ONLINE UPCS INSPECTION QUESTIONNAIRE SAMPLE

1 When was the development originally built (note: for rehabilitation and/or acquisition developments, date buildings were constructed, not date funding was provided by the Department)
(Year)
2 Approximate area of parking lots and driveways (sq. ft.)
3 Approximate area of sidewalks/walkways (sq. ft.)
4 Total number of NON-residential buildings
5 Description of each Non-residential building (i.e. community, laundry #1, storage)
1)
2) 3)
4)
5)
6)
7)
8)
9)
10)
6 Total number of residential buildings
7 Make corrections to residential building information:
#Numbered Residential BuildingsBin #(HTC only)Total number of units in BLDG.Number of Low Income units in bldg.
1)

3)
4)
5)
6)
7)
8)
9)
10)
11)
12)
13)
Add additional sheets as needed
Does the property have any units that have special features for persons with mobility impairments?
Yes No If so, please list by unit number:
Does the property have any units that have special features for persons with vision or hearing impairments?
Yes □ No □ If so, please list by unit number: