CITY OF FARGO
HQS RE-INSPECTION

Property Address: _____

Name of Borrower: _____

Date of Initial Inspection: _____ **Date of Re-inspection:** _____

Summary decision on unit for HQS Review:

[ ] **FAIL**: If there are any checks under the "Fail" column the house fails HQS requirements and correction must be made before the unit is eligible for federal funds.

[ ] **INCONCLUSIVE**: If there are any checks under "Inconclusive" obtain additional information necessary for a decision and change rating, indicating date of verification.

[ ] **PASS**: The conditions which failed the initial HQS inspection of the above property have been corrected and that the property did meet HQS requirement as of the date indicated below.

Inspector: _____
Name (please print) Agency/Company Title (if applicable)

Signature:_____Date: _____

RE-INSPECTION CHECKLIST

ROOM	INITIAL INSPECTION		ITEM # FAILED	REINSPECTION PASSED		NOTES
	PASSED	FAILED		YES	NO	
Living						
Kitchen						
Dining Room						
Bathroom						
Other:						
Building Exterior						
Heating & Plumbing						
General Health & Safety						