

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. |

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| 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 [ ]  UnknownIf 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 [ ]  UnknownIf 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 [ ]  NoIf 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/ALandscaping 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 [ ]  NoIn-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** |
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| 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 [ ]  NoMaintenance Schedule |
| Balconies: Improvements in the Last 3 Years |
| Windows Type: Improvements in the Last 3 Years | Windows Utilize Weather stripping [ ]  Yes [ ]  NoMaintenance 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: