

NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY

Multifamily Asset Management Property Inspection

Date:

LIHTC No.	HMFA No.	Primary Contact: - Property Manager
Project Name:		
Address:		Phone No.:
Phone No.	Fax:	Present:
No. of Building:		
Number of Stories:		
Total Units:	No. of Units:	
Superintendent Unit:	No. of Vacant Unit(s):	
Total Units Inspected:	Units:	
	Vacant Unit(s):	Unit Vacancy Rate: %

The following deficiencies were observed and require attention:

Deficiencies	Remark(s)	Corrected (x)
Life Safety Violation (ls)		
ls1		
ls2		
ls3		
Dwelling Units (du)		
Dwelling Unit No.	No. of Bedrooms:	
du1		
du2		
Dwelling Unit No.	No. of Bedrooms:	
du3		
du4		
Common Area (ca)		
ca1		
ca2		
Building Exterior (be)		
be1		
be2		
Building System (bs)		
bs1		
bs2		
Site (s)		
s1		
s2		
Certification and Report (cr)		
cr1		
cr2		
cr3		
cr4		

All deficiencies must be corrected within 30 days of the inspection date and the New Jersey Housing and Mortgage Finance Agency must be provided with written work orders of the action(s) taken.

Inspection(s) by: _____ Title: _____ Date Inspected: _____

Phone: _____ E-Mail: @njhmfa.gov _____ Fax: _____

Neither the inspector nor the New Jersey Housing and Mortgage Finance Agency assume any liability whatsoever expressed or implied that the above noted Life Safety Violations constitute all of the health and safety deficiencies that may be present on the property. Any and all liability for the critical deficiencies noted above, as well as any health and safety hazards that may exist on the property but were not observed by the inspector, are the full responsibility of the property owner and not the inspector nor the New Jersey Housing and Mortgage Finance Agency.

(Signature of Owner or General Partner)

Date: _____

(Print Name & Title)