

The City of Yakima continues to receive both Community Development Block Group (CDBG) funds and HOME Investment funds from HUD.

The City continues to use the bulk of its CDBG funding to address "Single Family Rehabilitation" in the form of a "Senior/Disabled Emergency Repair Program" that assists qualified low to moderate income Senior and/or Disabled homeowners with emergency type repairs. These repairs include no heat, no power, no hot water, leaking pipes, leaking roof or other such emergency repairs. The Single Family Rehabilitation program also includes an Exterior Paint Program and a Wheel Chair Ramp program as funding and demand allow.

CDBG funds also assist three eligible activities in the Public Service category of National Objectives. The first is a funding of public service programs administered through the Henry Beauchamp Community Center for low to moderate income citizens. The second was a funding of another public service program administered through the Yakima Police Activities League (YPAL) for low to moderate income citizens. The third eligible activity is an emergency heating program that assists low to moderate income Senior/Disabled homeowners with a "Gap" heating assistance payment that brings them current with their heating bill in order to enable them to qualify for the local "LIHEP" program as administered through Opportunities Industrial Center of Washington (OIC).

CDBG funds were also used to support eligible activity of Code Compliance in order to enable the Yakima Code Department to further assist low to moderate income areas with the continued clean up efforts associated with Code Compliance through assisting the payroll of staff.

The HOME Investment funds continues to support local Community Housing Development Organizations (CHDO) such as Habitat for Humanity and Next Step Housing as well as other certified organizations, in purchasing vacant lots and constructing either Single Family dwellings or Multi-family dwellings. The Single family dwellings are then sold to qualified low to moderate income first time homebuyers, while the rental units in the Multi-family residential units are tracked for a set affordability period, inspected regularly and required to be rented to qualified low to moderate income individuals or families.

**Comparison of the proposed versus actual outcomes for each outcome measure submitted with the consolidated plan and explain, if applicable, why progress was not made toward meeting goals and objectives. 91.520(g)**

Categories, priority levels, funding sources and amounts, outcomes/objectives, goal outcome indicators, units of measure, targets, actual outcomes/outputs, and percentage completed for each of the grantee’s program year goals.

Goal	Category	Source / Amount	Indicator	Unit of Measure	Expected – Strategic Plan	Actual – Strategic Plan	Percent Complete	Expected – Program Year	Actual – Program Year	Percent Complete
Administrative HOME costs	Affordable Housing	HOME: \$	Other	Other	0	1		1	1	100.00%
Code Compliance	Non-Housing Community Development	CDBG: \$	Housing Code Enforcement/Foreclosed Property Care	Household Housing Unit	0	0		200	0	0.00%
Community Development Block Grant Administration		CDBG: \$	Other	Other	1	1	100.00%	1	1	100.00%

Community Housing Development Organization	Affordable Housing	CDBG: \$97324 / HOME: \$	Rental units constructed	Household Housing Unit	0	0		8	0	0.00%
Community Housing Development Organization	Affordable Housing	CDBG: \$97324 / HOME: \$	Homeowner Housing Added	Household Housing Unit	0	2		2	2	100.00%
First Time Homeownership Program	Affordable Housing	CDBG: \$10000 / HOME: \$	Homeowner Housing Added	Household Housing Unit	0	0		2	0	0.00%
New Construction	Affordable Housing	HOME: \$	Rental units constructed	Household Housing Unit	0	0		8	0	0.00%
New Construction	Affordable Housing	HOME: \$	Rental units rehabilitated	Household Housing Unit	0	1		0	1	
New Construction	Affordable Housing	HOME: \$	Homeowner Housing Added	Household Housing Unit	0			2	2	100.00%
Public Facilities and Infrastructure	Non-Housing Community Development	CDBG: \$	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	0	1		0	1	

Public Services	Non-Housing Community Development	CDBG: \$	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	0	1786		10000	1786	17.86%
Single Family Rehabilitation Program	Affordable Housing	CDBG: \$	Homeowner Housing Rehabilitated	Household Housing Unit	0	74		90	74	82.22%

**Table 1 - Accomplishments – Program Year & Strategic Plan to Date**

**Assess how the jurisdiction’s use of funds, particularly CDBG, addresses the priorities and specific objectives identified in the plan, giving special attention to the highest priority activities identified.**

The City of Yakima assisted 74 low to moderate income Senior/Disabled homeowners with Emergency Repairs to their homes. This program assists elderly and or disabled homeowners to remain in their home as long as possible by making emergency repairs that might otherwise displace these citizens from their homes. The Wheel Chair ramp program as part of the Single Family Rehabilitation program also provides much needed "Accesibility" for Senior/Disabled homeowners through the use of CDBG funds.

## CR-10 - Racial and Ethnic composition of families assisted

Describe the families assisted (including the racial and ethnic status of families assisted).

91.520(a)

	CDBG	HOME
White	73	3
Black or African American	0	0
Asian	1	0
American Indian or American Native	0	0
Native Hawaiian or Other Pacific Islander	0	0
<b>Total</b>	<b>74</b>	<b>3</b>
Hispanic	22	3
Not Hispanic	52	0

Table 2 – Table of assistance to racial and ethnic populations by source of funds

### Narrative

The CDBG Single Family Rehabilitation program assisted 74 families with an average of \$4,925.90 spent per household with an average monthly income of \$1,911.03 per household.

The HOME program partnered with Habitat for Humanity in assisting two families achieve the American Dream of becoming homeowners. The HOME program also assisted in rehabilitation of a multi-family rental unit to meet ADA standards for accessibility of a low income family.

**CR-15 - Resources and Investments 91.520(a)**

**Identify the resources made available**

Source of Funds	Source	Resources Made Available	Amount Expended During Program Year
CDBG	public - federal	2,069,340	1,023,449
HOME	public - federal	2,840,591	1,029,734

**Table 3 - Resources Made Available**

**Narrative**

The City of Yakima does not limit either CDBG or HOME Investment funds to any limited target area, but uses these funds to the best of it’s ability to assist any and all low to moderate income applicants that qualify within the programs funded within the entire City Limits of Yakima.

**Identify the geographic distribution and location of investments**

Target Area	Planned Percentage of Allocation	Actual Percentage of Allocation	Narrative Description
CITY OF YAKIMA	100	100	100% of the allocation was spent within the geographic location(Yakima City Limits)

**Table 4 – Identify the geographic distribution and location of investments**

**Narrative**

The city of Yakima does not limit either CDBG or HOME Investment funds to any limited target area, but uses these funds to the best of it’s ability to assist any and all low to moderate income applicants that qualify within the programs funded within the entire City Limits of Yakima.

## Leveraging

**Explain how federal funds leveraged additional resources (private, state and local funds), including a description of how matching requirements were satisfied, as well as how any publicly owned land or property located within the jurisdiction that were used to address the needs identified in the plan.**

CDBG funds are leveraged with partnerships with non-profits such as OIC of Washington in the continued operation of the Henry Beauchamp Center ( formerly known as the South East Community Center) to provide community service programs to low and moderate income citizens.

HOME Investment funds are used in partnership with local Community Housing Development Organizations (CHDO) such as Habitat for Humanity, Next Step Housing and Catholic Charities Housing to construct affordable housing units for low to moderate income qualified renters and/or qualified first time homebuyers.

<b>Fiscal Year Summary – HOME Match</b>	
1. Excess match from prior Federal fiscal year	15,810,278
2. Match contributed during current Federal fiscal year	33,310
3. Total match available for current Federal fiscal year (Line 1 plus Line 2)	15,843,588
4. Match liability for current Federal fiscal year	0
5. Excess match carried over to next Federal fiscal year (Line 3 minus Line 4)	15,843,588

**Table 5 – Fiscal Year Summary - HOME Match Report**



Match Contribution for the Federal Fiscal Year								
Project No. or Other ID	Date of Contribution	Cash (non-Federal sources)	Foregone Taxes, Fees, Charges	Appraised Land/Real Property	Required Infrastructure	Site Preparation, Construction Materials, Donated labor	Bond Financing	Total Match
Volunteer Hours	12/31/2019	0	0	0	0	33,310	0	33,310

Table 6 – Match Contribution for the Federal Fiscal Year

**HOME MBE/WBE report**

Program Income – Enter the program amounts for the reporting period				
Balance on hand at begin-ning of reporting period \$	Amount received during reporting period \$	Total amount expended during reporting period \$	Amount expended for TBRA \$	Balance on hand at end of reporting period \$
631,681	153,729	214,014	0	571,397

Table 7 – Program Income

<b>Minority Business Enterprises and Women Business Enterprises – Indicate the number and dollar value of contracts for HOME projects completed during the reporting period</b>						
	Total	Minority Business Enterprises				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
<b>Contracts</b>						
Dollar Amount	0	0	0	0	0	0
Number	0	0	0	0	0	0
<b>Sub-Contracts</b>						
Number	0	0	0	0	0	0
Dollar Amount	0	0	0	0	0	0
	Total	Women Business Enterprises	Male			
<b>Contracts</b>						
Dollar Amount	0	0	0			
Number	0	0	0			
<b>Sub-Contracts</b>						
Number	0	0	0			
Dollar Amount	0	0	0			

**Table 8 - Minority Business and Women Business Enterprises**

<b>Minority Owners of Rental Property – Indicate the number of HOME assisted rental property owners and the total amount of HOME funds in these rental properties assisted</b>						
	Total	Minority Property Owners				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Number	0	0	0	0	0	0
Dollar Amount	0	0	0	0	0	0

**Table 9 – Minority Owners of Rental Property**

<b>Relocation and Real Property Acquisition</b> – Indicate the number of persons displaced, the cost of relocation payments, the number of parcels acquired, and the cost of acquisition						
Parcels Acquired		0		0		
Businesses Displaced		0		0		
Nonprofit Organizations Displaced		0		0		
Households Temporarily Relocated, not Displaced		0		0		
Households Displaced	Total	Minority Property Enterprises				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Number	0	0	0	0	0	0
Cost	0	0	0	0	0	0

**Table 10 – Relocation and Real Property Acquisition**

## CR-20 - Affordable Housing 91.520(b)

Evaluation of the jurisdiction's progress in providing affordable housing, including the number and types of families served, the number of extremely low-income, low-income, moderate-income, and middle-income persons served.

	One-Year Goal	Actual
Number of Homeless households to be provided affordable housing units	5	0
Number of Non-Homeless households to be provided affordable housing units	115	77
Number of Special-Needs households to be provided affordable housing units	10	0
<b>Total</b>	<b>130</b>	<b>77</b>

Table 11 – Number of Households

	One-Year Goal	Actual
Number of households supported through Rental Assistance	0	0
Number of households supported through The Production of New Units	40	2
Number of households supported through Rehab of Existing Units	90	75
Number of households supported through Acquisition of Existing Units	0	0
<b>Total</b>	<b>130</b>	<b>77</b>

Table 12 – Number of Households Supported

**Discuss the difference between goals and outcomes and problems encountered in meeting these goals.**

Problems encountered in meeting goals are the rising costs of construction and the reporting requirements not only mandated by HUD but local and state offices.

Goals are set with the lack of knowledge by entitlements as to availability of future funding in both the Five Year Consolidated Plan and individual Annual Action Plans. With the rising rehabilitation costs and dwindling entitlement amounts the City is longer able to assist 100+ families as you can see this

reporting period we assisted 76 families with our Single family Rehabilitation program. The City continues to address affordable housing with local partners and completed construction of two Single Family homes with our local qualified CHDO.

**Discuss how these outcomes will impact future annual action plans.**

The limited amount of CDBG and dwindling amount of HOME Investment funds does not keep up with the escalating need associated with keeping a growing population of Senior/Disabled homeowners that continue to seek much needed emergency home repairs. Thus not only is the need growing for such services but the increasing cost of labor and material continues to out pace the allocations of both CDBG and HOME funds.

**Include the number of extremely low-income, low-income, and moderate-income persons served by each activity where information on income by family size is required to determine the eligibility of the activity.**

<b>Number of Households Served</b>	<b>CDBG Actual</b>	<b>HOME Actual</b>
Extremely Low-income	17	2
Low-income	29	1
Moderate-income	28	0
<b>Total</b>	<b>74</b>	<b>3</b>

**Table 13 – Number of Households Served**

**Narrative Information**

## **CR-25 - Homeless and Other Special Needs 91.220(d, e); 91.320(d, e); 91.520(c)**

**Evaluate the jurisdiction's progress in meeting its specific objectives for reducing and ending homelessness through:**

### **Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs**

As in the past, the City of Yakima continues to struggle with increasing costs of living, construction and labor costs while our entitlement funds fail to keep pace. The city continues to use the majority of its limited CDBG funds in assisting low to moderate income Senior/Disabled homeowners with emergency repairs in order to keep them in their homes and thus keeping this fragile populace from becoming displaced and adding to the Homeless situation. The City of Yakima continues to work with the local Continuum of Care in assessing the numbers and needs of the unsheltered homeless.

### **Addressing the emergency shelter and transitional housing needs of homeless persons**

The City of Yakima continues to work with the local Continuum of Care, Neighborhood Health and Transform Yakima in providing temporary emergency shelters to assist the homeless through severe weather conditions as well as transitional and more permanent housing.

### **Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: likely to become homeless after being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); and, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs**

The City continues to work with local community partners to assist in Multi-Family unit projects. Such as the new partnership with Next Step Housing to develop and construct the 88 unit complex that will assist with housing and services to homeless families. As well as assisting our local Housing Authority to construct a 41 unit Multi-Family project that will assist homeless veterans.

### **Helping homeless persons (especially chronically homeless individuals and families, families**

**with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again**

The City is working with local Community Housing Development Organizations, such as Next Step housing to develop a 88 unit Multi-family complex to assist the homeless and Habitat for Humanity to provide permanent housing for those families who are transitioning from supportive housing to permanent housing, thus providing more availability of homeless housing. The City has also partnered with the Yakima Housing Authority to construct a 41 unit complex that will house Homeless veterans and their families.

The City is also working with Neighborhood Health Services with transitional housing to serve homeless.

## **CR-30 - Public Housing 91.220(h); 91.320(j)**

### **Actions taken to address the needs of public housing**

The Yakima Housing Authority (YHA) offers affordable housing through a variety of programs. Each program is designed to meet the need of our community.

- Housing for families; YHA offers two housing programs for low income families. The first is the family Housing/Low Rent Program which has a 150 units at scattered sites across Yakima. Rent is determined based on family income.
- The Housing Choice Vouchers-Section 8 program; Eligible families will receive rental assistance and can rent from any landlord that accepts Section 8 vouchers. Unit size and maximum rent limits apply.
- Housing for the Homeless; YHA offers a Section 8 voucher program specifically for Veterans who also qualify as homeless under the Veterans Affairs Supportive Housing Program (VASH).
- Housing for Farmworkers; YHA owns and manages 173 units throughout Yakima County which are set aside for Farmworkers and their families. Reduced rents and rental assistance may be available.
- Housing for the Elderly; YHA owns and manages a 38 unit apartment building in Yakima for the elderly. In order to qualify for the one-bedroom units, the individual and his or her spouse must be 62 or older.
- Housing for the Disabled; YHA offers a Section 8 Voucher Program specifically for Non-Elderly Disabled Individuals through the NED Voucher Program.

### **Actions taken to encourage public housing residents to become more involved in management and participate in homeownership**

The Yakima Housing Authority encourages resident involvement with programs like the Resident Advisory Board (RAB). The (RAB) provides the YHA and residents with a forum for sharing information about the Agency's Annual Plan. RAB membership is comprised of individuals who reflect and represent the residents assisted by the PHA. The role of the RAB is to assist the PHA in developing the PHA Plan and making any significant amendment or modification to the Plan. In addition, Yakima Housing Authority is an active participant in crime free rental housing which allows our residents to be a part of the local block watch and we participate every year, inviting residents and local organizations in the National Night Out.

The YHA also participates in the Yakima County Asset Building coalition and they are establishing a partnership with YV-CAN for the Union Gap and Yakima area. YHA also works with Americorps VISTA Educational Project with the goal of every eligible resident signing up for the college bound scholarship.



YHA also administers the Family Self-Sufficiency (FFS) Program. This program enables families assisted through the HCV program to increase their earned income and reduce their dependency on welfare assistance and rental subsidies.

### **Actions taken to provide assistance to troubled PHAs**

The Yakima Housing Authority is not designated as "Troubled".

### **CR-35 - Other Actions 91.220(j)-(k); 91.320(i)-(j)**

**Actions taken to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment. 91.220 (j); 91.320 (i)**

The Yakima City Council is an elected body chosen by the citizens of Yakima and as a governing body is able to direct the Yakima City Manager as to making changes, negative or otherwise concerning public policies that serve as barriers to affordable housing within the cities control concerning land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations and policies affecting the return on residential investment.

### **Actions taken to address obstacles to meeting underserved needs. 91.220(k); 91.320(j)**

Due to the continued limitations of federal entitlements, the ability to take action to address ever growing obstacles to meet the need of underserved citizens continues to grow. The City of Yakima assists its citizens to the best of it's ability as directed by the Yakima City Council as the elected and governing boyd representing the citizens of Yakima through the programs described throughout this document. The Cities Annual Action Plan and Five Year Consolidated Plan as approved by HUD.

### **Actions taken to reduce lead-based paint hazards. 91.220(k); 91.320(j)**

The Office of Neighborhood Development Services addresses Lead-Based paint hazards as required and outlined by HUD within it's individual programs.

### **Actions taken to reduce the number of poverty-level families. 91.220(k); 91.320(j)**

The City continues to strive to increase it's Economic Development avenues to increase available local jobs that pay reasonable living wages. The City continues to seek to establish new businesses as well as commercial manufacturing and agricultural opportunities to broaden the employment avenues available to its poverty-level families.

### **Actions taken to develop institutional structure. 91.220(k); 91.320(j)**

Institutional structure is expanded as needed and as funding allows.

**Actions taken to enhance coordination between public and private housing and social service agencies. 91.220(k); 91.320(j)**

The City continues to partner with both public and private housing agencies, such as Yakima Valley Habitat for Humanity, The Yakima Catholic Diocese Housing Services, Next Step Housing and the local Yakima Housing Authority to address affordable housing issues within the city limits of Yakima. The city also communicates with a large variety of social service agencies through several committees in which both a City Council member and/or staff attend.

**Identify actions taken to overcome the effects of any impediments identified in the jurisdictions analysis of impediments to fair housing choice. 91.520(a)**

Any impediments identified by the City of Yakima are addressed on an individual basis and then addressed by either the individual city department with the expertise to do so, or assigned by the Yakima City Manager as directed by the elected governing body, the Yakima City Council.

## **CR-40 - Monitoring 91.220 and 91.230**

**Describe the standards and procedures used to monitor activities carried out in furtherance of the plan and used to ensure long-term compliance with requirements of the programs involved, including minority business outreach and the comprehensive planning requirements**

The City of Yakima's Office of Neighborhood Development Services is regularly monitored by both Region 10 HUD monitors and the Washington State Auditors Office as to program compliance and comprehensive planning requirements per mandated Federal HUD regulations. Both of these monitoring reports are available through HUD and the Washington State Auditors office through the "Public Disclosure Act".

## **Citizen Participation Plan 91.105(d); 91.115(d)**

**Describe the efforts to provide citizens with reasonable notice and an opportunity to comment on performance reports.**

As outlined in the City of Yakima's adopted "Citizen Participation Plan", a Fifteen day written comment period is conducted as advertised in both the Yakima Herald newspaper and the El Sol newspaper, along with two public meetings which are advertised at least 15 days prior to the scheduled meetings. Those meetings are held before the Yakima City Council and held in order to provide the public the opportunity to comment on the Consolidated Annual Performance Evaluation Report, as mandated by HUD. The City also posts the CAPER on the city's website so that it can be easily downloaded and reviewed.

**CR-45 - CDBG 91.520(c)**

**Specify the nature of, and reasons for, any changes in the jurisdiction's program objectives and indications of how the jurisdiction would change its programs as a result of its experiences.**

There are no program changes in the reporting year of 2019.

**Does this Jurisdiction have any open Brownfields Economic Development Initiative (BEDI) grants?**

No

**[BEDI grantees] Describe accomplishments and program outcomes during the last year.**

## **CR-50 - HOME 91.520(d)**

### **Include the results of on-site inspections of affordable rental housing assisted under the program to determine compliance with housing codes and other applicable regulations**

Please list those projects that should have been inspected on-site this program year based upon the schedule in §92.504(d). Indicate which of these were inspected and a summary of issues that were detected during the inspection. For those that were not inspected, please indicate the reason and how you will remedy the situation.

Maple Leaf had one HOME assisted unit inspected with no deficiencies listed. The affordability period for Maple Leaf is 2019 through 2023 with inspections scheduled every two (2) years. The 1 HOME monitored unit was inspected on June 12, 2019.

Rose of Mary located at 5301 Tieton Drive, had nine HOME assisted units inspected with no deficiencies listed. The affordability period for Rose of Mary is 2009 through 2027 with inspections scheduled every two (2) years. The 9 HOME monitored units were inspected on July 9, 2019.

Pioneer Plaza scattered locations had ten HOME assisted units inspected with no deficiencies listed. The affordability period for Pioneer Plaza is 2017 through 2032 with inspections scheduled every two (2) years. The 10 HOME monitored units were inspected on July 7, 2019.

- 408,410 & 412 E. Spruce
- 902,904 & 906 E. Beech
- 1115,1117,1119 & 1121 Pleasant Ave
  
- 1314 & 1316 S. 12th Avenue
  
- 1408,1410,1412 & 1414 Willow Street
  
- 507 & 509 N. 6th Avenue
  
- 510 & 512 Cherry Avenue

### **Provide an assessment of the jurisdiction's affirmative marketing actions for HOME units. 92.351(b)**

The following actions are taken by the City of Yakima Office of Neighborhood Development Services to evaluate the success of its Affirmative Fair Housing Marketing Policy and that of its Grantees:

- ONDS assesses the results of its affirmative Fair Housing Marketing Plan annually with a summary of "Good Faith Efforts" taken by its Grantees in the CAPER.
- ONDS assesses the information compiled in the manner described under Section V and Section VII above and evaluates the degree to which statutory and policy objectives were met. If the required steps were taken, the office of Neighborhood Development Services will determine

**Refer to IDIS reports to describe the amount and use of program income for projects, including the number of projects and owner and tenant characteristics**

**Describe other actions taken to foster and maintain affordable housing. 91.220(k) (STATES ONLY: Including the coordination of LIHTC with the development of affordable housing). 91.320(j)**

# Attachment

## HOME Match Report



# HOME Match Report

U.S. Department of Housing and Urban Development  
Office of Community Planning and Development

OMB Approval No. 2506-0171  
(exp. 12/31/2012)

Part I Participant Identification		Match Contributions for Federal Fiscal Year (YWW)	
1. Participant No. (assigned by HUD)	2. Name of the Participating Jurisdiction	Federal Fiscal Year (YWW)	2019
M19-MCS30203	CITY OF YAKIMA		
5. Street Address of the Participating Jurisdiction		3. Name of Contact (person completing this report)	
142 S 8TH ST		ARCHIE MATTHEWS	
6. City	7. State	4. Contact's Phone Number (include area code)	
YAKIMA	WA	509-575-6101	

## Part II Fiscal Year Summary

1. Excess match from prior Federal fiscal year	\$	15,810,278	\$
2. Match contributed during current Federal fiscal year (see Part III.A.)	\$	33,310	\$
3. Total match available for current Federal fiscal year (line 1 + line 2)	\$		15,843,588
4. Match liability for current Federal fiscal year	\$		0
5. Excess match carried over to next Federal fiscal year (line 3 minus line 4)	\$	15,843,588	\$

## Part III Match Contribution for the Federal Fiscal Year

1. Project No. or Other ID	2. Date of Contribution (mm/dd/yyyy)	3. Cash (four Federal sources)	4. Foreign Fees, Charges	5. Appraised Land / Real Property	6. Required Infrastructure	7. Site Preparation, Construction Materials, Donated Labor	8. Bond Financing	9. Total Match
VOLUNTEER HOURS	12/31/2019					33,310		33,310

Name of the Providing Jurisdiction

Federal Fiscal Year (YYYY)

1. Project No. or Other ID	2. Date of Contribution (mm/dd/yyyy)	3. Cash (non-Federal sources)	4. Corporate Taxes, Fees, Charges	5. Acquired Land / Real Property	6. Real Estate Infrastructure	7. Site Preparation, Construction Materials, Demolished labor	8. Bond Financing	9. Total (A+B+C)

Public reporting burden for this collection of information is estimated to average 46 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

The HOME statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owners or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and expenditure deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Christon-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain project-specific data elements. Records of information collected will be made available to the recipients of the assistance. Information on activities and expenditures of grant funds is public information and is generally available for disclosure. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

### Instructions for the HOME Match Report

#### Applicability:

The HOME Match Report is part of the HOME APR and must be filled out by every participating jurisdiction that incurred a match liability. Match liability occurs when FY 1993 funds (or subsequent year funds) are drawn down from the U.S. Treasury for HOME projects. A Participating Jurisdiction (PJ) may start counting match contributions as of the beginning of Federal Fiscal Year 1993 (October 1, 1992). A jurisdiction not required to submit this report, either because it did not incur any match or because it had a full match reduction, may submit a HOME Match Report if it wishes. The match would count as excess match that is carried over to subsequent years. The match reported on this form must have been contributed during the reporting period (between October 1 and September 30).

#### Timing:

This form is to be submitted as part of the HOME APR on or before December 31. The original is sent to the HUD Field Office. One copy is sent to the

Office of Affordable Housing Programs, CGHP  
Room 7176, HUD, 451 7th Street, S.W.  
Washington, D.C. 20410.

The participating jurisdiction also keeps a copy.

#### Instructions for Part III:

1. **Excess match from prior Federal fiscal year:** Excess match carried over from prior Federal fiscal year.
2. **Match contributed during current Federal fiscal year:** The total amount of match contributions for all projects listed under Part III in column 9 for the Federal fiscal year.

3. **Total match available for current Federal fiscal year:** The sum of excess match carried over from the prior Federal fiscal year (Part II, line 1) and the total match contribution for the current Federal fiscal year (Part II, line 2). This sum is the total match available for the Federal fiscal year.
4. **Match liability for current Federal fiscal year:** The amount of match liability is available from HUD and is provided periodically to PJs. The match must be provided in the current year. The amount of match that must be provided is based on the amount of HOME funds drawn from the U.S. Treasury for HOME projects. The amount of match required equals 25% of the amount drawn down for HOME projects during the Federal fiscal year. Excess match may be carried over and used to meet match liability for subsequent years (see Part II line 5). Funds drawn down for administrative costs, CHDO operating expenses, and CHDO capacity building do not have to be matched. Funds drawn down for CHDO seed money and/or technical assistance have to be matched if the project does not go forward. A jurisdiction is allowed to get a partial reduction (50%) of match if it meets one of two statutory distress criteria, indicating "fiscal distress," or else a full reduction (100%) of match if it meets both criteria, indicating "severe fiscal distress."

The two criteria are poverty rate (must be equal to or greater than 125% of the average national family poverty rate to qualify for a reduction) and per capita income (must be less than 75% of the national average per capita income to qualify for a reduction). In addition, a jurisdiction can get a full reduction if it is declared a disaster area under the Robert T. Stafford Disaster Relief and Emergency Act.

5. **Excess match carried over to next Federal fiscal year:** The total match available for the current Federal fiscal year (Part II, line 3) minus the match liability for the current Federal fiscal year (Part II, line 4). Excess match may be carried over and applied to future HOME project match liability.

#### Instructions for Part III:

1. **Project No. or Other ID:** "Project number" is assigned by the CMI System when the PJ makes a project setup call. These projects involve at least some Treasury funds. If the HOME project does not involve Treasury funds, it must be identified with "other ID" as follows: the fiscal year (last two digits only), followed by a number (starting from "01" for the first non-Treasury-funded project of the fiscal year), and then at least one of the following abbreviations: "SP" for project using shortfall funds, "PJ" for projects using program income, and "NON" for non-HOME-assisted affordable housing. Example: 93.01.SP.93.02.PJ.93.03.NON, etc.

Shortfall funds are non-HOME funds used to make up the difference between the participation threshold and the amount of HOME funds allocated to the PJ; the participation threshold requirement applies only in the PJ's first year of eligibility. [892.102]

Program income (also called "repayment income") is any return on the investment of HOME funds. This income must be deposited in the jurisdiction's HOME account to be used for HOME projects. [892.503(b)]



Non-HOME-assisted affordable housing is investment in housing not assisted by HOME funds that would qualify as "affordable housing" under the HOME Program definitions. "NON" funds must be contributed to a specific project; it is not sufficient to make a contribution to an entity engaged in developing affordable housing. [§92.219(b)(3)]

2. **Date of Contribution:** Enter the date of contribution. Multiple entries may be made on a single line as long as the contributions were made during the current fiscal year. In such cases, if the contributions were made at different dates during the year, enter the date of the last contribution.
3. **Cash:** Cash contributions from non-Federal resources. This means the funds are contributed permanently to the HOME Program regardless of the form of investment the introduction provides to a project. Therefore all repayment, interest, or other return on investment of the contribution must be deposited in the PI's HOME account to be used for HOME projects. The PI, non-Federal public entities (State/local governments), private entities, and individuals can make contributions. The grant equivalent of a below-market interest rate loan to the project is eligible when the loan is not repayable to the PI's HOME account. [§92.220(a)(1)] In addition, a cash contribution can count as match if it is used for eligible costs defined under §92.206 (except administrative costs and CHDO operating expenses) or under §92.209, or for the following non-eligible costs: the value of non-Federal funds used to remove and relocate ECHO units to accommodate eligible tenants, a project reserve account for placements, a project reserve account for unanticipated increases in operating costs, operating subsidies, or costs relating to the portion of a mixed-income or mixed-use project not related to the affordable housing units. [§92.219(c)]
4. **Forgone Taxes, Fees, Charges, Taxes, fees, and charges** that are normally and customarily charged but have been waived, forgone, or deferred in a manner that achieves affordability of the HOME-assisted housing. This includes State tax credits for low-income housing development. The amount of real estate taxes will be based on the

post-improvement property value. For those taxes, fees, or charges given for future years, the value is the present discounted cash value. [§92.220(b)(2)(3)]

5. **Appraised Land/Real Property:** The appraised value, before the HOME assistance is provided and minus any debt burden, lien, or other encumbrance, of land or other real property, not acquired with Federal resources. The appraisal must be made by an independent, certified appraiser. [§92.220(a)(3)]
6. **Required Infrastructure:** The cost of investment, not made with Federal resources, in on-site and off-site infrastructure directly required for HOME-assisted affordable housing. The infrastructure must have been completed no earlier than 12 months before HOME funds were committed. [§92.220(a)(4)]
7. **Site preparation, Construction materials, Donated labor:** The reasonable value of any site preparation and construction materials, not acquired with Federal resources, and any donated or voluntary labor (see §92.354(b)) in connection with the site-preparation for, or construction or rehabilitation of, affordable housing. The value of site preparation and construction materials is determined in accordance with the PI's cost estimate procedures. The value of donated or voluntary labor is determined by a single rate ("labor rate") to be published annually in the Notice Of Funding Availability (NOFA) for the HOME Program. [§92.220(6)]
8. **Bond Financing:** Multifamily and single-family project bond financing must be validly issued by a State or local government (or an agency, instrumentality, or political subdivision thereof). 50% of a loan from bond proceeds made to a multifamily affordable housing project owner can count as match. 25% of a loan from bond proceeds made to a single-family affordable housing project owner can count as match. Loans from all bond proceeds, including excess bond match from prior years, may not exceed 25% of a PI's total annual match contribution. [§92.220(a)(5)] The amount in excess of the 25% cap for bonds may carry over, and the excess will count as part of the statutory limit of up to 25% per year. Requirements regarding

bond financing as an eligible source of match will be available upon publication of the implementing regulation early in FY 1994.

9. **Total Match:** Total of items 3 through 8. This is the total match contribution for each project identified in item 1.
- Ineligible forms of match include:**
1. Contributions made with or derived from Federal resources e.g. CDBG funds [§92.220(b)(1)]
  2. Interest rate subsidy attributable to the Federal tax exemption on financing or the value attributable to Federal tax credits [§92.220(b)(2)]
  3. Contributions from builders, contractors or investors, including owner equity, involved with HOME-assisted projects. [§92.220(b)(3)]
  4. Sweat equity [§92.220(b)(4)]
  5. Contributions from applicants/recipients of HOME assistance [§92.220(b)(5)]
  6. Fees/charges that are associated with the HOME Program only, rather than normally and customarily charged on all transactions or projects [§92.220(a)(2)]
  7. Administrative costs

FINAL Jan - Dec 2019  
Home Match Report Data

LOAN #	IDIS #	NAME	ADDRESS	LOAN DATE	PURCHASE PRICE	PROJECT DESCRIP	LENDER LOAN	ONDS FUNDS	ONDS \$ EXPENDED	MATCH REQUIRED
								\$0	\$0	\$0
					\$0			\$0	\$0	\$0
						OTHER ACCRUED MATCH				
						Volunteer Hours	53			\$33,310
						# of Volunteers				
						2019 Match Accrued				\$33,310
						Carry Forward				\$15,810,278
						TOTAL				\$15,843,588
						Match Liability 2019				\$0
						New Carry Forward				\$15,843,588

Volunteer Job  
**1013 Pleasant Ave, Perry Tech**

Edit Delete Clone ▾

Related	Details	
Volunteer Job Name	1013 Pleasant Ave, Perry Tech	Number of Shifts 0
Record Type	Construction Job	Number of Volunteers 19
Campaign	Construction Volunteers ( <a href="/lightning/r/703100000030dc5AAA/view">/lightning/r/703100000030dc5AAA/view</a> )	# of Volunteers Still Needed 0
Display on Website	☑	Number of Completed Hours 1,646.00
Ages Permitted	16 & up	
Volunteer Website Time Zone	☑ America/Los_Angeles	Job URL <a href="http://www.yakimahabitat.org/volunteer-listings?jobid=a050h00000Pgo1N">http://www.yakimahabitat.org/volunteer-listings?jobid=a050h00000Pgo1N</a>
Description	First Perry Tech build with Habitat for Humanity. List of Students: Mario Bravo, Gil Cordova, Geo Contreras, Robert Coronado, Tim Darnell, Tom Dahl, Michael Lynch, Juan Oropeza, Justin Walker, Willebaldo Perez, Daniel Torres, Pascual Garcia, Cesar Rodriguez. Instructors: Darin Peters	

Location

Location Information	
Location Street	1013 Pleasant Ave
Location City	Yakima
Location State/Province	WA
Location Zip/Postal Code	98902
Created By	☑ Melaney Rosen ( <a href="/lightning/r/00510000000h12SAA2/view">/lightning/r/00510000000h12SAA2/view</a> ) 2/19/2020 4:13 PM
Last Modified By	☑ Melaney Rosen ( <a href="/lightning/r/00510000000h12SAA2/view">/lightning/r/00510000000h12SAA2/view</a> ) 2/19/2020 4:36 PM

Activity

Filters: All time • All activities • All types ▾

Refresh • Expand All ▾

[View \(/runtime\\_sales\\_activities/activityViewAll.app?\)](#)

All parentRecordId=a050H00000Pgo1N,AR

Upcoming & Overdue

No next steps.

To get things moving, add a task or set up a meeting.

No past activity. Past meetings and tasks marked as done show up here.

Volunteer Job  
704 N 20th Ave

Related	Details
Volunteer Job Name	704 N 20th Ave
Record Type	Construction Job
Campaign	Construction Volunteers (/lightning/r/70100000010dc5AAA/view)

Display on Website	<input checked="" type="checkbox"/>
Ages Permitted	16 & up
Volunteer Website Time Zone	<input checked="" type="radio"/> America/Los_Angeles

Description: Building new house

Location

Location Information: <https://www.google.com/maps/place/704+N+20th+Ave,+Yakima,+WA+98902/@46.6092838,-120.5382548,17z/data=!3m1!1e3!1s0x5499d802129ddfcc0x9399aed07abedf77:8m2!3d46.6092838!4d-120.5360661>  
(<https://www.google.com/maps/place/704+N+20th+Ave,+Yakima,+WA+98902/@46.6092838,-120.5382548,17z/data=!3m1!1e3!1s0x5499d802129ddfcc0x9399aed07abedf77:8m2!3d46.6092838!4d-120.5360661>)

Location Street	704 N 20th Ave
Location City	Yakima
Location State/Province	WA
Location Zip/Postal Code	98902
Created By	

Number of Shifts: 20  
 Number of Volunteers: 255  
 # of Volunteers Still Needed: 20  
 Number of Completed Hours: 1,464.95

Job URL: <http://www.yakimahabitats.org/volunteer-listings?jobid=050H00000U19P>

Edi: Delete Clone

Activity

Filters: All time - All activities - All types  
 Refresh - Expand All -  
 View(/runtime\_sales\_activities/activity/viewAll.app?  
 All parentRecordId=050H00000U19P/UAT)  
 Upcoming & Overdue  
 No next steps.  
 To get things moving, add a task or set up a meeting.

No past activity. Past meetings and tasks marked as done show up here.

*Less 4 Volunteers RE! Instructors for OIC should not be included in Volunteer #s*

Last Modified By: Meloney Rosen (/lightning/r/00510000)

Monthly Totals	
98.5	Hours
50.5	Gallons
1817	Locations
0	Tonnage

4TH Quarter Totals	
518.5	Hours
187	Gallons
8895	Locations
0	Tonnage

YTD 2019	
3760.8	Hours
800	Gallons
18427	Locations
0	Tonnage
1716	Graffiti Hours
226.5	Cleanup Hours
0	Exterior Paint Hrs
66	Home Repair
1787.5	Admin
219	Home Admin

15.5	Graffiti Hours	Code "G"
0	Clean Up Hours	Code "C"
0	Exterior Paint Hours	Code "E"
0	Home Repair	Code "R"
76	Admin.	Code "A"
8	Home Admin	Code "H"



DRAFT

Category	Sub-category	Fiscal Year																				
		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024									
Transportation	Transportation																					
	Construction																					
	Maintenance																					
Energy	Energy																					
	Construction																					
	Maintenance																					
Water	Water																					
	Construction																					
	Maintenance																					

**Z Numericals**

Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	





Z VOLUMEN

NO	DESCRIPTION	UNIT	QTY	PRICE	TOTAL
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100	...	...	...	...	...

FUND		PROGRAM		ACTIVITY		SUBACTIVITY		OBJECT CLASSIFICATION		POSITION CLASSIFICATION		POSITION		PERIOD		STATUS	
FFY	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY
[Detailed data grid with multiple columns for fund, program, activity, subactivity, object class, position, and period. The grid contains numerous rows of data points.]																	

2 MONTHS

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40





DATE	TIME	LOCATION	ACTIVITY	10/1	10/2	10/3	10/4	10/5	10/6	10/7	10/8	10/9	10/10	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19	10/20	10/21	10/22	10/23	10/24	10/25	10/26	10/27	10/28	10/29	10/30	10/31
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10/30	10/30	10/30	10/30																															
10/31	10/31	10/31	10/31																															

2 Volunteers





# HOME Monitoring Report

## Office of Neighborhood Development Services HOME Assisted Rental Projects 2019

Owner	Project Address	No. of Units	HOME Funds & Affordability Period	Start Date/ Reporting Period	Inspections Requested	End of Affordability Period	Comments
Rose of Mary '06 Files	5301 Tieton Drive	40-total 9 monitored	\$400,000 / 20 Years	2009 Jan-Dec	Every 2 years <del>2011 2013 2015</del> 2014 2019 2025 2015- 2021 2027	2027	
Triumph Treatment (Riel House) '01 Files	600 Superior Lane	1 monitored	\$50,000 / 20 Years	2001 Apr-Mar	Every 3 Years 2011 <del>2017</del> 2014 2020	2021	
YWCA '08 Files	818 W. Yakima Ave.	16- total 2 monitored	\$200,000/ 15 Years	2008 Apr-Mar	Every 2 years 2012 <del>2018</del> 2014 2020 2016 2022	2023	See attached contract for utility allowance exempt
Next Step Housing Pear Tree Place '07 Files	Power House Road	26 total 5 monitored	\$200,000 / 20 Years	2007 Oct-Sept	Every 2 Years 2011 <del>2018</del> 2024 2013- 2020 2026 2015- 2022 2027	2027	15' inspect was done in 16' change req'd sched
Catholic Charities Housing Services	1423 Karr Ave	1 monitored	\$71,344/ 20 Years	2016 Nov-Dec	Every 2 Years 2018 2024 2030 2020 2026 2032 2022 2028 2034 2036	2036	
Pioneer Plaza (Yakima Housing Authority)		10 monitored	\$450,000/15 years	2017 Jan-Dec	Every 2 Years 2019 2025 2031 2021 2027 2032 2023 2029	2032	See file various addresses
Spokane Housing Ventures (Mapleleaf)	1205 N. 2 <sup>nd</sup> St	1 monitored	\$5,000/5 years		Every 2 Years 2019 2021 2023	2023	

Notes: Verification of Income/Rent is to be done annually (We send them the form with income and rent updates, and they return filled out) Inspections are done according to year ex: Every 2-3 years (I will go out and do the inspections when needed)

1. Call and set-up appointment
2. Send letter confirming appointment
3. Go to appointment to do inspection and/or monitors



DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
 Office of Neighborhood Development Services  
 112 South Eighth Street  
 Yakima, Washington 98901  
 Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 7/9/2019  
 Time: 2:00 PM  
 RealEstate: Sylvia  
 Photo:

**HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND  
 DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST**

HOME BUYER: \_\_\_\_\_

Apartment #: 110, 113, 209, 210, 211, 307, 309, 310 & 315 (1 Bedroom) \_\_\_\_\_

PROPERTY ADDRESS: 5401 W. Walnut, Rose of Mary \_\_\_\_\_

PROPERTY AGE: 11 Years \_\_\_\_\_

**SECTION ONE:**

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffit, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	OX	<input type="checkbox"/>	
b) chipping or loose	OX	<input type="checkbox"/>	
c) adequately treated or covered	OX	<input type="checkbox"/>	

**SECTION TWO:**

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

**SECTION THREE:**

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	OX	<input type="checkbox"/>	
b) chipping or loose	OX	<input type="checkbox"/>	
c) adequately treated or covered	OX	<input type="checkbox"/>	

**SECTION FOUR:**

KITCHEN	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Sink condition	X		
6. Cabinet/Countertop conditions	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	OX	<input type="checkbox"/>	
b) chipping or loose	OX	<input type="checkbox"/>	
c) adequately treated or covered	OX	<input type="checkbox"/>	

**SECTION FIVE:**

BATHROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower unit condition	X		
8. Ceiling condition	X		
9. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION SIX:**

LAUNDRY ROOM/UTILITY ROOM:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**SECTION SEVEN:**

BEDROOM NO 1: location	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**SECTION EIGHT:**

BEDROOM NO 2: location N/A	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION NINE:**

BEDROOM NO 3: location N/A	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION TEN:**

DINING ROOM OR DINING AREA	PASS	FAIL	COMMENTS
1. Floor condition	X		

2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	UX	<input type="checkbox"/>	
b) chipping or loose	UX	<input type="checkbox"/>	
c) adequately treated or covered	UX	<input type="checkbox"/>	

**SECTION ELEVEN:**

OTHER ROOM: location N/A	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION TWELVE:**

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Door condition	X		
3. Electrical fixtures	X		
4. Ceiling condition	X		
5. Wall condition	X		
6. Condition of paint:	X		
a) cracking, scaling, or peeling	UX	<input type="checkbox"/>	
b) chipping or loose	UX	<input type="checkbox"/>	
c) adequately treated or covered	UX	<input type="checkbox"/>	

**SECTION THIRTEEN:**

UNHABITABLE ROOMS: N/A	PASS	FAIL	COMMENTS
1. Electrical conditions			
2. Potentially hazardous features			
3. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION FOURTEEN:**

**SUMMARY OF INSPECTION**

<b>VISUAL ASSESSMENT OF DETERIORATED PAINT:</b>	PASS	FAIL
	X	

(If failed Visual Assessment of Deteriorated Paint see Section 15 on next page)

  
 \_\_\_\_\_  
 INSPECTOR SIGNATURE

7/9/2019  
 \_\_\_\_\_  
 DATE

**SECTION FIFTEEN:**

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
 \_\_\_\_\_

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

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
\_\_\_\_\_

Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
\_\_\_\_\_

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
\_\_\_\_\_

Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
 Office of Neighborhood Development Services  
 112 South Eighth Street  
 Yakima, Washington 98901  
 Phone: (509) 575-6101 • Fax: (509) 575-6176

Inspection Date: 7/10/19  
 Time: 9:30 am  
 Realtor: Maria/YCHA  
 Phone:

### HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST

HOME BUYER: Rental  
 SELLER: YCHA  
 PROPERTY ADDRESS: 1412 Willow  
 PROPERTY AGE: 37 Years

**SECTION ONE:**

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffit, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION TWO:**

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

**SECTION THREE:**

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION FOUR:**

KITCHEN	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Sink condition	X		
6. Cabinet/Countertop conditions	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION FIVE:**

<b>BATHROOM</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Toilet condition	X		
6. Wash basin/Labatory conditions	X		
7. Tub or shower unit condition	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION SIX:**

<b>LAUNDRY ROOM/UTILITY ROOM:</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	N/A		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION SEVEN:**

<b>BEDROOM NO 1: location Master</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION EIGHT:**

<b>BEDROOM NO 2: location Child X2</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION NINE:**

<b>BEDROOM NO 3: location</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION TEN:**

<b>DINING ROOM OR DINING AREA</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		

2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION ELEVEN:**

OTHER ROOM: location	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION TWELVE:**

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Door condition	X		
3. Electrical fixtures	X		
4. Ceiling condition	X		
5. Wall condition	X		
6. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION THIRTEEN:**

UNHABITABLE ROOMS:	PASS	FAIL	COMMENTS
1. Electrical conditions	N/A		
2. Potentially hazardous features	N/A		
3. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION FOURTEEN:**

<b>SUMMARY OF INSPECTION</b>	PASS X	FAIL
(If failed Visual Assessment see Section 15 on next page)		

*[Signature]*  
INSPECTOR SIGNATURE

7/10/19  
DATE

**SECTION FIFTEEN:**

Failed Visual Assessment:

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Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_

Recommended Repairs Using Safe Work Practices: \_\_\_\_\_



Failed Visual Assessment:  
Failed Inspection Section number:   
Evaluation Results:  
Recommended Repairs Using Safe Work Practices:

Failed Visual Assessment:  
Failed Inspection Section number:   
Evaluation Results:  
Recommended Repairs Using Safe Work Practices:



DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
 Office of Neighborhood Development Services  
 112 South Eighth Street  
 Yakima, Washington 98901  
 Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 7/10/19  
 Time: 9:30 am  
 Realtor: Marie/YCHA  
 Phone:

**HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST**

HOME BUYER: Rental  
 SELLER: YCHA  
 PROPERTY ADDRESS: 1410 Willow  
 PROPERTY AGE: 37 Years

**SECTION ONE:**

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffit, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION TWO:**

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

**SECTION THREE:**

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION FOUR:**

KITCHEN	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Sink condition	X		
6. Cabinet/Countertop conditions	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION FIVE:**

BATHROOM X2	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower unit condition	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION SIX:**

LAUNDRY ROOM/UTILITY ROOM:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	N/A		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION SEVEN:**

BEDROOM NO 1: location Master	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION EIGHT:**

BEDROOM NO 2: location Child X3	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION NINE:**

BEDROOM NO 3: location	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION TEN:**

DINING ROOM OR DINING AREA	PASS	FAIL	COMMENTS
1. Floor condition	X		

2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION ELEVEN:**

OTHER ROOM: location	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION TWELVE:**

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Door condition	X		
3. Electrical fixtures	X		
4. Ceiling condition	X		
5. Wall condition	X		
6. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION THIRTEEN:**

UNHABITABLE ROOMS:	PASS	FAIL	COMMENTS
1. Electrical conditions	N/A		
2. Potentially hazardous fixtures	N/A		
3. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION FOURTEEN:**

<b>SUMMARY OF INSPECTION</b>	<b>PASS</b>	<b>FAIL</b>
(If failed Visual Assessment see Section 15 on next page)	X	

*[Signature]*  
INSPECTOR SIGNATURE

7/10/19  
DATE

**SECTION FIFTEEN:**

Failed Visual Assessment: \_\_\_\_\_

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
\_\_\_\_\_

Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
\_\_\_\_\_

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

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
\_\_\_\_\_

Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
\_\_\_\_\_

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
\_\_\_\_\_

Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
\_\_\_\_\_





DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
 Office of Neighborhood Development Services  
 112 South Eighth Street  
 Yakima, Washington 98901  
 Phone (509) 575-6101 • Fax (509) 575-6178

Inspection Date: 7/10/19  
 Time: 9:30 am  
 Realtor: Michael YCHA  
 Phone:

**HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND  
 DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST**

HOME BUYER: Rental  
 SELLER: YCHA  
 PROPERTY ADDRESS: 1408 Willow  
 PROPERTY AGE: 37 Years

**SECTION ONE:**

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffit, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION TWO:**

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

**SECTION THREE:**

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION FOUR:**

KITCHEN	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Sink condition	X		
6. Cabinet/Countertop conditions	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION FIVE:**

BATHROOM X2	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower unit condition	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION SIX:**

LAUNDRY ROOM/UTILITY ROOM:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	N/A		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION SEVEN:**

BEDROOM NO 1: location Master	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION EIGHT:**

BEDROOM NO 2: location Child X3	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION NINE:**

BEDROOM NO 3: location	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION TEN:**

DINING ROOM OR DINING AREA	PASS	FAIL	COMMENTS
1. Floor condition	X		

2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION ELEVEN:**

OTHER ROOM: location	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION TWELVE:**

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Door condition	X		
3. Electrical fixtures	X		
4. Ceiling condition	X		
5. Wall condition	X		
6. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION THIRTEEN:**

UNHABITABLE ROOMS:	PASS	FAIL	COMMENTS
1. Electrical conditions	N/A		
2. Potentially hazardous features	N/A		
3. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION FOURTEEN:**

<b>SUMMARY OF INSPECTION</b> (If failed Visual Assessment see Section 15 on next page)	PASS X	FAIL
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INSPECTOR SIGNATURE

7/10/19  
DATE

**SECTION FIFTEEN:**

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
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Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
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Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
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Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
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Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
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Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
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DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
 Office of Neighborhood Development Services  
 112 South Eighth Street  
 Yakima, Washington 98901  
 Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 7/10/19  
 Time: 9:30 am  
 Realtor: Maxed/YCHA  
 Phone:

**HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND  
 DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST**

HOME BUYER: Rental  
 SELLER: YCHA  
 PROPERTY ADDRESS: 906 East Beech  
 PROPERTY AGE: 37 Years

**SECTION ONE:**

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rail, & porches	X		
4. Condition of exterior surfaces (siding, soffit, etc)	X		
5. Condition of chimneys	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION TWO:**

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

**SECTION THREE:**

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION FOUR:**

KITCHEN	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Sink condition	X		
6. Cabinet/Countertop conditions	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION FIVE:**

BATHROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower unit condition	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION SIX:**

LAUNDRY ROOM/UTILITY ROOM:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	N/A		
3. Door condition	X		
4. Electrical Fixtures/Ventilation	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION SEVEN:**

BEDROOM NO 1: location Master	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION EIGHT:**

BEDROOM NO 2: location Child X2	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION NINE:**

BEDROOM NO 3: location	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION TEN:**

DINING ROOM OR DINING AREA	PASS	FAIL	COMMENTS
1. Floor condition	X		

2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION ELEVEN:**

OTHER ROOM: location	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION TWELVE:**

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Door condition	X		
3. Electrical fixtures	X		
4. Ceiling condition	X		
5. Wall condition	X		
6. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION THIRTEEN:**

UNHABITABLE ROOMS:	PASS	FAIL	COMMENTS
1. Electrical conditions	N/A		
2. Potentially hazardous features	N/A		
3. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION FOURTEEN:**

SUMMARY OF INSPECTION	PASS	FAIL
(If failed Visual Assessment see Section 15 on next page)	X	

  
INSPECTOR SIGNATURE

19 WFO  
7/10/17  
DATE

**SECTION FIFTEEN:**

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results:  
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Recommended Repairs Using Safe Work Practices:  
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Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
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Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
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Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
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Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
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DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
 Office of Neighborhood Development Services  
 112 South Eighth Street  
 Yakima, Washington 98901  
 Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 7/10/19  
 Time: 9:30 am  
 Revisor: Maria YCHA  
 Phone:

**HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST**

HOMEBUYER: Rental  
 SELLER: YCHA  
 PROPERTY ADDRESS: 904 East Beech  
 PROPERTY AGE: 37 Years

**SECTION ONE:**

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffit, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION TWO:**

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Coaling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

**SECTION THREE:**

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION FOUR:**

KITCHEN	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Sink condition	X		
6. Cabinet/Countertop conditions	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	



**SECTION FIVE:**

<b>BATHROOM</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower unit condition	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION SIX:**

<b>LAUNDRY ROOM/UTILITY ROOM:</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	N/A		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION SEVEN:**

<b>BEDROOM NO 1: location Master</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION EIGHT:**

<b>BEDROOM NO 2: location Child X2</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION NINE:**

<b>BEDROOM NO 3: location</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION TEN:**

DINING ROOM OR DINING AREA			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION ELEVEN:**

OTHER ROOM; location			
	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION TWELVE:**

ENTRIES, HALLWAYS OR STAIRCASES:			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Door condition	X		
3. Electrical fixtures	X		
4. Ceiling condition	X		
5. Wall condition	X		
6. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION THIRTEEN:**

UNHABITABLE ROOMS:			
	PASS	FAIL	COMMENTS
1. Electrical conditions	N/A		
2. Potentially hazardous features	N/A		
3. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION FOURTEEN:**

SUMMARY OF INSPECTION			PASS	FAIL
(If failed Visual Assessment see Section 15 on next page)			X	

  
INSPECTOR SIGNATURE

7/10/19  
DATE

**SECTION FIFTEEN:**

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
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Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
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Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
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Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
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Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
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Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
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DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
 Office of Neighborhood Development Services  
 112 South Eighth Street  
 Yakima, Washington 98901  
 Phone: (509) 575-6101 • Fax: (509) 575-6176

Inspection Date: 7/10/19  
 Time: 9:30 am  
 Resistor: Menas/YCHA  
 Phone:

**HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND  
 DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST**

HOME BUYER: Rental  
 SELLER: YCHA  
 PROPERTY ADDRESS: 902 East Beech  
 PROPERTY AGE: 37 Years

**SECTION ONE:**

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffit, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION TWO:**

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

**SECTION THREE:**

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION FOUR:**

KITCHEN	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Sink condition	X		
6. Cabinet/Countertop condition	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	



**SECTION FIVE:**

BATHROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower unit condition	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION SIX:**

LAUNDRY ROOM/UTILITY ROOM:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	N/A		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION SEVEN:**

BEDROOM NO 1: location Master	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION EIGHT:**

BEDROOM NO 2: location Child	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION NINE:**

BEDROOM NO 3: location	PASS	FAIL	COMMENTS
1. Floor condition	N/A		
2. Window condition	N/A		
3. Door condition	N/A		
4. Electrical fixtures	N/A		
5. Ceiling condition	N/A		
6. Wall condition	N/A		
7. Condition of paint:	N/A		
a) cracking, scaling, or peeling		<input type="checkbox"/>	
b) chipping or loose		<input type="checkbox"/>	
c) adequately treated or covered		<input type="checkbox"/>	

**SECTION TEN:**

DINING ROOM OR DINING AREA	PASS	FAIL	COMMENTS
1. Floor condition	X		

2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION ELEVEN:**

OTHER ROOM: location	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION TWELVE:**

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Door condition	X		
3. Electrical fixtures	X		
4. Ceiling condition	X		
5. Wall condition	X		
6. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION THIRTEEN:**

UNHABITABLE ROOMS:	PASS	FAIL	COMMENTS
1. Electrical conditions	N/A		
2. Potentially hazardous features	N/A		
3. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION FOURTEEN:**

SUMMARY OF INSPECTION	PASS	FAIL
(If failed Visual Assessment see Section 15 on next page)	X	

*[Signature]*  
 \_\_\_\_\_  
 INSPECTOR SIGNATURE

7/10/19  
 \_\_\_\_\_  
 DATE

**SECTION FIFTEEN:**

Failed Visual Assessment: \_\_\_\_\_

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_

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Recommended Repairs Using Safe Work Practices: \_\_\_\_\_



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Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
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Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
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Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
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Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
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DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
 Office of Neighborhood Development Services  
 112 South Eighth Street  
 Yakima, Washington 98901  
 Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 7/10/19  
 Time: 9:30 am  
 Realtor: Melissa YCHA  
 Phone:

**HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND  
 DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST**

**HOMEBUYER:** Rental  
**SELLER:** YCHA  
**PROPERTY ADDRESS:** 512 Cherry Ave  
**PROPERTY AGE:** 37 Years

**SECTION ONE:**

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffits, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION TWO:**

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

**SECTION THREE:**

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION FOUR:**

KITCHEN	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Sink condition	X		
6. Cabinet/Counter top conditions	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION ELEVEN:**

OTHER ROOM: location			
	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION TWELVE:**

ENTRIES, HALLWAYS OR STAIRCASES:			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Door condition	X		
3. Electrical fixtures	X		
4. Ceiling condition	X		
5. Wall condition	X		
6. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION THIRTEEN:**

UNINHABITABLE ROOMS:			
	PASS	FAIL	COMMENTS
1. Electrical conditions	N/A		
2. Potentially hazardous features	N/A		
3. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION FOURTEEN:**

SUMMARY OF INSPECTION			PASS	FAIL
(If failed Visual Assessment see Section 15 on next page)			X	

  
 \_\_\_\_\_  
 INSPECTOR SIGNATURE

7/10/19  
 \_\_\_\_\_  
 DATE

**SECTION FIFTEEN:**

Failed Visual Assessment: \_\_\_\_\_

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_

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Recommended Repairs Using Safe Work Practices: \_\_\_\_\_

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Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
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Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
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Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
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Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
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DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
 Office of Neighborhood Development Services  
 112 South Eighth Street  
 Yakima, Washington 98901  
 Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 7/10/19  
 Time: 9:30 am  
 Reflector: Mares/YCHA  
 Phone:

**HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND  
 DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST**

HOME BUYER: Rental  
 SELLER: YCHA  
 PROPERTY ADDRESS: 510 Cherry Ave  
 PROPERTY AGE: 37 Years

**SECTION ONE:**

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffit, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION TWO:**

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

**SECTION THREE:**

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION FOUR:**

KITCHEN	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Sink condition	X		
6. Cabinet/Countertop conditions	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	



**SECTION FIVE:**

<b>BATHROOM X2</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower unit condition	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION SIX:**

<b>LAUNDRY ROOM/UTILITY ROOM:</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	N/A		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION SEVEN:**

<b>BEDROOM NO 1: location Master</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION EIGHT:**

<b>BEDROOM NO 2: location Child X3</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION NINE:**

<b>BEDROOM NO 3: location</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION TEN:**

<b>DINING ROOM OR DINING AREA</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		



2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION ELEVEN:**

OTHER ROOM: location	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION TWELVE:**

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Door condition	X		
3. Electrical fixtures	X		
4. Ceiling condition	X		
5. Wall condition	X		
6. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION THIRTEEN:**

UNHABITABLE ROOMS:	PASS	FAIL	COMMENTS
1. Electrical conditions	N/A		
2. Potentially hazardous features	N/A		
3. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION FOURTEEN:**

<b>SUMMARY OF INSPECTION</b>	<b>PASS</b>	<b>FAIL</b>
(If failed Visual Assessment see Section 15 on next page)	X	

  
INSPECTOR SIGNATURE

7/10/19  
DATE

**SECTION FIFTEEN:**

Failed Visual Assessment: \_\_\_\_\_

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_

Recommended Repairs Using Safe Work Practices: \_\_\_\_\_

Failed Visual Assessment:  
Failed Inspection Section number:   
Evaluation Results:  
Recommended Repairs Using Safe Work Practices:

Failed Visual Assessment:  
Failed Inspection Section number:   
Evaluation Results:  
Recommended Repairs Using Safe Work Practices:



DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
 Office of Neighborhood Development Services  
 112 South Eighth Street  
 Yakima, Washington 98901  
 Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 7/10/19  
 Time: 9:30 am  
 Reflector: Marni YCHA  
 Printer:

**HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND  
 DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST**

HOMEBUYER: Rental  
 SELLER: YCHA  
 PROPERTY ADDRESS: 509 N 6<sup>th</sup> Ave  
 PROPERTY AGE: 37 Years

**SECTION ONE:**

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffit, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION TWO:**

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

**SECTION THREE:**

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION FOUR:**

KITCHEN	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Sink condition	X		
6. Cabinet/Countertop conditions	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION FIVE:**

<b>BATHROOM</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower rack condition	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION SIX:**

<b>LAUNDRY ROOM/UTILITY ROOM:</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	N/A		
4. Electrical fixtures/Ventilation	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION SEVEN:**

<b>BEDROOM NO 1: location Master</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION EIGHT:**

<b>BEDROOM NO 2: location Child X2</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION NINE:**

<b>BEDROOM NO 3: location</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION TEN:**

<b>DINING ROOM OR DINING AREA</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		

2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION ELEVEN:**

OTHER ROOM: Location	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION TWELVE:**

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Door condition	X		
3. Electrical fixtures	X		
4. Ceiling condition	X		
5. Wall condition	X		
6. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION THIRTEEN:**

UNHABITABLE ROOMS:	PASS	FAIL	COMMENTS
1. Electrical conditions	N/A		
2. Potentially hazardous features	N/A		
3. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION FOURTEEN:**

SUMMARY OF INSPECTION	PASS	FAIL
(If failed Visual Assessment see Section 15 on next page)	X	

  
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 INSPECTOR SIGNATURE

7/10/19  
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 DATE

**SECTION FIFTEEN:**

Failed Visual Assessment: \_\_\_\_\_

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_

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Recommended Repairs Using Safe Work Practices: \_\_\_\_\_

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Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
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Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
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Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
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Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
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DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
 Office of Neighborhood Development Services  
 112 South Eighth Street  
 Yakima, Washington 98901  
 Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 7/10/19  
 Time: 9:30 am  
 Realtor: Mazza/YCHA  
 Phone:

**HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND  
 DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST**

**HOME BUYER:** Rental  
**SELLER:** YCHA  
**PROPERTY ADDRESS:** 507 N 6<sup>th</sup> Ave  
**PROPERTY AGE:** 37 Years

**SECTION ONE:**

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffit, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION TWO:**

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

**SECTION THREE:**

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window conditions	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION FOUR:**

KITCHEN	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Sink condition	X		
6. Cabinet/Countertop conditions	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION FIVE:**

<b>BATHROOM</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower unit condition	X		
8. Ceiling condition	X		
9. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION SIX:**

<b>LAUNDRY ROOM/UTILITY ROOM:</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	N/A		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION SEVEN:**

<b>BEDROOM NO 1: location Master</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION EIGHT:**

<b>BEDROOM NO 2: location Child</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION NINE:**

<b>BEDROOM NO 3: location</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	N/A		
2. Window condition	N/A		
3. Door condition	N/A		
4. Electrical fixtures	N/A		
5. Ceiling condition	N/A		
6. Wall condition	N/A		
7. Condition of paint:			
a) cracking, scaling, or peeling		<input type="checkbox"/>	
b) chipping or loose		<input type="checkbox"/>	
c) adequately treated or covered		<input type="checkbox"/>	

**SECTION TEN:**

<b>DINING ROOM OR DINING AREA</b>			
	PASS	FAIL	COMMENTS
1. Floor condition	X		

2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION ELEVEN:**

OTHER ROOM: location	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION TWELVE:**

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Door condition	X		
3. Electrical fixtures	X		
4. Ceiling condition	X		
5. Wall condition	X		
6. Condition of paint:			
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	X	<input type="checkbox"/>	
c) adequately treated or covered	X	<input type="checkbox"/>	

**SECTION THIRTEEN:**

UNHABITABLE ROOMS:	PASS	FAIL	COMMENTS
1. Electrical conditions	N/A		
2. Potentially hazardous features	N/A		
3. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION FOURTEEN:**

<b>SUMMARY OF INSPECTION</b>	<b>PASS</b>	<b>FAIL</b>
(If failed Visual Assessment see Section 15 on next page)	X	

  
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 INSPECTOR SIGNATURE

7/10/19  
 \_\_\_\_\_  
 DATE

**SECTION FIFTEEN:**

Failed Visual Assessment:

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Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_

\_\_\_\_\_

Recommended Repairs Using Safe Work Practices: \_\_\_\_\_

\_\_\_\_\_

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

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
\_\_\_\_\_

Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
\_\_\_\_\_

Failed Visual Assessment:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
\_\_\_\_\_

Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
\_\_\_\_\_



DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
 Office of Neighborhood Development Services  
 112 South Eighth Street  
 Yakima, Washington 98901  
 Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 6/12/2019  
 Time: 1:30 P.M.  
 Realtor: Manager  
 Punter

### HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST

HOME BUYER: \_\_\_\_\_

Apartment #: Maple Leaf Townhouses #1/ 4BR, 2 Bath

PROPERTY ADDRESS: 1205 N. 2<sup>nd</sup> St.

PROPERTY AGE: 40 Years

**SECTION ONE:**

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffit, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	OK	<input type="checkbox"/>	
b) chipping or loose	OK	<input type="checkbox"/>	
c) adequately treated or covered	OK	<input type="checkbox"/>	

**SECTION TWO:**

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/wiring	X		
7. Smoke Detectors	X		

**SECTION THREE:**

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	OK	<input type="checkbox"/>	
b) chipping or loose	OK	<input type="checkbox"/>	
c) adequately treated or covered	OK	<input type="checkbox"/>	



**SECTION FIVE:**

BATHROOM X2 / Back Bath Remodeled			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower unit condition	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**SECTION SIX:**

LAUNDRY ROOM/UTILITY ROOM:			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures/Ventilation	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**SECTION SEVEN:**

BEDROOM NO 1: location Master			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**SECTION EIGHT:**

BEDROOM NO 2: location			
	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**SECTION NINE:**



2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**SECTION ELEVEN:**

OTHER ROOM: location N/A

	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION TWELVE:**

ENTRIES, HALLWAYS OR STAIRCASES:

	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Door condition	X		
3. Electrical fixtures	X		
4. Ceiling condition	X		
5. Wall condition	X		
6. Condition of paint:	X		
a) cracking, scaling, or peeling	X	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**SECTION THIRTEEN:**

UNHABITABLE ROOMS: N/A

	PASS	FAIL	COMMENTS
1. Electrical conditions			
2. Potentially hazardous features			
3. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION FOURTEEN:**

**SUMMARY OF INSPECTION**

<b>VISUAL ASSESSMENT OF DETERIORATED PAINT:</b> (If failed Visual Assessment of Deteriorated Paint see Section 15 on next page)	PASS X	FAIL
--	-----------	------

  
 \_\_\_\_\_  
 INSPECTOR SIGNATURE

6/12/2019  
 \_\_\_\_\_  
 DATE

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results:

Recommended Repairs Using Safe Work Practices:

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results:

Recommended Repairs Using Safe Work Practices:

# 2019 MBE Reports

## Contract and Subcontract Activity

U.S. Department of Housing and Urban Development

OMB Approval No: 2577-0088

Approval No: 1541 2019

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including instructions, data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, to Washington Headquarters Office, Paperwork Project (0182-0018), Washington, DC 20543-0001.

Executive Order 12813, dated August 14, 1993, directs the Minority Business Development Bank (MBDB) to provide information on the performance of its programs to the public. The information is available to the public on a non-confidential basis. This information is not collected for statistical purposes. It is not to be used for any purpose other than the development of minority business development programs. If the information is not collected MBDB would not be able to conduct meaningful MBE and/or other performance reports.

Privacy Act Notice - The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to collect the information requested in this form by virtue of Title 13, United States Code, Section 1701 et seq., and regulation. It will not be disclosed or released outside the Federal Housing Administration without your consent, except as required or permitted by law.

1. General Report Overview/Development/Expansion/Relocation/Revitalization

City of Yakima, Washington Development Services

2. Name of Program Name: Arroyo N. Methuen, OWNER MANAGER

3. Street Name (Building Use Code): (501) 571-0101

4. Reporting Period: Oct 1, 2018 - March 31, 2019

5. Program Code (if applicable) (If program code is not applicable, enter "N/A")

6. Program Code (if applicable) (If program code is not applicable, enter "N/A")

7. Location (City, State, Zip, Code): Yakima, WA 98901

8. (OMB) Schedule (If any) (OMB): 4/20/09

9. Contract/Subcontract Name and Address

Contractor Number or HUD Case Number or other identification of project, or business entity name	Amount of Contract or Disposal	Type of Task (Code)	Contractor's Federal Tax ID (if any)	Contractor's State Tax ID (if any)	Contractor's Federal Tax ID (if any)	Contractor's State Tax ID (if any)	Contractor's Name	Contractor's Street Address	Contractor's City	Contractor's State	Contractor's Zip
B-18-MB-310000	\$4,000.00	2		91-125324			Erdin Electric	9011 KINGS RD	YAKIMA	WA	98901
B-18-MB-310000	\$1,311.47	2		91-125324			London Electric	9001 MERCE RD	YAKIMA	WA	98901
B-18-MB-310000	\$8,120.00	2		601100007			Power Heating	PO Box 1001	SEAS	WA	98942
B-18-MB-310000	\$4,657.00	2		601100007			Power Heating	PO Box 1001	SEAS	WA	98942
B-18-MB-310000	\$7,028.99	2		601100007			Power Heating	PO Box 1001	SEAS	WA	98942
B-18-MB-310000	\$2,116.00	2		91-1835092			Acclim Restore	1210 S 5TH AVE	YAKIMA	WA	98902
B-18-MB-310000	\$3,299.85	2		91-1835092			Acclim Restore	1210 S 5TH AVE	YAKIMA	WA	98902
B-18-MB-310000	\$3,311.00	2		91-1835092			Acclim Restore	1210 S 5TH AVE	YAKIMA	WA	98902
B-18-MB-310000	\$5,128.00	2		00-0041607			S&R Construction	PO Box 6000	YAKIMA	WA	98909
B-18-MB-310000	\$5,361.11	2		00-0041607			S&R Construction	PO Box 6000	YAKIMA	WA	98909
B-18-MB-310000	\$7,031.88	2		08-0541607			S&R Construction	PO Box 6000	YAKIMA	WA	98909
B-18-MB-310000	\$7,204.23	2		08-0541607			S&R Construction	PO Box 6000	YAKIMA	WA	98909
B-18-MB-310000	\$4,000.00	2		604-111119			HRS/MB'S CORP	604 PARK DR	SEAS	WA	98942

6. Type of Trade Codes

1 - 1 - 100 - Construction  
 2 - 2 - 100 - Electrical  
 3 - 3 - 100 - Mechanical  
 4 - 4 - 100 - Other

1 - 1 - 100 - Construction  
 2 - 2 - 100 - Electrical  
 3 - 3 - 100 - Mechanical  
 4 - 4 - 100 - Other

7. Trade Codes

1 - 1 - 100 - Construction  
 2 - 2 - 100 - Electrical  
 3 - 3 - 100 - Mechanical  
 4 - 4 - 100 - Other

8. Trade Codes

1 - 1 - 100 - Construction  
 2 - 2 - 100 - Electrical  
 3 - 3 - 100 - Mechanical  
 4 - 4 - 100 - Other

Contract Address and Contact: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

OMB Approval No: 2577-0088

Approval No: 1541 2019

PAGE 41

Contract and Subcontract Activity

U.S. Department of Housing and Urban Development

OMB Approval No. 1577-0188

Approval No. 2506-0117

This reporting system is for the use of contractors and subcontractors... and is not to be used for any other purpose...

Contracting Office: Office of Contract and Subcontract Administration, HUD-5345.02

Table with columns: Contract Number, Contract Title, Contract Start/End Dates, Contract Amount, Contract Status, Contract Location, etc. Includes rows for various contracts like B-13-MACT30108, B-13-MACT30109, etc.

\$100,181.40

Summary tables for: 2a. Type of Contract; 2b. Contract Status; 2c. Type of Contract; 2d. Contract Status; 2e. Contract Status.



**Contract and Subcontract Activity**

F-5 Department of Housing and Urban Development

OMB Approval No. 2577-0048

Approval No. 12120019

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing the burden, to Washington Headquarters Service, Paperwork Project Director, Washington, DC 20503-2941. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing the burden, to Washington Headquarters Service, Paperwork Project Director, Washington, DC 20503-2941. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing the burden, to Washington Headquarters Service, Paperwork Project Director, Washington, DC 20503-2941. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing the burden, to Washington Headquarters Service, Paperwork Project Director, Washington, DC 20503-2941.

1. General/Project Description/Development/Qualification Agency  
 City of Yakima, Neighborhood Development Services

2. Reporting Period  
 April 1, 2019 - Sept 30, 2019

3. Program Code (For each sub-project) and/or program code  
 See explanation of Code in item 4 of this form.

4. Contract/Subcontract Name and Address  
 Absolute Dawn  
 PO Box 10325  
 Yakima, WA 98915

5. Contract Number  
 603 883 831

6. Contract Type  
 2 - Fixed Fee

7. Contract Start Date  
 04/01/2019

8. Contract End Date  
 09/30/2019

9. Contract Value  
 \$63,182.93

10. Contract Status  
 1 - Active

11. Contract Location  
 Yakima, WA

12. Contract Agency  
 City of Yakima

13. Contract Officer  
 [Redacted]

14. Contract Title  
 [Redacted]

15. Contract Description  
 [Redacted]

16. Contract Objectives  
 [Redacted]

17. Contract Deliverables  
 [Redacted]

18. Contract Funding Source  
 [Redacted]

19. Contract Funding Amount  
 \$63,182.93