

**MOBILE HOME REPLACEMENT PROGRAM  
PROPERTY INSPECTION CHECKLIST**

**APPLICANT:**

\_\_\_\_\_  
First Name      MI      Last Name

**PROPERTY :**

\_\_\_\_\_  
Property Street

\_\_\_\_\_  
Property City                      Property State      Property Zip

**COMMUNITY ACTION AGENCY (CAA):**

\_\_\_\_\_  
CAA Name

**CAA INSPECTOR:**

Inspector Name: \_\_\_\_\_

Inspector Telephone: \_\_\_\_\_

Inspector Email: \_\_\_\_\_

**INSPECTION DATE:** \_\_\_\_\_

**Mobile Home Information**

Use existing location? \_\_\_\_\_

Year Built \_\_\_\_\_

Recommend Replacement? \_\_\_\_\_

Size of Additions \_\_\_\_\_

Lot Size \_\_\_\_\_

Size of Mobile Home \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_

Oil Tank \_\_\_\_\_

Well Condition/Type \_\_\_\_\_

Septic Condition \_\_\_\_\_

**Component Condition**

Roof system \_\_\_\_\_

Walls \_\_\_\_\_

Windows \_\_\_\_\_

Doors \_\_\_\_\_

Flooring \_\_\_\_\_

Existing Stove Type      Gas      Electric

Electrical \_\_\_\_\_

Plumbing \_\_\_\_\_

Fixtures \_\_\_\_\_

Heating System \_\_\_\_\_

ADA Ramp required?      Yes      No

ADA Bath requirements \_\_\_\_\_

Overall Condition of Existing Home \_\_\_\_\_

Condition of Utility Pole, Service Entrance \_\_\_\_\_

**OTHER NOTES:**

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