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INSTRUCTIONS FOR PERFORMING A

MULTIFAMILY PROPERTY CONDITION ASSESSMENT

**APPENDIX B  
(Version 2.0)**

**PRE-SITE VISIT QUESTIONNAIRE**

**MULTIFAMILY PROPERTY CONDITION ASSESSMENT**

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| **Property Owner / Owner’s Representative:** Please complete this questionnaire before the site visit by the PCA Consultant. For questions that are not applicable to the Property or unknown, please indicate “N/A” or “Unknown”. This document must be signed on the last page by the Property Owner. If additional pages for any response are necessary, please attach them to this form. |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GENERAL PROPERTY INFORMATION | | | | | | | | | | | |
| **Property Name** | | | | | | | | | | | |
| **Property Address** | | | | | | | | | | | |
| **City** | | | **State** | | | | **Zip** | | | | **County** |
| Property Owner/Owner’s Representative, Title | | | | Telephone | | | | Fax | | | |
| Email address | | | |
| Property Manager/Site Contact | | | | Telephone | | | | Experience in Multifamily (Years/Months) | | | |
| Email address | | | | Experience at subject property (Years/Months) | | | |
| Maintenance Manager, Title | | | | Telephone | | | | Experience in Multifamily (Years/Months) | | | |
| Email address | | | | Experience at subject property (Years/Months) | | | |
| Total Land Area (square footage/acreage) | | | | | | | | | | | |
| Date(s) of Construction Completion / Major Renovation Dates | | | | | | | | | | | |
| Total Number of Apartment Buildings on the Property | | | | | | | | | | | |
| Is the Property or any portion of the Property in an area having a 10% or greater probability of the Peak Ground Acceleration (PGA) being exceeded by 0.15% or more in a 50 year period (as shown by the most recent United States Geological Service data for the area Peak Ground Acceleration)?  Yes  No  Unknown | | | | | | | | | | | |
| Has the property had any Seismic reports completed in the past two years that yielded a SEL of 18% or greater?  Yes  No  Unknown | | | | | | | | | | | |
| Has the Property been damaged by a catastrophic event or natural disaster in the past?  Yes  No  Unknown  If yes, please attach detail including, but not limited to, type of event, extent of damage and date of event. | | | | | | | | | | | |
| Has the Property been subject to or recommended for an Environmental Phase II investigation or are there any current environmental concerns at the Property?  Yes  No  Unknown  If yes, attach detail (including previous Phase I and Phase II report, if applicable) | | | | | | | | | | | |
| Number of Non-Residential Buildings on-site | | | | | | Clubhouse (sq.ft.) | | | | Leasing Office Building (sq.f.t) | |
| Recreation (sq.ft.) | | Maintenance Structure (sq.ft.) | | | | Common Area Laundry Facility (sq.ft.) | | | | Other (description & sq.ft.) | |
| Number of On-Site Parking Spaces | | | | | | Number of Covered Parking Spaces and/or Garage Spaces | | | | | |
| Total # of Rental Units | | | | | | Total Model Units and Unit Type | | | | | |
| # of Studio Units | | | Avg. Square Footage | | | Current Units Occupied | | | | Current Vacant and/or Down Units | |
| # of 1-Bedroom Units | | | Avg. Square Footage | | | Current Units Occupied | | | | Current Vacant and/or Down Units | |
| # of 2-Bedroom Units | | | Avg. Square Footage | | | Current Units Occupied | | | | Current Vacant and/or Down Units | |
| # of 3-Bedroom Units | | | Avg. Square Footage | | | Current Units Occupied | | | | Current Vacant and/or Down Units | |
| # of 4 Bedroom Units | | | Avg. Square Footage | | | Current Units Occupied | | | | Current Vacant and/or Down Units | |
| # of Other Units | | | Avg. Square Footage | | | Current Units Occupied | | | | Current Vacant and/or Down Units | |
| Current Economic Occupancy (%) (attach rent roll) | | Current Physical Occupancy (%) | | | | Average Economic Occupancy (%) for the Last Calendar Year | | | | Average Physical Occupancy (%) for the Last Calendar Year | |
| **List Commercial / Retail Tenants. Attach commercial lease abstracts for each commercial / retail tenant.** | | | | | | | | | | | |
| # of Commercial / Retail Units | | Total Square Footage of Commercial / Retail Tenants | | | | Current Economic Occupancy for Retail (%)) | | | | Current Physical Occupancy for Retail (%) | |
| Include brief narrative on commercial uses | | | | | | | | | | | |
| Property or the residential tenants receive a government-provided utility subsidy payment?  Yes  No  Unknown | | | | | | Property is rent-controlled/ rent stabilized?  Yes  No  Unknown | | | | | |
| Property complies with Jurisdictional regulations? If not in compliance, attach explanation (if not known, indicate such).  Building Code  Yes  No  Unknown Fire Code  Yes  No  Unknown  Zoning  Yes  No  Unknown | | | | | | | | | | | |
| As-built Property Construction Plans available for review during the site visit?  Yes  No | | | | | | | | | | | |
| Property has or is pursuing a green building certification?  Yes  No  If green building certification is in place, identify certifying body and year of certification.  If Property is the pursuing a green building certification, attach additional detail. | | | | | | | | | | | |
| Is O&M Plan in place for Lead Paint? If yes, attach copy.  Yes  No | | | | | | | | | | | |
| Is O&M in place for Asbestos Containing Materials? If yes, attach copy.  Yes  No | | | | | | | | | | | |
| Does Property have a Moisture Management Plan (MMP)? If yes, attach copy.  Yes  No | | | | | | | | | | | |
| Does Property have a Pest Management Program Plan? If yes, attach copy.  Yes  No | | | | | | | | | | | |
| UTILITY SUPPLIER | | | | | | | | | | | |
| Electricity | | | | | | | | | | | |
| Natural Gas | | | | | | | | | | | |
| Oil – Type #6, #4 or #2 | | | | | | | | | | | |
| Other Fuel Types (i.e., propane) | | | | | | | | | | | |
| Water | | | | | | | | | | | |
| Sewer | | | | | | | | | | | |
| Refuse Disposal | | | | | | | | | | | |
| Telephone | | | | | | | | | | | |
| Cable TV/Internet | | | | | | | | | | | |
| Are Utilities Adequate for Property Uses?  Yes  No | | | | | | | | | | | |
| Does Property track energy and/or water consumption in ENERGYSTAR Portfolio Manager ([**www.energystar.gov**](http://www.energystar.gov)**)?**  Yes  No If not ENERGY STAR, what benchmarking or tracking tool is used? | | | | | | | | | | | |
| If property is currently not benchmarking, please provide brief explanation why (i.e., lack of staff training, insufficient resources, unclear of the benefits to the property, not interested)? | | | | | | | | | | | |
| **SITE IMPROVEMENTS** | | | | | | | | | | | |
| Description of Landscaping (mature, new, minimal, native or not native plants) | | | | | | Landscaping Contract?  Yes  No  N/A  Landscaping Firm:  Landscaping Capital Budget:  Landscaping Annual Maintenance Budget | | | | | |
| Landscape Irrigation is present?  Yes  No  N/A | | | | | | If present,  Manual  Automated  Seasonal  Year-round | | | | | |
| Asphalt/Concrete Parking Pavement is Present?  Yes  No  N/A | | | | | | | | | | | |
| Last Re-seal & Re-stripe Date | | | | | | Last Overlay Date | | | | | |
| Type of Sidewalk (Concrete or Pervious) | | | | | | Sidewalks connect to neighborhood?  Yes  No | | | | | |
| Pool/Sauna/Jacuzzi is Present?  Yes  No  N/A | | | | | | Date of most recent pump/filter replacement | | | | | |
| Date of most recent re-surface | | | | | |
| Athletic Court(s) are Present?  Basketball  Volleyball  Racquetball  Tennis  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Improvements in Last 3 Years | | | | | | | | | | | |
| Laundry Equipment | Common Laundry Facility  Yes  No | | | | | In-unit Laundry Hook-Ups  Yes  No | | | In-unit Laundry Equipment provided  Yes  No | | |
| Third-Party Maintenance Contract  Yes  No | | | | | ENERGY STAR Laundry appliances:  Common Laundry:  Yes  No  In-Unit (assumes property supplied):  Yes  No | | | | | |
| **Playground/Tot Lots are Present?**  Yes  No | | | | | | | | | | | |
| Age of Equipment | | | | | Description of Ground Cover | | | | | | |
| **Other Site Improvements / Amenities** | | | | | | | | | | | |

| **BUILDING MATERIALS/FINISHES** | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Construction Framework Type | | | | | | | | | | |
| Foundation Type | | | | | | | | | | |
| Exterior Walls & Finishes Type:  Improvements in the Last 3 Years | | | | | Type of Exterior Wall Insulation and Rating, if known | | | | | |
| Exterior Doors Type:  Improvements in the Last 3 Years | | | | | Exterior Doors utilize weather stripping and door sweeps?  Yes  No  Maintenance Schedule | | | | | |
| Balconies: Improvements in the Last 3 Years | | | | | | | | | | |
| Windows Type:  Improvements in the Last 3 Years | | | | | Windows Utilize Weather stripping  Yes  No  Maintenance Schedule | | | | | |
| Exterior Lighting: Improvements in the Last 3 Years | | | | | Exterior Lighting Utilize:  Photocell technology  Programmable/Timer  Other (please provide type): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Elevators/Escalators: Last Inspection Date (attach inspection certificate, if applicable) | | | | | | | | | | |
| ROOFING SYSTEMS | | | | | | | | | | |
| Type of Roof(s) | | | | | | Age of Roof/Original Roof | | | | |
| Roof Warranty(ies)  Yes  No Term of Roof Warranty \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Known Leaks  Yes  No | | | | | | | | | | |
| Type of Roof Insulation and Rating, if known | | | Age of Roof Insulation | | | | | | | |
| Description of energy efficient technologies such as roof top gardens or white roofs with a SRI rating, etc. | | | | | | | | | | |
| **ELECTRICAL** | | | | | | | | | | |
| Load (Volts/Phase/Wires) | | | | | | | | | | |
| Total Amps | | | | | | | | | | |
| Electrical Metering  Individually Metered Units  Master Metered | | | | | | | | | | |
| Wiring (Copper/Aluminum) | | | | | | | | | | |
| Emergency Generator  Yes  No | | | | | | | | | | |
| **MECHANICAL** | | | | | | | | | | |
| HVAC Units Description | | | | | | | | | | |
| Electric  Natural Gas  Other (include description) | | | | | | | | Total Number & Capacity (Tons) | | |
| Average Age of HVAC Units or range of Ages (i.e. if there are multiple) | | | | | | | | | | |
| Are HVAC Units ENERGY STAR Rated?  Yes  No | | | | | | | | | | |
| **PLUMBING** | | | | | | | | | | |
| Water/Sanitary Sewer Material Type:  Copper PVC Galvanized Metal Cast Iron  Polybutylene Other | | | | | | | | | | |
| Water Heaters | Individual Count \_\_\_\_\_\_\_\_\_ #  Capacity \_\_\_\_\_\_\_ gallons | | | | | | Central Count \_\_\_\_\_\_\_\_\_ #  Capacity \_\_\_\_\_\_\_ gallons | | | |
| Electric  Natural Gas  Other | | | | | | ENERGY STAR-rated?  Yes  No | | | |
| Avg. Age of Water Heaters | | | | | | Are hot water lines insulated?  Yes  No | | | |
| Boiler Permit No. | | Septic System (prior or current)  Yes  No | | | | | | |  | |
| Domestic Water (Pressure/Drainage) Problems | | | | | | | | | | |
| Sanitary Sewer Problems | | | | | | | | | | |
| **GAS SERVICE** | | | | | | | | | | |
| Gas Distribution Piping Material | | | | | | | | | | |
| **FIRE SUPPRESSION/LIFE SAFETY** | | | | | | | | | | |
| Sprinkler System:  Yes  No | | | | | | Type:  Wet  Dry | | | | |
| Fire Extinguishers | | | | | | | | | | |
| Maintenance Routine | | | | | | | | | |
| Last Inspection Date | | | | | | | | | |
| Smoke Detectors | | | Hard-Wired  Battery Operated | | | | | | | |
| Maintenance Routine | | | | | | | | | |
| Are CO Monitors Required?  Yes  No | | | | CO Monitors Installed? (if applicable)  Yes  No | | | | | | |
| **INTERIOR/COMMON AREAS** | | | | | | | | | | |
| Describe Common Area Interior Finishes | | | | | | | | | | |
| Improvements in the Last 3 Years | | | | | | | | | |
| Common Area Restrooms | | | | | | | | | |
| Furniture, Fixtures and Equipment Maintenance and Replacement Schedules  **Attach Inventory of Furniture, Fixtures and Equipment including Age of Equipment.** | | | | | | | | | |
| Apartment Unit Interior Finishes | | | | | | | | | | |
| Floor Covering Annual Expenditures $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Cabinetry Annual Expenditures$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Appliances Annual Expenditures$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Appliances ENERGY STAR rated? Yes  No | | | | | |
| Describe Appliance Replacement Policy | | | | | | | | | | |
| Curtains/Drapes/Blinds Annual Expenditures$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Other Apartment Unit Interior Expenditures$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Name top three properties in the market that compete with the subject property for tenants/residents (include distance from the subject).** | | | | | | | | | | |

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| **COMPLETED AND PLANNED CAPITAL IMPROVEMENTS** |
| Please comment on completed and planned capital improvements in the last 3 years. Attach documentation if available. |
| Completed Capital Improvements, including:  **Items and count of capital items improved.**  **Date of Improvement**  **Cost of Improvement**  **Reason for Improvement, ie. proactive, deferred maintenance, improve property marketability** |
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| Planned Capital Improvements, including:  **Items and count of capital items to be improved.**  **Is capital improvement currently scheduled (i.e., bid or contract in place) or planned?**  **Timing of Improvement (Estimated start and finish)**  **Estimated Cost (if bid or contract in place, please provide a copy)**  **Reason for Improvement, ie. proactive, deferred maintenance, improve property marketability** |
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## SIGNATURE OF OWNER OR AUTHORIZED OWNER REPRESENTATIVE

By:

Name:

Title:

Date: