



Rehabilitation Loan Program Single Family Rehabilitation Standard

Minnesota Housing Single Family Rehabilitation Loan Program Standard

This document contains inspection guidelines and standards for single family rehabilitation projects under the Rehabilitation Loan Program. It is intended as a supplement to applicable state and local building codes, and does not replace them. All work done under Minnesota Housing rehabilitation programs must be performed by contractors licensed by the State of Minnesota and must be in conformance with the State Building Code and any applicable local codes.

Please note that all properties rehabilitated under the program must be completed properties with basic amenities typical to single family structures. If a property lacks basic amenities, such as a kitchen or bathroom, it is not considered a completed property and is therefore an ineligible property. If a property lacks amenities that are ineligible for financing under the Rehabilitation Loan Program, such as a working stove or refrigerator, these amenities must be provided and in place prior to receiving Minnesota Housing assistance.

Single family rehabilitation projects must comply with the following:

- 1) State Building Code;
- 2) This Minnesota Housing Single Family Rehabilitation Standard;
- 3) The Green Communities Criteria 2008 and the 2010-2011 Minnesota Overlay to the Green Communities Criteria; and
- 4) 24 CFR Part 35, when applicable.

As Rehabilitation Loan funding and site conditions permit, all standards must be complied with in full. Under the Rehabilitation Loan Program, all property deficiencies as identified in an inspection using this Minnesota Housing Single Family Rehabilitation Standard must be corrected. If any item to be corrected is governed by State Building Code and/or indicated as a mandatory rehabilitation item in the Minnesota Green Communities Criteria and Minnesota Housing Green Communities Overlay, conformance is required. If there is inadequate funding to comply with the Minnesota Green Communities Criteria and Minnesota Housing Green Communities Overlay, or if there exists an unusual condition on the site or within the home to be improved that makes it impossible or impractical to comply, request a waiver and provide an explanation via the "Method of Satisfying Green Communities Criteria and Certification" form, which details for each home what rehabilitation items are subject to the green standard. Minnesota Green Communities Criteria that are designated as optional are encouraged but not required.

In addition to these standards, Minnesota Housing encourages its partners to embrace a "whole house" approach to rehabilitation, paying careful attention to the interaction between various components and systems. For example, when

tightening the home's envelope through weather-stripping, replacement of windows, or adding insulation, consider the unintended impacts this may have on ventilation and moisture within the structure.

The Minnesota Green Communities Criteria and Minnesota Housing Green Communities Overlay, as well as the mandatory "Method of Satisfying Green Communities Criteria and Certification" form can be found on Minnesota Housing's Webpage.

GENERAL INFORMATION

Address of inspected unit:

Property Address

Property City

Property County

Minnesota
State

Zip Code

Borrower Last Name

Borrower First Name

MI

Borrower 2 Last Name

Borrower 2 First Name

MI

Date of Pre-Rehab Inspection

Name of Inspector

Inspector Signature

Inspector Telephone

Inspector Email

Date of Post-Rehab Inspection

Name of Inspector

Inspector Signature

Inspector Telephone

Inspector Email

INSTRUCTIONS:

During initial inspection, check yes or no for all applicable items in the Pre-Rehab section, making notes needed for Scope of Work write-up. Using the same or an additional copy of this checklist completes the Post-Rehab section for any subsequent inspections. **If the answer to any question in the Post-Rehab section is no, explanation must be provided.** If more space is needed for comments and notes, please use the Additional Overall Notes section of this document.

| Pre-Rehab | | General Health and Safety | | Post-Rehab | |
|-----------|----|---------------------------|---|------------|----|
| Yes | No | | | Yes | No |
| | | 1.1 | Is the foundation sound and free of major defects? | | |
| | | 1.2 | Is the unit free from rats or severe infestation of mice or vermin? | | |
| | | 1.3 | Is the unit free from heavy accumulation of garbage or debris inside and outside? | | |
| | | 1.4 | Are there covered facilities for temporary storage and disposal of food wastes? | | |
| | | 1.5 | Are interior stairs and common halls free from hazards to the occupant because of loose, broken or missing steps on stairways, absent or insecure railings (both interior and exterior stairwells should have a secure railing on at least one side), or inadequate lighting? | | |
| | | 1.6 | Is the unit free of abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust or other? | | |
| | | 1.7 | Are utility room (if any) floors impervious to water? | | |
| | | 1.8 | Are carbon monoxide (CO) detectors installed per State Building Code? | | |
| | | 1.9 | If there is a hearing impaired resident, are smoke detectors intended for the hearing impaired installed and working? <input type="checkbox"/> Not applicable because no residents are hearing impaired. | | |
| | | 1.10 | If basement is used as a habitable space, is there a minimum of two exits? <input type="checkbox"/> Not applicable because basement is not being used as habitable space. | | |

| Yes | No | General Health and Safety (cont.) | | Yes | No |
|-----------|----|--|---|-----|----|
| | | 1.11 | Has any excessive moisture in a crawlspace or basement been eliminated by one or all method(s): insulating the foundation interior with rigid insulation; foundation/footing drainage system; sealing plumbing penetrations; waterproofing below grade; gutter systems; sump pumps? | | |
| Post-only | | 1.12 | Has any identified mold and its source been mitigated? <input type="checkbox"/> Not applicable because mold was not identified at Pre-Rehab Inspection. | | |
| Post-only | | 1.13 | If any interior or exterior lead painted surfaces had to be treated or covered, has the clearance report been obtained? <input type="checkbox"/> Not applicable because treatments were not required. | | |
| Post-only | | 1.14 | Have radon and asbestos been identified, mitigated, or removed per the environmental review or other testing? <input type="checkbox"/> Not applicable because radon and asbestos were not found. | | |

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| General Health and Safety Comments: |
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| Pre-Rehab | | Building Exterior | | Post-Rehab | |
|-----------|-----------|-------------------|---|------------|----|
| Yes | No | | | Yes | No |
| | | 2.1 | Are all exterior surfaces free of cracking, scaling, peeling, chipping, and loose paint, or adequately stabilized to prevent exposure to lead based paint hazards? | | |
| | | 2.2 | Are all fixed joints, including frames around doors and windows or other areas which may allow unwanted air flow, properly caulked? | | |
| | | 2.3 | Do all storm doors have a self-closing device? | | |
| | | 2.4 | Is all siding and trim weather- and water-tight? | | |
| | | 2.5 | Are the roof, soffit and fascia weather- and water-tight? | | |
| | | 2.6 | Is weather-stripping present and in good condition on all windows and exterior doors? | | |
| | | 2.7 | Is the ground appropriately sloped away from the structure to prevent water infiltration? | | |
| | Post-only | 2.8 | If any trees or tree branches were too close to the structure, have they been trimmed or removed during rehab? <input type="checkbox"/> Not applicable because no trees or branches were too close to structure. | | |
| | | 2.9 | Mobile Homes: Is unit properly placed and tied down? <input type="checkbox"/> Not applicable because not a mobile home. | | |
| | | 2.10 | Mobile Homes: Is the unit connected to permanent utility hookups? <input type="checkbox"/> Not applicable because not a mobile home. | | |
| | | 2.11 | Mobile Homes: Does the unit have at least one smoke detector in working condition? <input type="checkbox"/> Not applicable because not a mobile home. | | |

Building Exterior Comments:

| Pre-Rehab | | Insulation & Envelope | | Post-Rehab | |
|-----------|----|-----------------------|---|------------|----|
| Yes | No | | | Yes | No |
| | | 3.1 | Are walls that will be affected during rehabilitation (opened up for electrical, plumbing or other work) appropriately insulated for regional conditions? | | |
| | | 3.2 | Is the attic adequately insulated and ventilated to minimize, to the greatest extent practicable, ice-damming? | | |

| Insulation & Envelope Comments: |
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| Pre-Rehab | | General - All Rooms | | Post-Rehab | |
|-----------|-----------|---------------------|---|------------|----|
| Yes | No | | | Yes | No |
| | | 4.1 | Are all rooms free from electrical hazards? | | |
| | | 4.2 | Are all windows and doors accessible from the outside lockable? | | |
| | | 4.3 | Are all windows free of deterioration and free of missing or broken out panes? | | |
| | | 4.4 | Are all ceilings sound and free from hazardous defects? | | |
| | | 4.5 | Are all walls sound and free from hazardous defects? | | |
| | | 4.6 | Are all interior surfaces either <i>free</i> of cracking, scaling, peeling, chipping, and loose paint or adequately treated and covered to prevent occupant exposure to lead based paint hazards? | | |
| | | 4.7 | Is the floor sound and free from hazardous defects? | | |
| | | 4.8 | Is any exposed structural framing free from rot and suitable for load? | | |
| | | 4.9 | Are there two means of escape (e.g., operable window and door) in every room used for sleeping? | | |
| | | 4.10 | Are all wall switch plates and outlet covers intact? | | |
| | | 4.11 | Are there at least two working outlets or one working outlet and one working, permanently installed light fixture? | | |
| | | 4.12 | Are ground fault interrupters (GFI's) installed as required per State Building Code for new construction? | | |
| | Post-only | 4.13 | If replacing windows are the replacement windows Energy Star rated? <input type="checkbox"/> Not applicable because windows did not require replacement. | | |

General – All Rooms Comments:

| Pre-Rehab | | Kitchen | | Post-Rehab | |
|-----------|----|------------|---|------------|----|
| Yes | No | | | Yes | No |
| | | 5.1 | Is there a kitchen? (If no, the property is not considered a completed property and is ineligible for financing.) | | |
| | | 5.2 | Is there at least one permanently installed and working light fixture? | | |
| | | 5.3 | Is there a functioning stove/oven with working top burners? | | |
| | | 5.4 | Is there a refrigerator that maintains a temperature low enough so food does not spoil over a reasonable time period? | | |
| | | 5.5 | Is there a kitchen sink that works with hot and cold running water? | | |
| | | 5.6 | Is there adequate space to store and prepare food? | | |
| | | 5.7 | Is the kitchen floor impervious to water? | | |

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| Kitchen Comments: |
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| Pre-Rehab | | Bathroom #1 | | Post-Rehab | |
|-----------|----|-------------|--|------------|----|
| Yes | No | | | Yes | No |
| | | 6.1 | Is there a bathroom? (If no, the property is not considered a completed property and is ineligible for financing.) | | |
| | | 6.2 | Is there at least one permanently installed and working light fixture? | | |
| | | 6.3 | Is there a working toilet in the unit for exclusive private use? | | |
| | | 6.4 | Is there a working, permanently installed wash basin/sink with hot and cold running water? | | |
| | | 6.5 | Is there a working tub or shower with hot and cold running water? | | |
| | | 6.6 | Do all showers in use have a watertight wall or enclosing curtain and rod? | | |
| | | 6.7 | Are there any operable windows and/or a working mechanical fan? | | |
| | | 6.8 | Does the bathroom have an operating and lockable door? | | |
| | | 6.9 | Is the bathroom floor impervious to water? | | |

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| Bathroom #1 Comments: |
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| Pre-Rehab | | Bathroom #2 | | Post-Rehab | |
|-----------|----|-------------|--|------------|----|
| Yes | No | | | Yes | No |
| | | 6.1 | Is there a bathroom? (If no, the property is not considered a completed property and is ineligible for financing.) | | |
| | | 6.2 | Is there at least one permanently installed and working light fixture? | | |
| | | 6.3 | Is there a working toilet in the unit for exclusive private use? | | |
| | | 6.4 | Is there a working, permanently installed wash basin/sink with hot and cold running water? | | |
| | | 6.5 | Is there a working tub or shower with hot and cold running water? | | |
| | | 6.6 | Do all showers in use have a watertight wall or enclosing curtain and rod? | | |
| | | 6.7 | Are there any operable windows and/or a working mechanical fan? | | |
| | | 6.8 | Does the bathroom have an operating and lockable door? | | |
| | | 6.9 | Is the bathroom floor impervious to water? | | |

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| Bathroom #2 Comments: |
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| Pre-Rehab | | Bedroom #2 (or other type of room used for sleeping) | | Post-Rehab | |
|-----------|----|--|--|------------|----|
| Yes | No | | | Yes | No |
| | | 7.1 | Are there at least two working outlets, or one working outlet and one working permanently installed light fixture? | | |
| | | 7.2 | Is there at least one operable window? | | |
| | | 7.3 | Does the room have a well operating door with latching hardware? | | |

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| Bedroom #2 Comments: |
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| Pre-Rehab | | Bedroom #3 (or other type of room used for sleeping) | | Post-Rehab | |
|-----------|----|--|--|------------|----|
| Yes | No | | | Yes | No |
| | | 7.1 | Are there at least two working outlets, or one working outlet and one working permanently installed light fixture? | | |
| | | 7.2 | Is there at least one operable window? | | |
| | | 7.3 | Does the room have a well operating door with latching hardware? | | |

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| Bedroom #3 Comments: |
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| Pre-Rehab | | Bedroom #4 (or other type of room used for sleeping) | | Post-Rehab | |
|-----------|----|--|--|------------|----|
| Yes | No | | | Yes | No |
| | | 7.1 | Are there at least two working outlets, or one working outlet and one working permanently installed light fixture? | | |
| | | 7.2 | Is there at least one operable window? | | |
| | | 7.3 | Does the room have a well operating door with latching hardware? | | |

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| Bedroom #4 Comments: |
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| Pre-Rehab | | Bedroom #5 (or other type of room used for sleeping) | | Post-Rehab | |
|-----------|----|--|--|------------|----|
| Yes | No | | | Yes | No |
| | | 7.1 | Are there at least two working outlets, or one working outlet and one working permanently installed light fixture? | | |
| | | 7.2 | Is there at least one operable window? | | |
| | | 7.3 | Does the room have a well operating door with latching hardware? | | |

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| Bedroom #5 Comments: |
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| Pre-Rehab | | Plumbing & Water Systems | | Post-Rehab | |
|-----------|----|--------------------------|---|------------|----|
| Yes | No | | | Yes | No |
| | | 8.1 | Is the hot water heater located and installed in a safe manner? | | |
| | | 8.2 | Is the hot water heater equipped with a pressure release valve? | | |
| | | 8.3 | Is the hot water heater piped to an adjacent floor drain or other drain source to prevent water inundation in the event of discharge? | | |
| | | 8.4 | Is plumbing supply connected to an approved and adequate private well or public water system? | | |
| | | 8.5 | Is there adequate water pressure? | | |
| | | 8.6 | Is the plumbing and sanitation system code compliant with a minimum anticipated life expectancy of 7 years? | | |
| | | 8.7 | Is plumbing free from major leaks that cause contamination of the drinking water? | | |
| | | 8.8 | Is plumbing free from corrosion that causes serious levels of rust in the drinking water? | | |
| | | 8.9 | Is plumbing connected to an approved public or private disposal system, and is it free from sewer back up? | | |
| | | 8.10 | Do fixtures that discharge wastewater discharge through a trap to prevent entry of sewer gas? | | |
| | | 8.11 | Is all water piping located outside of the insulated building envelope adequately insulated from freezing? | | |

Plumbing & Water Systems Comments:

| Pre-Rehab | | HVAC (Heating, Ventilating, & Air Conditioning) | | Post-Rehab | |
|-----------|----|---|---|------------|----|
| Yes | No | | | Yes | No |
| | | 9.1 | Is the heating & ventilation system code compliant and operable with a minimum anticipated 7 year life expectancy? | | |
| | | 9.2 | Is the heating equipment capable of providing adequate heat (directly or indirectly) to all rooms used for living? | | |
| | | 9.3 | Are all pipes and ducts located in unconditioned space insulated? | | |
| | | 9.4 | Is the unit free from unvented fuel burning space heaters, or any other types of unsafe heating conditions? | | |
| | | 9.5 | Does the unit have adequate ventilation and cooling by means of operable windows or a working cooling system? | | |
| | | 9.6 | Are heat ducts and steam and water pipes free of leaks, and are all accessible duct joints sealed? | | |
| | | 9.7 | Does the bathroom exhaust fan (if any) and/or clothes dryer vent (if any) exhaust to the exterior? | | |
| Post-only | | 9.8 | If a furnace is replaced, is it efficient at 92% AFUE or greater? <input type="checkbox"/> Not applicable, furnace not replaced. | | |
| Post-only | | 9.9 | If a boiler is replaced, is it 87% efficient or greater, or Energy Star rated if electric? <input type="checkbox"/> Not applicable, boiler not replaced. | | |
| Post-only | | 9.10 | If an air conditioning system is replaced, is it 14 SEER or greater? <input type="checkbox"/> Not applicable, air conditioning not replaced. | | |

HVAC Comments (Heating, Ventilating, & Air Conditioning)

| Pre-Rehab | | Electrical | | Post-Rehab | |
|-----------|----|-------------|--|------------|----|
| Yes | No | | | Yes | No |
| | | 10.1 | Is the electrical system code compliant and equipped with circuit breakers? | | |
| | | 10.2 | Is the electrical system large enough to serve the anticipated load? | | |
| | | 10.3 | Are smoke detectors installed per State Building Code and is at least one smoke detector per floor is hard-wired? | | |
| Post-only | | 10.4 | Has all readily accessible knob and tube wiring been removed and replaced? | | |
| Post-only | | 10.5 | If ceiling fans have been installed, are they Energy Star rated? <input type="checkbox"/> Not applicable, ceiling fans not installed. | | |
| Post-only | | 10.6 | Have two prong, ungrounded outlets been replaced with three prong grounded outlets, if feasible? | | |

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| Electrical Comments: |
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Additional Overall Notes: